BASICS OF SYNDROMIC CASE MANAGEMENT
What are reproductive tract infections (RTI)?

The term RTI refers to any infection of the reproductive tract.

In women, it includes infections of the external genitals, vagina, cervix, uterus, fallopian tubes, and/or ovaries.

In men, RTIs involve the penis, testes, scrotum, and/or prostate.
What are sexually transmitted infections (STI)?

STIs are communicable diseases caused by germs such as bacteria, viruses, or protozoa that are passed from one person to another through sexual contact.

- There are more than 35 different microbes which can cause STIs.
- The STI causing microbes are transmitted only when there is close body contact between individuals involving the body fluids / sex organs. This usually happens during sexual contact.
- HIV infection spreads mostly through unsafe sexual practices.
- STIs are also known as STD/VD. Now the commonly used word is STI.
Common causes of RTIs

- **Iatrogenic infections** - due to usage of unsterile medical procedures, examinations, unsafe abortions.

- **Endogenous infections** - due to inadequate personal, genital, menstrual, sexual hygiene practices

- **Sexually transmitted infections** - due to unsafe sexual practices and may also affect mouth and rectum
What are the modes of transmission of STI/RTIs?

- RTIs very rarely transmitted to sexual partners
- The common mode of transmission of STIs are through unsafe sexual practices (vaginal/ anal/ oral sex)
- The other modes of transmission of STIs are –
  - From infected mother to new born – HIV/ Syphilis
  - Through infected blood and blood products – HIV/ Syphilis/ Hepatitis
  - By sharing of needles and syringes – HIV/ Syphilis/ Hepatitis
What are HIV and AIDS?

- HIV stands for Human Immunodeficiency Virus, a retrovirus transmitted from an infected person through unprotected sexual intercourse, by exchange of body fluids such as blood, or from an infected mother to her infant.

- AIDS stands for Acquired Immunodeficiency Syndrome. AIDS is the stage of HIV infection that develops after some time after a person has been infected with HIV.

- Since HIV is a STI and is transmitted through the same behavior that transmits other STIs, whenever there is a risk of STI, there is a risk of HIV infection as well (because almost 85% of HIV is known to be transmitted by the sexual route).
Basics of RTI/STI and HIV-AIDS - 6

- STIs & HIV are not spread by social contacts such as -
- Shaking hands
- Drinking or eating from the same glass or plate
- Bathing or swimming together
- Using common toilets/phones
- Playing together
- Insect - mosquito and others - bites
- Hugging / sharing of clothes/ coughing / sneezing
Basics of RTI/ STI and HIV-AIDS - 7

- **STI/RTI situation in India** -
  - As per a study conducted by ICMR, 6% of adult men and women have STI/RTIs; it means every year about 30 to 40 million new STI/RTI episodes occur in India.
  - Another study states that 6% of men and 12% of women attend outpatient clinics in government hospitals due to symptoms suggestive of STI/RTIs.
Who gets STI/RTI mostly?

- They occur both in urban and rural areas
- Most common in people aged between 15 to 45 years
- STI/RTI in women mostly symptomless
- Some are at higher risk of getting STI/RTIs than others such as:
  - Adolescent boys and girls
  - Women who have multiple partners
  - Sex workers and their clients
  - IDUs
  - Men and women who have to stay away from families for long
  - Men having sex with men, including transgender individuals
  - Partners of various high-risk groups
  - Street children
Basics of RTI/STI and HIV-AIDS - 9

- What are the factors contributing to spread of STI/RTIs?
  - Human behaviour - high-risk behaviour
  - Lack of access to health care
  - Lack of awareness about STIs/RTIs
  - Migrant population
  - Health care providers not adequately trained
  - Poor medical services
  - Hygiene and environmental factors
  - Hormonal factors
  - Socio-economic and other factors
Does women have an increased risk of RTI/STIs?
- Yes, women are more prone to get RTI/STIs than men.
- Because of:
  - Biological differences:
    - Thin lining of vaginal mucosa
    - Larger exposed area
    - Genital fluids stay in contact for a longer time
    - Young women - immature genital tract, cervical ectopy
    - Symptoms - less reliable indicator
  - Use of vaginal douches
  - Influence of hormonal contraceptives
  - Different socio-cultural norms for men and women
What is the link between STI and HIV?

