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10 January 2003

ADMINISTRATIVE ORDER
NO. 5-As. 2003

SUBJECT: Revised National Sexually Transmitted Infections (STI) Case Management Guidelines

I. Background:

Recognizing the public importance of Sexually Transmitted Infections (STI), particularly in the era of AIDS various administrative orders were prepared to intensify STI care and prevention strategy. Administrative Order #2 s 1997 "The National Policy Guidelines for the Prevention and Management of Sexually Transmitted Diseases (STI) was developed to provide strategic directions for future activities and complement the existing guidelines on the National AIDS/ STI Prevention and Control program. It forms the basis for the prevention and management of STI at all levels of health care system nationwide. One of the components of the guideline is the promotion of the syndromic approach to STI case management when reliable laboratory diagnostic support is not consistently available. A training manual on the Comprehensive STD Case Management has been developed and implemented.

To provide directions on the STI case management at the different levels of health care system from tertiary hospitals down to the barangay health stations, Administrative Order # 5 s 1998 "Implementing Guidelines in STI Case Management at the different levels of the Health Care System" was developed. This guideline provided standards for the implementation of syndromic STI case management at all levels of health care, defined roles, functions and requirements in the provision of STI services at all levels of health care, establish the referral system of STI case management and extent of care and technical boundaries that can be provided at the different levels of care.

A validation study on syndromic approach to the National STI Case Management was conducted to improve the quality of STI care provided by increasing the diagnostic validity of the national STI case management guidelines. The study aimed to determine the validity of the Philippine flowchart for vaginal discharge and urethral discharge and determine the etiological agents causing vaginal discharge in women and urethral discharge in men.

Based on the results of the study and after consensus with STI technical committee, a new National STI Case Management Guidelines is being recommended for the management of vaginal discharge in women. The flowcharts being recommended have a good balance of sensitivity, specificity and positive predictive value, thus reducing over treatment and under treatment. It is more cost effective and has a better diagnostic validity compared to the current National STI Case Management

Signed AO
Received in the Records
Section on 2-10-03

Guidelines. It is also feasible to be implemented in the primary level of care and has a good compromise between the technical accuracy and realities in the field.

II. Purpose:

1. To provide health care workers in all levels of the health system guidance and a standard approach in managing STI;
2. To enable all health care workers at all levels of the health system to provide effective, acceptable and affordable STI case management; and,
3. To make recommendations on the best drugs to use.

III. Scope:

These guidelines replace the flowcharts recommended in the training manual on "Comprehensive STI Case Management" specifically on the module on Syndromic Approach to STI. In order to provide a more universal effective STI management these guidelines will be utilized in all health facilities with limited capabilities for etiologic diagnosis of STI among patients with reproductive tract infections and sexually transmitted infections. These guidelines will provide the basis for the management of vaginal discharge and lower abdominal pain in women, urethral discharge and scrotal swelling in men and genital ulcers in men and women.

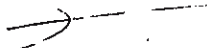
IV. Guidelines and Procedures:

To ensure a more cost effective approach in the management of STI in the Philippines the following guidelines and flowcharts are being recommended:

