STI management flow chart in high risk women

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

1st Step

Consider for presumptive treatment in below HR women
- First visit to the clinic or
- Last visit more than 3 months
- Do risk assessment for cervicitis for HR women whose last visit ≤ 3 months and provide presumptive treatment if the risk present

(high prevalence among irregular high-risk women and S/S & laboratory tests insensitive)

For ALL women : **Define *High* or *Low Risk* group** **(mark ALL questions!!)**			
previous STI (complaint or confirmed)	yes □ no □ (2)	new partner within past 3	yes □ no □ (2)
patient complains dysuria or genital	yes □ no □ (3)	partner complains genital	yes □ no □ (3)
patient complains lower abdominal	yes □ no □ (1)	sex worker	yes □ no □ (3)
Score : _____ if score ≥ 3 → high risk (+)		→ *High-risk* □	*Low Risk* □

For High Risk women only : **Define risk for Cervical Infection** **(mark ALL questions!!)**			
abnormal *yellow* discharge	yes □ no □ (2)	lower abdominal pain	yes □ no □ (1)

(if only abnormal *abundant* discharge)	yes □ no □ (1)	unprotected sex with new clients	yes □ no □ (1)
dysuria	yes □ no □ (1)	partner discharge/ulcer observed	yes □ no □ (2)

Score: _____ if score ≥ 2 → risk assessment (+) → always treat for Cervicitis (GC + CT)

2nd Step

Main complaint* : <u>abnormal</u> vaginal discharge or <u>abnormal</u> malodour	yes ➔	Treat for TV/BV
Main complaint* : vulvar pruritis/burning	yes ➔	Treat for Candida
* A patient should first get an open question, like "what is your main complaint". Abnormal vaginal discharge / malodour, or pruritus should be the chief complaint, spontaneously expressed by the patient. It should not be an elicited complaint (= in answer to the question "do you have pruritus?").		

3rd Step

Clinic with Laboratory		
Speculum + Laboratory exam	➔	Cervical motion tenderness? → exclude PID
		Treat for Syphilis if RPR (+)
		(≥3 out of 4) • Homogenous discharge • KOH smell (+) • PH ≥ 4.6 • >20% clue cells or TV (+) ➔ TV/BV If TV (+); partner Tx
		Vulvar erythema ± discharge ± Candida (usually KOH smell (-) and pH ≤ 4.5) ➔ Candida
+		
Signs/symptoms of Genital ulceration	➔	• Treat always for Syphilis (even when RPR not reactive). • Chancroid Tx is already covered by step 1. • Herpes management if prodromal symptom., recurrence, blisters • If no improvement after 1 week, consider LGV

➔ **No speculum / no lab Outreach (group) Treatment**		
No other Complaints	➔	• Take blood to the clinic for quantitative RPR and treat accordingly the next day. • If can't take blood / no lab, offer to treat for Syphilis presumptively (which was covered with azithromycin 2 G stat in the presumptive Rx)
Complaints of genital ulcer	➔	• Always offer to treat for syphilis (regardless of possibility for RPR). • Chancroid Tx is already covered by step 1. • Herpes management if prodromal symptom, recurrence, blisters. • Advocate clinic visit for appropriate Dx and Tx.

References:

- MAM STI guideline 2023