- HIV infection is also an STI (>85% of HIV infection is due to unsafe sexual practices)
- It is estimated that a person with STI is 5 to 10 times more likely to acquire HIV infection than a person without STI
- This is because of genital ulcers or discharges due to STI / RTI will make it easy for HIV to enter.
- Even those who acquire HIV infection by other routes of transmission often infect others through sexual route.
- Most STIs are curable and early detection and treatment of STIs will reduce HIV transmission by almost 40%.
- Condom use can prevent both STI and HIV as well unwanted pregnancy
OPERATIONAL MODEL OF THE ROLE OF HEALTH SERVICES IN STI CASE MANAGEMENT

- Population with STI
- Aware and worried
- Seeking care
  - Correct diagnosis
  - Correct treatment
  - Treatment completed
  - Cure

- Promotion of health care seeking behaviour
- Improve quality of care
- Attitudes of personnel
OPERATIONAL MODEL OF THE ROLE OF HEALTH SERVICES IN STI CASE MANAGEMENT

- Population with STI
- Aware and worried
- Seeking care
- Correct diagnosis
- Correct treatment
- Treatment completed
- Cure

- Syndromic approach
- Include STI drugs in essential list
- Prescribe single dose
- Counsel about compliance
OPERATIONAL MODEL OF THE ROLE OF HEALTH SERVICES IN STI CASE MANAGEMENT

Population with STI

Aware and worried

Seeking care

Correct diagnosis

Correct treatment

Treatment completed

Cure

asymptomatic STI

- Partner notification
- Case finding
- Screening
- Selective mass treatment
Are STIs/RTIs - a public health problem?
- Yes, they are. Major cause of ill health in country.
- If STI/RTIs are not diagnosed and treated early and correctly, they lead to:
  - Serious complications in men and women - sterility/pelvic inflammatory disease/ectopic pregnancy/cancer cervix
  - Increase risk of HIV transmission
  - Reproductive loss - still births/abortions
  - Increase cost to health system
SEX AND SEXUALITY
Basics of Human sexuality

- **Sexuality**
  - Sensuality
  - Sex
  - Gender
  - Sexual orientation
  - Sexual or gender identity
  - Sexual behavior

- **Sexual health** - Being able to have a responsible, satisfying and safe sex life. Achieving sexual health requires a positive approach to sexuality and mutual respect between partners. It also implies the ability to make choices.
Enhanced Syndromic Case Management
Basics of syndromic case management of STI/RTIs

- **What is a syndrome?**
  - A syndrome is a combination of symptoms (the presenting complaints of patients) and signs (the markers of infection in the patient observed by health care provider).

- **What are STI/RTI syndromes?**
  - Though STI/RTIs are caused by more than 35 different microbes, the symptoms they cause can be easily clubbed into a syndrome.
  - For example, genital discharges are caused by about 3 to 5 microbes, but they can all be grouped as genital discharge syndrome (vaginal discharge in women and urethral discharge in men).
Basics of syndromic case management of STI/RTIs

- **Why syndromic approach?**
  - STI/RTIs are caused by different microbes
  - It is difficult to identify each of them through laboratory, which is not only costly but also time-consuming and not within reach of many patients.
  - There is a possibility of having more than one STI at a time
  - There are very few STI specialists that too at bigger towns and cities.
  - To address all these issues, syndromic approach is adapted by NACO as a primary strategy to control and prevent STI/RTIs.
  - The approach enables the provider to diagnose and treat the patient at first contact and thereby reduces secondary cases/infectiousness.
  - Syndromic management is a **scientific and proven approach** as it ensures **correct and complete treatment covering most common organisms responsible for a particular syndrome** and includes patient **education, counseling, partner treatment, follow up and documentation and reporting** and where necessary performing basic laboratory tests.
Basics of syndromic case management of STI/RTIs

- **STI/RTI syndromes**-
  - The common STI/RTI syndromes exclusively seen in men are -
    - Urethral discharge syndrome
    - Painful scrotal swelling syndrome
  - The common STI/RTI Syndrome exclusively seen in women are -
    - Vaginal discharge syndrome
    - Cervical discharge syndrome
    - Lower abdominal pain syndrome
  - The common STI/RTI syndromes in men and women are -
    - Genital Ulcer syndrome
    - Groin/inguinal swelling syndrome
    - Oral & Ano-rectal discharge syndromes
    - Genital skin conditions syndrome
## Basics of syndromic case management of STI/RTIs

### COMMON SITES OF RTIs/STIs

<table>
<thead>
<tr>
<th>Female anatomy</th>
<th>Male anatomy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fallopian tubes</strong></td>
<td><strong>Spermatic cord</strong></td>
</tr>
<tr>
<td><strong>Uterus</strong></td>
<td><strong>Epididymis</strong></td>
</tr>
<tr>
<td>gonorrhoea, chlamydia, vaginal bacteria</td>
<td><strong>Urethra</strong></td>
</tr>
<tr>
<td><strong>Vagina</strong></td>
<td>gonorrhoea, chlamydia, chancroid, herpes, genital warts</td>
</tr>
<tr>
<td>bacterial vaginosis, yeast infection, trichomonas</td>
<td><strong>Penis, scrotum</strong></td>
</tr>
<tr>
<td><strong>Cervix</strong></td>
<td>genital ulcers (syphilis, chancroid, herpes), genital warts</td>
</tr>
<tr>
<td>gonorrhoea, chlamydia, herpes</td>
<td><strong>Testis</strong></td>
</tr>
</tbody>
</table>
Basics of syndromic case management of STI/RTIs