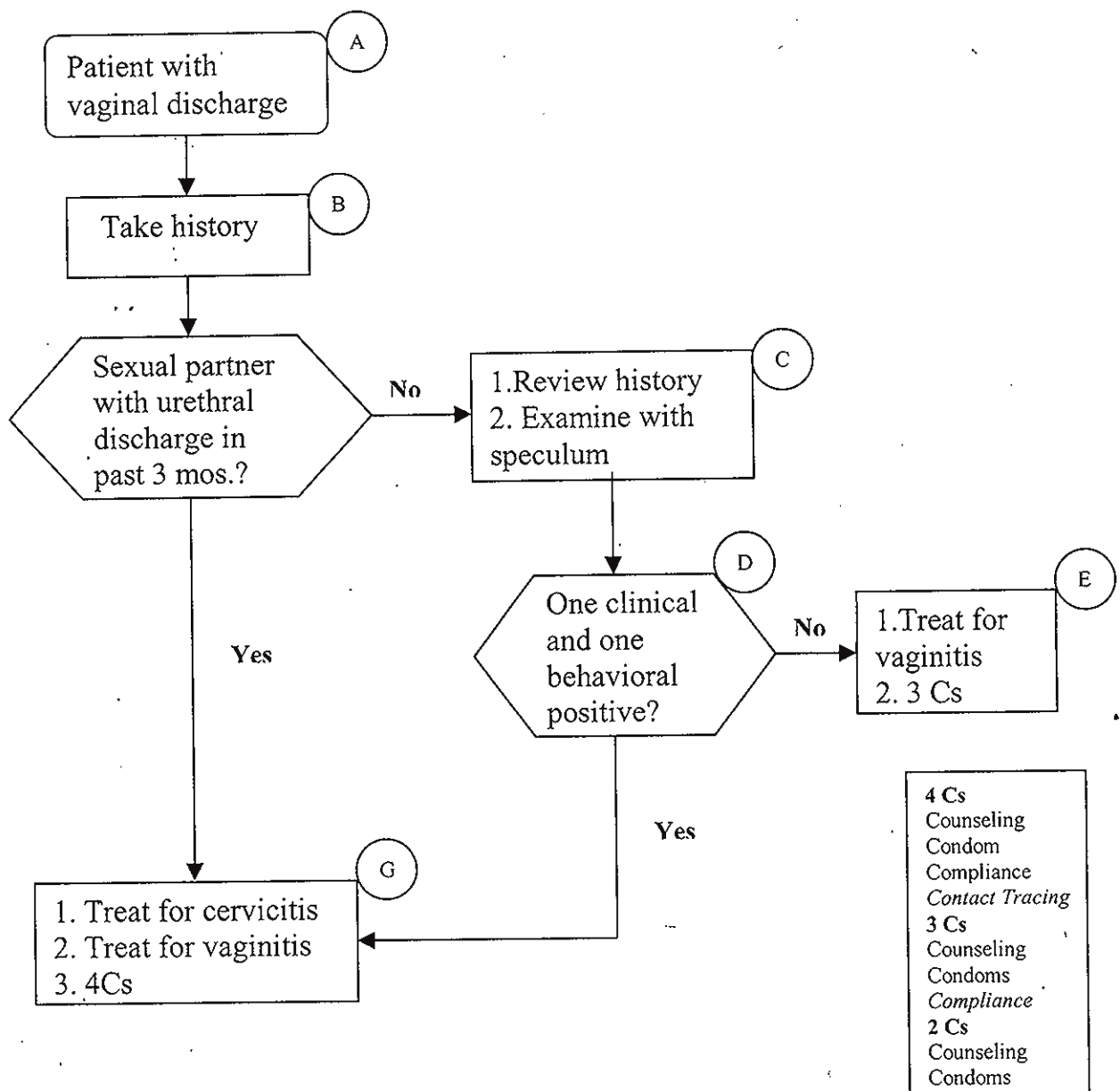
A. Management of Women with Vaginal Discharge:

1. In the absence of laboratory support and facilities for genital examination, vaginal discharge should be managed as a case of vaginitis. If symptoms persist after treatment this must be referred to a higher level of care where facilities for genital examination and laboratory testing are possible.
2. In the absence of laboratory support (microscope, simple reagents and trained health personnel to perform the test) but with facilities for genital examination such as:
 - Presence of sterile speculum and examining gloves
 - A private area with good lighting with an examining table for genital examination and with a trained health care worker and the patient agrees.

