## Sexually transmitted infection (STI)

The presence of an existing STI increases the risk of HIV transmission because sores or other inflammation can make it easier for the virus to enter the body.

The diagnosis of sexual transmitted infections (STI) and other reproductive tract infections (RTI) through laboratory confirmation of the etiological agent is generally not feasible. A presumptive a etiological diagnosis based on clinical features is often inaccurate. The syndromic management of STI is inadequate for STIs characterized by sub-clinical presentations or for STIs with non-specific symptoms which is more common for women than for men.

As many women with STI have no symptoms, and therefore do not seek treatment, active patient tracing & treatment of people with higher-risk, are important to reduce STIs. However, as most women don't have complaints, they will not be interested. Information that regular STI screening can reduce the chance to get infected with HIV (and protect against infertility) might help to convince women.

Cervical infections in particular are not good to manage by the syndromic approach as most women with cervicitis are asymptomatic or have non-specific symptoms. WHO flow charts for cervicitis put vaginal discharge and/or genital pruritus at the starting point of the syndromic approach which is incorrect. Vaginal discharge is linked to bacterial vaginosis (BV) and trichomoniasis (TV) but only weakly linked with cervicitis. Vulvar pruritus and vulvar inflammation are linked to candidiasis and to a lesser extend to TV, but not to cervicitis. Instead, behavioral 'risk scores' and simple laboratory tests have better predictive values for cervicitis and can therefore improve diagnostic algorithms.

| STI screening schedule | |
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| Speculum and laboratory examination | ▪ Monthly in all KAP (regardless of PrEP/ HIV/ ART status)<br>▪ If there is a risk or complaint in non-KAP |
| Syphilis screening | ▪ 3 Monthly in HIV positive KAP and PrEP client<br>▪ 6 monthly in HIV negative KAP |

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| | ▪ annually or if there is a risk or complaint in non KAP PLHIV/ ART clients. |
| HIV testing | 3-6 Monthly depending on the risk behavior |

**Reference:** MAM STI guideline 2023