- **Genital Ulcer Syndrome - Non Herpetic & Herpetic**

- One or more ulcers/sores may be seen in any part of the genitals in men and women.

- The ulcers/sores may be seen in mouth and or anus and rectum in men and women.

- The ulcers/sores may be painful or painless.

- In some, the ulcers/sores may be recurring.

- Sometimes the ulcer/sore may heal on its own; but the disease would not have been cured and the person still need treatment.

- Ulcers/sores on the inner side of genitals in women will not be seen from outside.
Basics of syndromic case management of STI/RTIs

- **Genital Ulcer Syndrome - Non Herpetic & Herpetic**

**Treatment for GUD-NH** -

- Injection Benzathine Penicillin 24 lakh in two divided doses on either buttock (with emergency tray) PLUS
- Tablet Azithromycin 1 gm single oral dose

If patient is allergic to Penicillin, then give

- Doxycycline 100 mg twice a day for 14 days PLUS
- Azithromycin 1 gm single oral dose

**Treatment for GUD-H** -

- Tablet Acyclovir 400 mg thrice a day for 7 days

**Treatment for GUD-NH & GUD-H** -

- When both ulcers and vesicles or blisters seen in same patient, then treat the patient for both GUD-NH and GUD-H, as per the protocol suggested above.
Basics of syndromic case management of STI/RTIs

- Refer to higher centre
  - If not responding to treatment
  - Genital ulcers in a HIV infected patient
  - Recurrent ulcers

- Follow up
  - Advise the patient to return after 7 days of treating

- Partner treatment
  - Treat all partners who has sexual contact with patient diagnosed having GUD-NH in last 3 months, with same drugs

- No routine treatment to be given to partners of patients diagnosed having GUD-H, unless the partner also symptomatic.
  - If partner is pregnant, then give
    - Injection Benzathine Penicillin 24 lakh in two divided doses on either buttock (with emergency tray)
    - Single oral dose PLUS
    - Erythromycin (base or Ethyl succinate)500 mg four times a day for 15 days

- Advise sexual abstinence during treatment

- Provide condoms, educate about correct and consistent use

- Refer to ICTC
Basics of syndromic case management of STI/RTIs

- **Urethral discharge syndrome (Only seen in Males)**
  - There may be cream or yellow coloured discharge coming from urine passing hole (Urethra)
  - The discharge may be thick or thin like mucus
  - The discharge may cause stains on undergarments
  - There may be pain or burning sensation when passing urine
Basics of syndromic case management of STI/RTIs

Treatment
- Cefixime 400 mg single oral dose under supervision PLUS Azithromycin 1 gm single oral dose under supervision
- If the symptoms persist: Treat with 2g of Secnidazole/Metronidazole/Tinidazole.

Refer to higher centre

Follow up
- Advise the patient to return after 7 days of treating

Partner treatment
- Treat all partners with same drugs
  - If partner is pregnant, then give Cefixime 400 mg single oral dose PLUS Erythromycin 500 mg four times a day for 7 days

Advise sexual abstinence during treatment

Provide condoms, educate about correct and consistent use

Refer to ICTC
Basics of syndromic case management of STI/RTIs

**Vaginal (cervical) discharge syndrome (seen only in females)**
- Vaginal discharge is the most common complaint in women and it will be of minute in quantity with no smell, colour and doesn’t stain undergarments.
  - It is very common for women to experience, slight discharge before, after and in between menstruation cycles, when sexually aroused and when woman is on oral contraceptive pills.
  - Further, a discharge at vagina could be from cervix or vagina or both.
- Hence, every woman with vaginal discharge may not be suffering from STI.
- If a woman has excessive vaginal discharge, with bad smell and may be yellow or greenish coloured and may be associated with itching of genitalia may be suffering with infection and in need of treatment.
- Sometimes the woman may experience pain during intercourse.
- Sometimes there are no signs and symptoms.
Basics of syndromic case management of STI/RTIs

Treatment for vaginal discharge
• Secnidazole 2 gm single oral dose under supervision PLUS
• Flucanozole 150 mg single oral dose under supervision