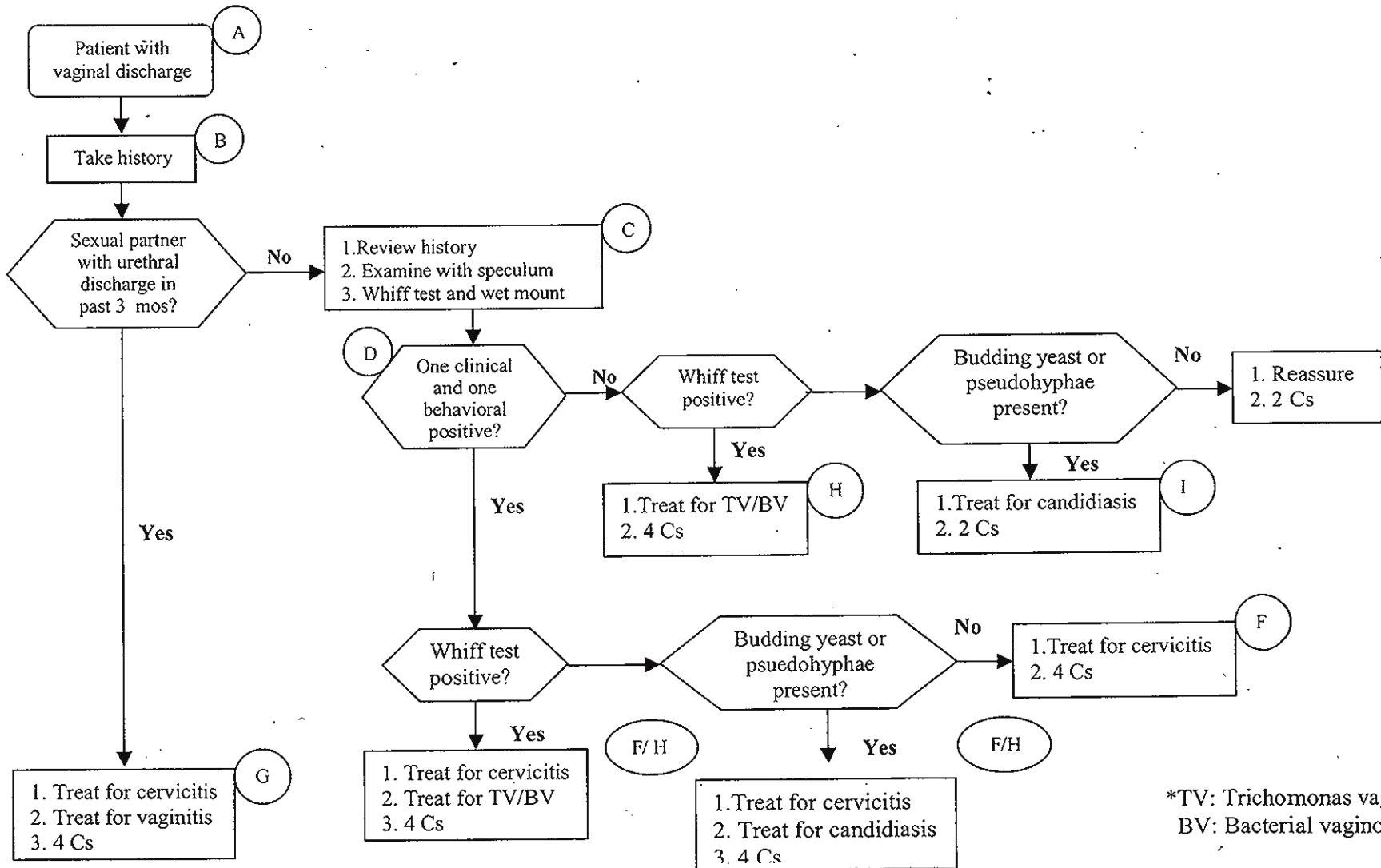
The flowchart below is recommended.



