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# SYNDROMIC CASE MANAGEMENT OF RTIs
## Advantages, Limitations, Optimization

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# CLASSIFICATION OF RTIs

- **STDs**
- **Non-STDs - infections which result from an over growth of normal vaginal flora e.g bacterial vaginosis & yeast infections**
- **Iatrogenic**

# ESTIMATES OF NEW CASES OF STDs PER YEAR (1995)

| DISEASE | NEW CASES |
| --- | --- |
| Gonorrhoea | 62 million |
| Chlamydia | 89 million |
| Syphilis | 12 million |
| Chancroid | 7 million |
| Trichomoniasis | 170 million |
| **TOTAL** | **340 million** |

- ***source: UNAIDS; 1997***

# ESTIMATES OF NEW CASES OF STDs PER YEAR (1995) IN MILLIONS

| REGION | NEW CASES |
|---|---|
| • NORTH AMERICA | 14 |
| • LATIN AMERICA & CARIBBEAN | 36 |
| • WESTERN EUROPE | 16 |
| • E. EUROPE & C. ASIA | 18 |
| • EAST ASIA & PACIFIC | 23 |
| • SOUTH & S.E. ASIA | 150 |
| • AUSTRALASIA | 1 |
| • N.AFRICA & MIDDLE EAST | 10 |
| • SUBSAHARAN AFRICA | 65 |

*(source: UNAIDS; 1997)*

# FAILURE TO CONTROL STDs: PROGRAMME LEVEL

- **Low priority by policy makers & planners**
  - **-percieved discreditable behaviour**
  - **-failure to associate with complications**
  - **-failure to recognize size of problem**
- **Service delivery thru specialized STD clinics**
- **Treatment strategy focus on (unrealistic) definitive Dx vs (practical) decision-making**
- **Ineffective low-cost antibiotics - antimicrobial resistance**
- **Little emphasis on prevention/education**

# FAILURE TO CONTROL STDs: INDIVIDUAL LEVEL

- **Asymptomatic infections**

  **Men 30%  Women 70%**

- **Unawareness e.g vaginal discharge**
- **Willingness to seek care**

  **fail to recognise seriousness**

  **embarrasement/stigma**

  **access to treatment**

  **cost of treatment**

# MANGEMENT LEVELS OF RTI/STD

- **Syndromic management**
- **Syndromic plus clinical management**
- **Syndromic plus clinical management & limited laboratory tests**
- **Clinical plus laboratory tests (etiological diagnosis)**

# SYNDROMIC CASE MANAGEMENT

- **Is based on identifying consistent groups of symptoms and signs which constitute a definite 'syndrome'.**

- **Syndromic case management algorithms/flowcharts are then used to guide the treatment.**

# IMPORTANT REQUIREMENTS

- **Knowledge of most common causative organisms for each syndrome**
- **choice of anti-microbial treatment:**
  - **-Broad spectrum**
  - **-high efficacy (95%)**
  - **-single dose (preferably)**
  - **-low cost**
  - **-long shelf life**
- **Anti-microbial resistance pattern**
- **Partner notification & counselling**
- **Referral for complicated cases**

# RISK ASSESSMENT

- **"A set of carefully designed questions to elicit salient features about the individual's sexual life that would indicate the probability of that individual having STD"**

# RTI/STD SYNDROMES

- **Urethral discharge**
- **Genital ulcer**
- **Vaginal discharge**
- **Lower abdominal pain**

- **Scrotal swelling**
- **Eye infection in the New born**

# Recommended Treatment Regimens

- **Neisseria Gonorrhoeae:**

***Single dose**:* cefixime- 400 mg p.o.

ciprofloxacin- 500 mg p.o.

ceftriaxone- 250 mg i.m.

spectinomycin-2 g i.m

kanamycin- 2g i.m.

***Multiple dose**:*co-trimoxazole 10 tabs/d/3days

**(trimethoprim 80mg/sulfamethaxoazole 400mg)**

# Treatment Regimens

- **Chlamydia Trachomatis:**

***Single dose*:** - azithromycin-1g. P.o.

***Multiple dose*:**

-doxycycline-100mg. P.o., 2x/d x7 days

-tetracycline- 500mg. P.o., 4x/d x7 days

-erythromycin-500mg. P.o., 4x/d x7 days

-sulfafurazole-500mg. P.o., 4x/d x10 days

# Treatment Regimens

- **Syphilis - Treponema Pallidum:**

***Single dose***:

-benzathine penicillin G-2.4mU i.m.; in 2 injcs. same day

***Multiple dose:***

-aq. Benz.penicillin 1.2 mU i.m/d x 10 days

-doxycyclin 100mg p.o., 2x/d x15 days

-tetracyclin 500mg p .o., 4x/d x 15 days

-erythromycin 500mg p.o. 4x/d x 15 days

# Treatment Regimens

- **Chancroid - Haemophilus ducreyi:**

***Single dose:*** ciprofloxacin- 500 mg p.o.

ceftriaxone- 250 mg i.m.

***Multiple dose:***

erythromycin- 500mg p.o., 4x/d x 7 days

co-tromoxazole, 2 tabs. 2x/d x 7 days

# Treatment Regimens

- **Bacterial Vaginosis / Trichomoniasis:**

Metronidazole

***Single dose:*** 2 g p.o.

***Multiple dose:*** 400-500 mg p.o., 2x/d x 7days

# Treatment Regimens

- **Candida Albicans:**

***Single dose:***

-clotrimazole- 500mg inserted in vagina

***Multiple dose:***

-clotrimazole or miconazole- 200mg vaginal pessary, 1/d x 3 days

-nystatin-100 000U vaginal pessary,1/d x 14ds

***Topical antifungal cream***

# STD Diagnosis

***The future:***

- **Cytorich/Thin-prep**
- **Dipsticks-chromatography**

# INTERRELATIONSHIP OF STD / HIV/AIDS / Cx Ca

- Common risk factors - Prevention
- Common target audience
- Health services
- STDs facilitate HIV transmission
- STDs(HPV) - major cause of CxCa
- STD/HIV facilitate malignant transformation in cervical lesions
- HIV/AIDS-Cervical lesions progress faster, resistant to treatment

# COMMON RISK FACTORS FOR STD/HIV/CxCa

- Lack of information
- Sexual behaviour
  - Early onset
  - No of partners
- Smoking
- Malnutrition
- Socio-economic factors
- Contraceptive method

# STATE OF THE ART-STD

- IEC
- STD surveillance programmes
- Management: Tx, counselling esp. adolescents, contact tracing
- Barrier contraception esp. amongst adolescents
- Syndromic Management
- Anti-microbial surveillance

# SYNDROMIC MANAGEMENT- Advantages

- Facilitate detection of STDs in rersource constrained areas

- Control common STDs, prevent sequelae (?80%)
    - BUT!!

# Limitations

- STD prevalence trends
  (Europe, S.E.A, W.P.)
- the ideal antibiotic / antimicrobial resistance
- professional motivation

# Optimization

- True statistics - STD prevalence & surveillance
- Laboratory diagnostic facilities - albeit limited
- Antibiotic susceptibility surveillance
- Integrated programmes