Refer to higher centre
• If the symptoms persist or recurrent or associated with pregnancy/diabetes/HIV

Follow up
• Advise the patient not to douche & to return after 7 days of treating

Partner treatment
• Treat partner ONLY if woman shows no improvement, with same drugs
• If patient is pregnant, then give
  - Local Clotrimazole pessary 100 mg a day for 6 days PLUS
  - Local Metronidazole pessary a day for 7 days

Advise sexual abstinence during treatment
Provide condoms, educate about correct and consistent use
Refer to ICTC

Treatment for cervical discharge
• Cefixime 400 mg single oral dose under supervision PLUS
• Azithromycin 1 gm single oral dose under supervision (on empty stomach)
If both vaginal and cervical discharge present then treat with all four drugs.
If not able to do speculum exam treat with all the four drugs.
Refer to higher centre
• If the symptoms persist or recurrent or associated with pregnancy/diabetes/HIV
Basics of syndromic case management of STI/RTIs

Lower abdominal pain syndrome (only seen in female)
It happens when a woman with cervical discharge is not treated correctly and completely.
It is a complication of STI in women.
The pain in lower abdomen may be associated with fever; pain may be mild to moderate. Severe pain may require hospitalization.
In some women, pain may be mild but occurs for long time leading to chronic backache and dull pain in lower abdomen.
The woman may become sterile or develop pregnancy outside the womb as complications.

Treatment
Cefixime 400 mg single oral dose under supervision PLUS
Metronidazole 400 mg orally twice a day for 14 days PLUS
Doxycycline 100 mg orally twice a day for 14 days
• Get second opinion from the nearest Doctor, preferably a Gynaecologist.

Refer to higher centre
If the symptoms persist or shows no improvement by third day or associated with pregnancy/diabetes/HIV/intra uterine device (copper-T)

Follow up
Advise the patient to rest
Advise the patient to return after 3 days of treating
Patient has to be examined on day 3,7 and 14 after starting treatment

Partner treatment
Treat all partners in the last two months, with 1 Tablet of Cefixime 400 mg PLUS 1 Tablet of Azithromycin 1 gm orally under supervision
Advise sexual abstinence during treatment
Provide condoms, educate about correct and consistent use
Refer to ICTC
Basics of syndromic case management of STI/RTIs

**Groin/Inguinal swelling**

Painful swellings on one or either side of groin
Sometime patient may also have ulcer/sore on genitalia
The swellings in groin may rupture and form as ulcers or ooze pus, they may be painful
The patient may also have fever, joint pains

**Treatment**
- Cap Doxycycline (100) twice daily for 21 days PLUS
- Azithromycin 1 gm orally single dose
- Get second opinion from the nearest Doctor at the earliest

**Refer to higher centre** - If the bubo is ruptured or about to rupture / If there is genital edema / If the patient is pregnant

**Follow up** - Advise the patient to return after 7 days of treating. Patient has to be examined on day 7, 14 and 21 after starting treatment

**Partner treatment**
- Treat all partners in the last three months, with Doxycycline 100 mg twice daily for 21 days PLUS 1 Tablet of Azithromycin 1 gm orally under supervision
  - If partner is pregnant, then treat with - Erythromycin base 500mg orally four times a day for 21 days
- Advise sexual abstinence during treatment
- Provide condoms, educate about correct and consistent use
- Refer to ICTC
Painful scrotal swelling syndrome

- It is due to improper treatment of urethral discharge syndrome
- The pus from the urethra goes back to testes and infects the testes and sperm storing tubes. As a result, the tubes get blocked and person becomes sterile.

Treatment - Tab. Azithromycin 1 gm orally single dose PLUS Cefixime 400 mg orally single dose.

T-bandage

Refer to higher centre - As it is a complication and may need more treatment

Follow up - Patient has to be examined on day 7 and 14 after starting treatment

Partner treatment

- Treat all partners in the last three months, with Cefixime 400 mg 1 tablet orally PLUS 1 Tablet of Azithromycin 1 gm orally under supervision
  - If partner is pregnant, then refer her to higher centre for treatment
- Advise sexual abstinence during treatment
- Provide condoms, educate about correct and consistent use
- Refer to ICTC
Basics of syndromic case management of STI/RTIs

Oral and Anal STI syndromes

- Unsafe sexual practices through mouth, anus may also get affected by STIs.
- Syphilis, herpes, gonorrhoea, warts, are some of the STIs which can cause oral and anal STIs
- Hence, exploring sexual practices of persons in non judgemental way is important.
- Without history of unprotected oral or anal sex, treating everyone with the complaints of cough and throat irritation or anal discharge may lead to unnecessary treatment.