FLOWCHARTS FOR THE MANAGEMENT OF WOMEN WITH VAGINAL DISCHARGE

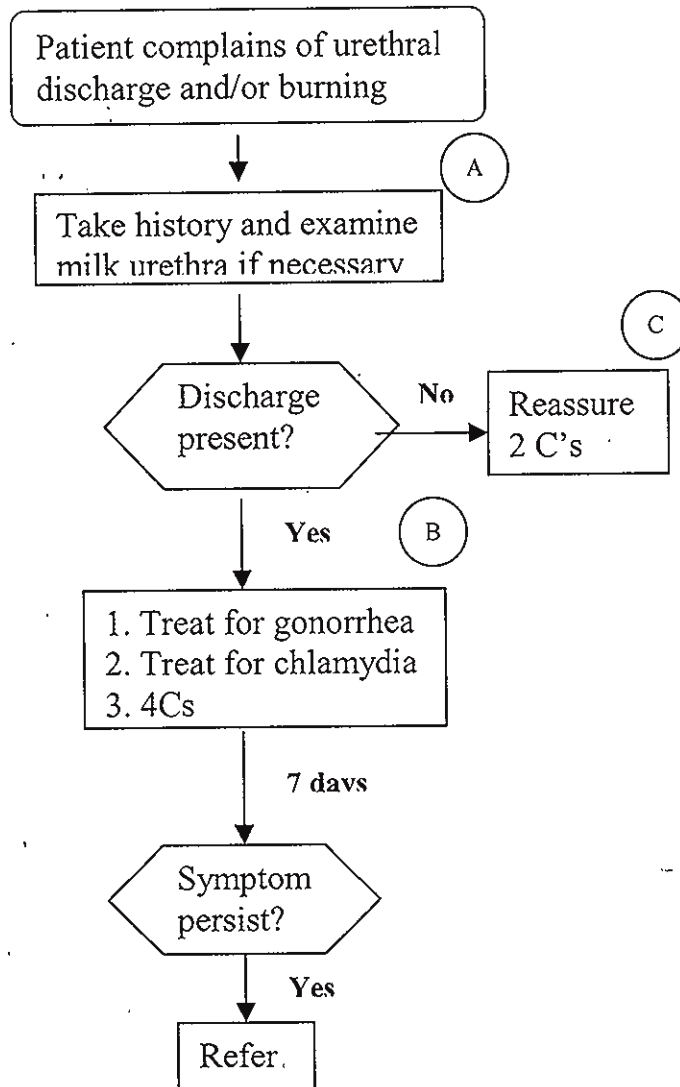


3. In the presence of laboratory support (microscope, KOH 10% and trained health care workers) and facilities for genital examination, the following flowchart is recommended for the management of vaginal discharge.



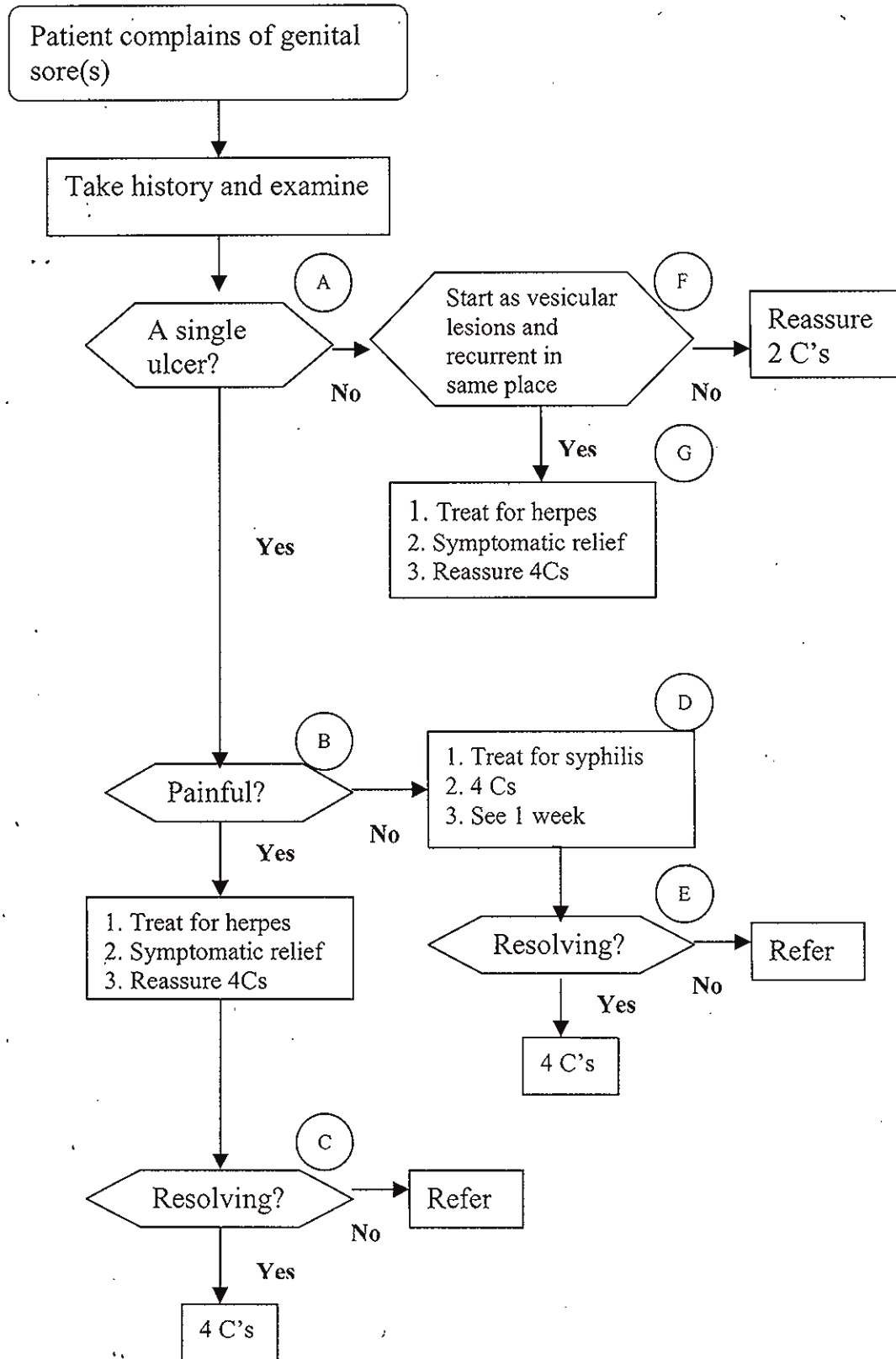
B. Management of Men with Urethral discharge:

FLOWCHART FOR THE MANAGEMENT OF MEN WITH URETHRAL DISCHARGE.



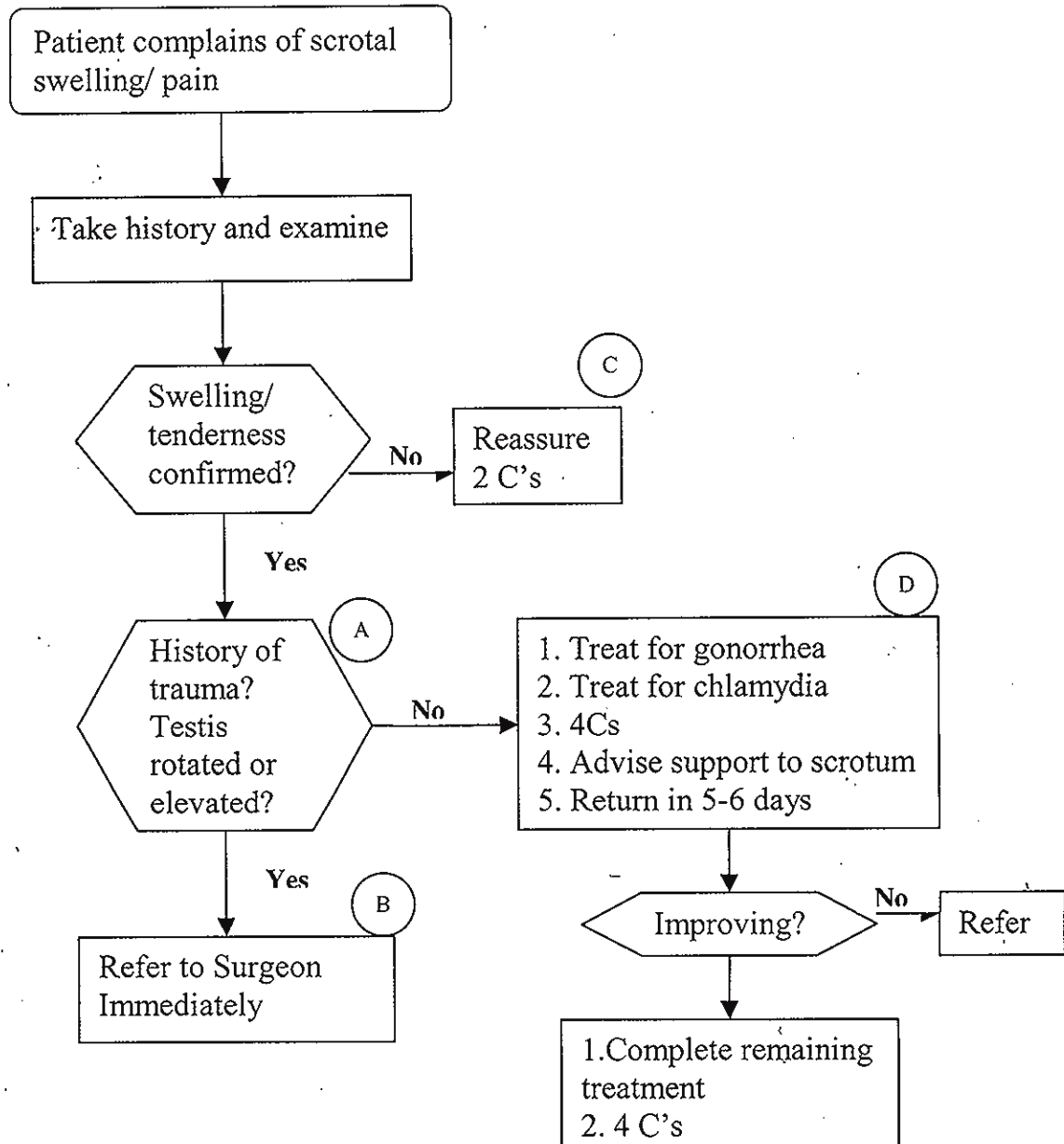
C. Management of Genital Ulcer Diseases:

FLOWCHART FOR THE MANAGEMENT OF GENITAL ULCER DISEASE:



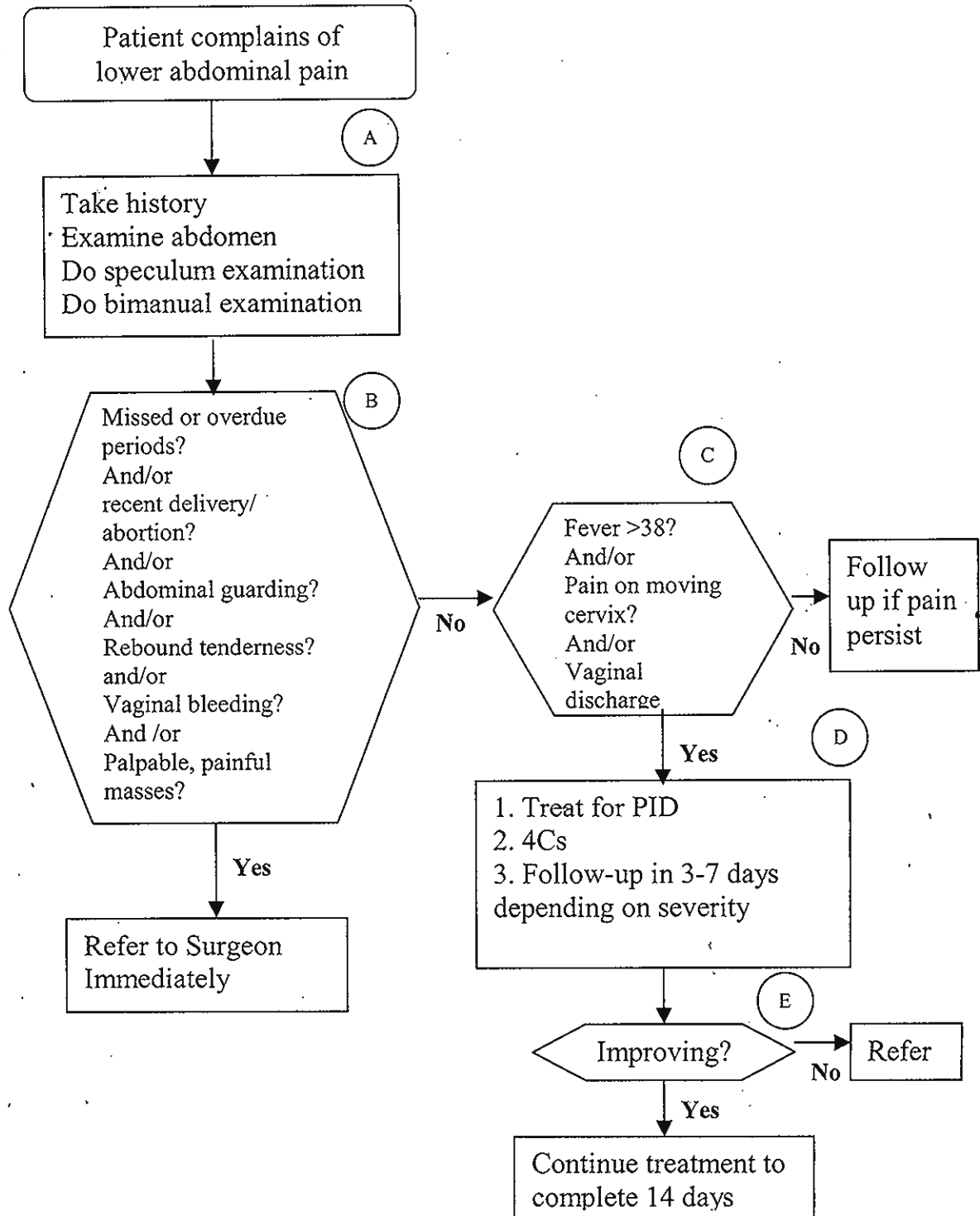
D. Management of men with Scrotal Swelling