Treatment
- For oral /anal discharge treat as per urethral discharge syndrome protocol
- For anorectal ulcers, treat as per genital ulcer syndrome protocol

Refer to higher centre
- If your are in doubt, then don't attempt to treat and refer

Follow up
- Patient has to be examined on day 7 after starting treatment

Partner treatment
- Treat all partners in the last three months, with same drugs used for the patient
- Advise sexual abstinence during treatment
- Provide condoms, educate about correct and consistent use
- Refer to ICTC
Basics of syndromic case management of STI/RTIs

**Genital skin conditions**
- Growth/s, itching, fissuring in and around genital area occurs
- They may or may not be related to STIs
- Timely referral to higher centres with reassurance relives patient’s anxiety
Implementing syndromic STI/RTI - steps

- **Take minimum history to**
  a. Make an accurate and efficient syndromic diagnosis
  b. Establish the client’s risk of transmitting and contracting STIs/RTIs
  c. Find out about partners who may have been infected

- **You should provide these**
  a. Privacy and confidentiality
  b. Rapport building
  c. Good verbal and non-verbal communication skills
  d. Unbiased / non-judgmental attitude

- **You should obtain the following**
  a. General information - Name/Age / Sex / Occupation / Marital status
  b. History of presenting illness - Symptoms / Duration
  c. Past medical history - Any past STIs / Any treatment / response / Results of test / Other illness / Medication being taken currently / Drug allergies
  d. Sexual history - Use of contraceptives, if any / Menstrual and obstetric history / New partners in last 3 months / Risky sexual behaviour
Basics of syndromic case management of STI/RTIs

**Risk assessment** is a process of confidentially asking patient particular questions to determine his or her chance of contracting or transmitting a STI/RTI (e.g., many women may be at risk due to the behavior of their husbands or partners). Be aware that it is a sensitive process:
- Embarrassment due to personal questions
- May get inaccurate information
- Patient may not understand the question and its importance
Basics of syndromic case management of STI/RTIs

• Conducting clinical examination – why should we do it?
  a. To confirm patient’s symptoms
  b. To see the signs to confirm symptoms
  c. To find out signs for something about which the patient is not complaining
  d. To arrive at a syndromic diagnosis

• You require to have the following basic facilities –
  a. Separate room with privacy
  b. Light source
  c. Examination table/stool
  d. Soap and water for hand-washing
  e. Surgical gloves
# Basics of syndromic case management of STIs/RTIs

## Female examination & syndromic diagnosis

<table>
<thead>
<tr>
<th>Signs to look for</th>
<th>Possible syndromic diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharge and redness of vulva - common signs of vaginitis</td>
<td>Vaginal discharge</td>
</tr>
<tr>
<td>Discharge is white and curd-like – yeast infection</td>
<td></td>
</tr>
<tr>
<td>Ulcers, sores or blisters</td>
<td>Genital ulcer</td>
</tr>
<tr>
<td>Swelling or lumps in the groin</td>
<td>Inguinal bubo</td>
</tr>
<tr>
<td>If cervix bleeds easily on touch or the discharge appears mucopurulent with discoloration</td>
<td>Cervical infection</td>
</tr>
<tr>
<td>If examined after childbirth, abortion or miscarriage, look for bleeding, tissue fragments; check if the cervix is normal</td>
<td>Complications of abortion; refer to higher centre</td>
</tr>
<tr>
<td>Tumors or other abnormal tissues on cervix</td>
<td>Carcinoma, refer to higher centre</td>
</tr>
</tbody>
</table>
**Basics of syndromic case management of STI/RTIs**

**Male examination & syndromic diagnosis**

<table>
<thead>
<tr>
<th>Signs to look for</th>
<th>Possible syndromic diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urethral discharge</td>
<td>Urethral discharge syndrome</td>
</tr>
<tr>
<td>Ulcers, sores, or blisters on genitalia/mouth/anorectum</td>
<td>Genital ulcer syndrome</td>
</tr>
<tr>
<td>Ulcers, sores, or blisters</td>
<td>Inguinal swelling syndrome</td>
</tr>
<tr>
<td>Swollen painful testes</td>
<td>Painful scrotal swelling syndrome</td>
</tr>
<tr>
<td>Discharge from anorectum</td>
<td>Anorectal discharge syndrome</td>
</tr>
<tr>
<td>Swellings in mouth/genital/anorectum</td>
<td>Genital/anorectal/oral growth syndrome</td>
</tr>
</tbody>
</table>
Basics of syndromic case management of STI/RTIs

Syndromic management is a simple and effective approach and includes:

- Treatment of patient & Treatment of partners
- Risk reduction communication
- Patient education and counseling
- Condom demonstration and provision
- Follow up & Documentation and Reporting
- Referral to ICTC / higher health centre
- Referral to other services, as necessary
CONDOM
Condom demonstration and promotion and provision is an integral part of syndromic management of STI/RTIs. Patients should be educated about the usefulness of condom in preventing further spread of STI/RTIs. Condoms should be used correctly, consistently and with each sexual act.