FLOWCHART FOR THE MANAGEMENT OF MEN WITH SCROTAL SWELLING



E. Management of Women with Lower Abdominal Pain

FLOWCHART FOR THE MANAGEMENT OF WOMEN WITH LOWER ABDOMINAL PAIN



IV. IMPLEMENTING MECHANISM

Administrative Order #5, s, 1998 will stay in effect to provide guidance in the implementation of the revised STI Case Management.

The following will be the role and nature of assistance at the Department of Health and the local government units in implementing the revised guidelines.

A. Role of Department of Health and Nature of Assistance

1. Provide technically sound recommendations as the need arise to improve STI case management at all levels of health care.
2. Provide training of trainers on STI case management.
3. Develop standardized training modules and materials.
4. Monitor and conduct evaluation of the quality of STI case management and training.
5. Advocate to policy makers, local government units the importance of providing adequate STI services to generate resources, sustain the implementation of activities and develop local policies that are consistent with national policies.
6. Coordinate the implementation of activities at the different levels of health care system to ensure proper utilization of limited resources, prevent duplications of functions and render adequate referral mechanism.
7. Develop methodologies and procedures for referral

B. Role of Local Government Unit and Nature of Assistance

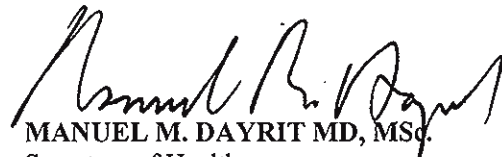
1. Implement these guidelines for the management of STI.
2. Provide adequate resources and environment for the provision of STI services.
3. Ensure that effective, acceptable STI services are available at the local health unit.
4. Legislative support to include the review, amendment and enactment of ordinances that will improve STI case management in accordance with the Department of Health guidelines

VI. FUNDING

Provision of funding shall be the main responsibility of the local government unit; however assistance may come from the National government or other donor agencies.

VII. EFFECTIVITY CLAUSE

This order shall take effect immediately.


MANUEL M. DAYRIT MD, MSc.
Secretary of Health

ANNEX

NOTES ON THE VAGINAL DISCHARGE FLOWCHART

Note a: Patient with vaginal discharge:

- The woman complains of a vaginal discharge **OR**
- says she has had recent change in quality or amount of discharge **OR**
- is found on examination to have a significant discharge

Note b: Take history- Intercourse with a partner with urethral discharge in the past three months?