What is a condom?

What are the benefits of condom use?

Who should use condom?

- When couple wants to postpone pregnancy
- When having sex with casual partners
- When one of the sexual partner has STI/RTI or suspects to have one
- When in indulging sexual intercourse with a sex worker
- Anyone whose partner has more than one sexual partners
- When the sexual partner has HIV
- When the sexual partner is on treatment for STI/RTI

All PLWHs (People Living with HIV) ; even if their partner is HIV infected to prevent cross infection/ transmission of other STIs. It is very important to consistently use condoms when one of the partner is positive and the other not ( Discordant couples)
Condom Demonstration and Promotion

Steps in using condom
• Check the expiry date, ensure that the condom pouch is undamaged
• If the patient is illiterate, then show him that a good condom move easily in the pouch
• Wear the condom, ONLY after the penis becomes fully erect
• Hold the tip and unroll condom slowly to its full length and it should cover penis fully up to the root
• The tip should be free lest the condom breaks
• Ensure that the condom is in its position before intercourse
• After ejaculation withdraw the penis slowly by holding the bottom of the condom
• Avoid touching the tip of condom
• Remove the condom carefully and put a knot near end without spilling semen
• Condom should be disposed, in a place where it is not picked up by children
• Do not reuse condom
• A new condom to be sued during each and every sexual intercourse - anal/oral/genital
Condom Demonstration and Promotion

Common issues in regular usage of condoms and your action points to address them

• Non availability of condoms –
• Condom failure –
• Unaware about condom and its uses –
• Uncomfortable to ask /buy a condom –

Think of innovative ideas of making condoms accessible to users such as keeping stock of condoms at Toddy /Arrack shops, positioning condom boxes
Common myths/misconcepts on condoms

- **Condom reduces sexual pleasure** -
  - This myth is due to the feeling something is worn over penis, hence the pleasure may reduce.
  - The fact is, condom actually enhances the sexual pleasure, by prolonging the duration of sexual act through the touch sensation between the tip of penis and vagina.

- **Condom is sticky and irritating** -
  - If worn correctly, the stickiness reduces and they need to be shown how to wear the condom correctly.
  - Similarly, when removing the condom after sexual act, it should be removed slowly by unrolling from root to tip, preventing spilling of semen.
  - Need to wash the hands after removal of condom.

- **Condom will tear during intercourse** -
  - This happens commonly, if the condom is rolled up to the tip without leaving air space in tip.
  - Educate people about correct way of wearing condoms and also make them understand how to know the quality of condom.

- **Condoms given freely and those manufactured in India are inferior quality**
Patient education and counselling
Patient education and counselling

What is patient education?
Education is giving information, and how much of it is understood and learned and retained depends on individual’s literacy, interest, and commitment.

What is counselling?
Counselling is a process in which the counsellor builds a non judgemental relationship with the individual.
Counselling facilitates the process of understanding the individual's problem/s. Counsellor ensures and states with individual that whatever is said will be kept confidential and not divulged to others without prior consent of individual. Counsellor explains the different solutions to the problems stated by individual and enables him/her to take appropriate actions.
Counselling empowers the individual with necessary information, knowledge, skills and options to deal with STI/RTI
Patient education and counselling

Who will be an ideal counsellor?
Anyone who has basic knowledge about –
• High risk behaviour activities which leads individuals to acquire STIs.
• Treatment.
• Partner treatment.
• Condom usage.

What are the skills required for counsellor?
• Good communication
• Listening, allowing others to share their problems
• Understanding the issues from the patients perspective
• Assess the patients sickness
• Knowledge about the various referral facilities
• Respect to others and expressing your concern, openness in discussing sexual behaviour
Patient education and counselling

Steps in counselling –

- Build rapport – unless patient trusts you, he/she will not share his/her concerns
- Assure and ensure providing confidentiality
- Listen attentively, do not interrupt when patient is talking
- Look for facial expressions and body language messages
- Respond to patient’s problems with appropriate reply. If you don’t know the answer, then admit the same without giving wrong or offhand answer
- Facilitate patient to express openly about his/her risk behaviour
- Mentally collate and analyze information gathered, risk factors
- Think about possible options to patient problems.
- Enable the patient to reach a decision and give support.
- Make an action plan along with patient
- Fix the schedule of follow up visits
- Emphasize partner treatment
- Plan for referral, if required
Patient education and counselling

What should be the content of counselling?

- What are STI/RTIs, their modes of transmission, symptoms and how they won’t spread
- The link between STI and HIV
- How to identify that one is infected with STI/RTI
- Importance of early treatment
- Treatment duration, adverse effects and precautions to be taken, if any with these medications
- Necessary of completing full course of treatment and follow up visits
- Importance of partner treatment
- Complications of improper or inadequate treatment
- Meaning of Safer sexual behaviour –
  - Having sex with one partner
  - Non penetrative sex such as masturbation self or mutual; rubbing; massaging
  - Abstain from sexual activity during treatment
  - Regular, consistent and correct use of condom
  - Partner treatment

- A,B,C. Strategy ( A for abstinence; B for be faithful; C for condom)
Referral, follow up and documentation
Referral, follow up and documentation

Referral -
Referral is a process of sending patients as per their need to other facilities or providers for additional services, which are not available with the initial provider. In case of STI/RTI patients, they may need referral to higher centres or specialist clinics to manage the complications, their partners also to be treated hence need referral, to ICTC for HIV counselling and testing, to gynaecologist for pregnancy related problems, to ARV centres for Antiretroviral therapy, to care and support centres for PLWHs.
Hence every provider should have a diary of referral facilities within the district as well in the state. It is not only sufficient to have the list of names of hospitals, the list should be complete with all details such as, name/s and contact details of service provider, working hours, if it is costing how much it cost to patient, exact location of facility. Providing this detailed information enables the referred persons to reach the place to where he/she was referred to.

Follow up –
Follow up is the process to ensure that the given treatment is working or not and patient is responding or not. It is very important to educate patients on follow up and schedule of follow up visit dates should be provided to every patient at the end of initial consultation. The number of patients coming for follow up is a good indication how effective is your counselling and rapport you built with patient.
Ensuring follow up, has many benefits such as – we can assess cure, response to treatment, diagnose early complications and can refer timely and enables to know whether treatment is continued or not, if discontinued the reasons for the same also can be ascertained.
You can ensure that the patient is coming for follow up by personally calling him/her or send a letter without compromising confidentiality. You can also write down the schedule of follow up visits in your personal diary, so that you can remind the patient timely.

Documentation –
Every provider who treats STI/RTI cases, should document the case seen and report once a month to authorities. A case record also helps to monitor the progress of patients and the changes in health seeking behaviour.
You need to collect only basic information, such as sec, age, occupation, presenting complaint, syndromic diagnosis, and details of treatment given. A simple to use recording and reporting format has been developed for your use. You write number for each patient you see, starting from 0001 to 1000. This helps, patient to give you details, when he/she sees that you are not writing their names and it will also ensures confidentiality.
Management of RTI/STIs in High Risk Groups (FSW/MSM/IDU)
Managing RTI/STIs in High Risk Groups (FSW/MSM>IDU)

Barriers to services for sex workers

- Stigma
- Provider’s attitude (judgmental?)
- Location of service sites
- Lack of confidentiality
- Cost of STI/RTI services

How to overcome the barriers

- Make efforts to change provider attitude
- Provider must be non-judgmental
- Link clinics which are nearer to sex workers’ workplace
- Assure and maintain confidentiality
- Provide free or subsidized services
Managing RTI/STIs in High Risk Groups (FSW/MSM/IDU)

Management of STI/RTI During Routine Visit of a Female Sex Worker

- Clinic visit by sex worker
- Take history
  - First visit to clinic or 3 months since last STI/RTI screening
    - Yes: Treat for Gonorrhoea and Chlamydia
  - Unprotected sex? with partner with STI?
    - Yes: Give treatment according to partner's symptoms
    - No: Treat according to vaginal discharge flow charts
  - Vaginal discharge? symptoms?
    - Yes: Treat according to vaginal discharge flow charts
  - Genital ulcer?
    - Yes: Treat according to genital ulcer flow charts
  - Miscarriage, lower abdominal pain and cervical motion tenderness?
    - Yes: Treat according to lower-abdominal flow charts
  - Discharge or red cervix?
    - Yes: Treat for Gonorrhoea and Chlamydia
  - Visible vaginal discharge?
    - Yes: Treat according to vaginal discharge flow charts

Notes:
- a. Without condom or condom failure
- b. All currently active sex workers have positive risk assessment and should be treated for Gonorrhoea and Chlamydia
Managing RTI/STIs in High Risk Groups (FSW/MSM/IDU)

Management of STI/RTI During Routine Visit of a Male or Transgender Sex Worker

Clinic visit by sex worker

- Take history
  - Find visit to clinic or ≥ 3 months since last STI screening: Treat for Gonorrhoea and Chlamydia
  - Unprotected sex with partner with STI?: Give treatment according to partner’s symptoms
  - Pharyngitis with history of unprotected oral sex?: Treat for Gonorrhoea and Chlamydia
  - Anal discharge or tenesmus?: Treat for Gonorrhoea and Chlamydia
  - Diarrhea, blood in stool, abdominal cramping, nausea, bloating?: Treat for Gonorrhoea and Chlamydia + anti-diarrheal medications as needed

Examine patient (oral, external anogenital, digital rectal, and proctoscope)
- Draw blood and send to laboratory for syphilis test every 6 months

Look for signs of STI/RTI on examination
- Genital or anal ulcers?: Treat according to genital ulcer flow charts
- Rectal pus?: Treat for Gonorrhoea and Chlamydia
- Urethral discharge?: Treat for Gonorrhoea and Chlamydia

a. Without condom or condom failure.
b. If asymptomatic, digital rectal and proctoscope examination only if acceptable.
What can I do at my Clinic?

• Ensure privacy and confidentiality
• Be a role model for others by showing non-discriminatory behavior
• Be non-judgmental during interactions in the clinic
• Treat sex workers with the same respect and dignity as other clients
• Motivate them for regular/periodic screening
• Encourage them to refer their infected clients to a clinic
• Help them with safer sex practices
• Help them understand “how to negotiate safer sex”
Minimum standards of care for RTI/STIs

- Administering correct and complete syndromic case management
- Ensuring treatment compliance. Wherever possible, administer STI/RTI single dose treatment under your supervision at your premises – DOTS-STI
- Schedule follow up visits and ensure that patient is examined as per schedule
- Provide partner treatment
- Condom demonstration and promotion
- Educate and counsel on STI/RTI/HIV-AIDS and safer sexual behaviour
- Referral as per the need and ensure to get the feedback from the patient and receiving centre
- Document every case diagnosed and treated by you
- Report every month the number of cases treated by you
- Allow the mentor to scrutinize your records and help you to perform better
- Follow basic infection control practices
infection control practices
Basics of infection control practices

- Hand washing before and after touching the patient
- Using gloves when conducting genital examination both external and internal examination
- Destroying used needles and syringes with needle and hub cutter.
  - If needle or hub cutter is not available, then one should use a hard plastic can such as domestic oil cans and put the used needles and syringes into it.
  - Never recap or bend the used needles
- Cotton, bandages, blood swabs should be thrown into bio waste bins
  - If you don’t have them, use domestic oil cans
  - Fill the cans with freshly prepared beach solution daily.
  - Once the can is filled then dispose of the contents into deep pit away from human habitation or drinking water source
- All the instruments should be boiled in boiling water for minimum of 20 minutes, before reusing them
- Blood spills, should be covered with bleach for 30 minutes and mopped with gloved hand using gauze or paper and disposed into bio waste bin or domestic oil can.
Basics of infection control practices

Common disinfectants –
• 1% freshly prepared bleach solution is the best and cheapest disinfectant
• It can be prepared by dissolving two tea spoons of bleaching powder in one litre of water
• As bleach powder doesn’t dissolve in water; you have to place the 10 gms or two teaspoons of powder into a small mug and add two spoons of water and make a paste. Then the remaining amount of water is added slowly with constant stirring, till all the paste is dissolved.
• Allow it to stand for 30 minutes.
• The fresh bleach solution is ready to use.
• Remember, you need to prepare the bleach solution every day, as it loses its potency after a day.
• The solution can also be sued to swab the clinic premises
• Keep the bleaching powder in air tight containers, and store away from stainless steel and rubber as it corrodes

Post exposure prophylaxis –
• Treatment of occupational exposures using anti retroviral therapy is knows as PEP.
• It should be given, as soon as possible after the incident under the supervision of a physician.
• It is available for free at all district hospitals
Roles and responsibilities
Roles and responsibilities

- Educator
- Counsellor
- Referral source
- Drug and condom distributing hub
  - The preferred provider should be located in and around the hot zone and should be accessible to the HRG. He/she should be the preferred providers of the HRG
  - The physician’s clinic should have basic infrastructure, to provide good quality STI/RTI services to the HRGs (space for consultation and examination with audiovisual privacy, examination facility like examination table, light, speculums etc)
  - The physician should be comfortable treating HRGs and be non judgemental
  - The physician should be willing to undergo training as per the program guidelines
  - The physician should be willing to undertake refresher training and other recent updates
  - The physician should be willing to sign an MOU with the agency and willing to abide by all the rules and regulations of the program
Thank you all