If yes, treat automatically for VAGINITIS and CERVICITIS

Note c: History and clinical examination including laboratory specimens:

- History taken including the questions in the behavioral assessment.
- gynecological examination
- laboratory tests which include Whiff test and KOH wet mount examination

Note d: Behavioral AND clinical assessments positive?

A behavioral assessment is **POSITIVE** if one or more of the following factors are present:

- the woman is aged 25 or less;
- the woman reports that she had sexual intercourse with more than one partner in the past three months;
- the woman suspects that her sexual partner had intercourse with other partners;
- the woman reports that she has sexual intercourse with a partner within seven days of his return from travel outside the town of residence during the last three months.

A clinical assessment is **POSITIVE** if one or more of the following are present:

- on external abdominal examination: tenderness is found in either or both iliac fossae;
- on speculum examination: bleeding on touching ectopy around the cervical os;
- on speculum examination: a **NON-CLEAR** discharge can be seen **COMING OUT** of the os **AFTER** careful cleaning of the os and the area around it;
- on bimanual examination: definite discomfort or pain on moving the cervix with the examining fingers (cervical excitation.)

Note e: Treat for vaginitis only

- clotrimazole 500mg tab per vagina single dose **PLUS**
- metronidazole 2g as a single dose

Note f : Treat for cervicitis

- cefixime 400mg as a single dose **OR**
- ceftriaxone 250mg as a single intramuscular injection **PLUS**
- doxycycline 100mg twice daily for seven days **OR**
- azithromycin 1 gram as single dose

Note g : Treat for vaginitis and cervicitis

- cefixime 400mg as a single dose **OR**
- ceftriaxone 250mg as a single intramuscular injection **PLUS**
- doxycycline 100mg twice daily for seven days **OR**
- Azithromycin 1 gram as a single dose **PLUS**
- clotrimazole 500mg tab per vagina single dose **PLUS**
- metronidazole 2g as a single dose

Note h: Treat for Trichomonas Vaginalis and Bacterial Vaginosis

- o Metronidazole 2g single dose

Note I: Treatment for Candidiasis

- o Clotrimazole 500 mg. tab per vagina single dose

4 Cs : Each patient with cervicitis should receive the 4 Cs.

Compliance: complete all the treatment as prescribed

Counseling/education: give information about the infection(s); explain the treatment, how the infection is acquired, why STI and HIV are important and how to avoid problems in the future.

Condoms: explain that condoms should prevent STI including HIV, how to use them, and provide condoms.

Contact tracing: explain that sex partners need treatment.

3 Cs : Each patient with vaginitis should receive the 3 Cs.

This is the same as 4 Cs but without contact tracing!

NOTES ON THE URETHRAL DISCHARGE FLOWCHART:

Note a: If no discharge is present on visual examination, get the patient to milk the penis by squeezing from the base to the tip to demonstrate any discharge.

Note b: Treat for gonorrhea and chlamydia

- o cefixime 400mg as a single dose **OR**
ceftriaxone 250mg as a single intramuscular injection **PLUS**
- o doxycycline 100mg twice daily for seven days **OR**
- o azithromycin 1 gram as single dose

Note c: If the patient return after 3 to 7 days still with symptoms ask:

- o If all medications have been taken at right dosage and frequency.
- o If the patient has refrained from intercourse.

If the answer to either question is no retreat the patient and follow through the flowchart.

Remember to repeat your education emphasizing treatment compliance and encouraging all partners to get treatment.

NOTES ON GENITAL ULCER DISEASES FLOWCHART

Note a: A single ulcer is more likely to be syphilis

Note b: A painful ulcer is likely to be herpes.

Note c: If it is not resolving after on week with herpes care, it requires specialist evaluation.

Note d: A single painless ulcer is likely to be syphilis

Treatment for syphilis

- o Benzathine penicillin G 2.4 M units IM single dose

Note e: Non-resolution after syphilis treatment requirement specialist referral. Encourage HIV antibody testing.

Note f: Herpes is typically vesicular at the onset and is usually painful.

Note h:

Treatment for herpes

- o Acyclovir 200 mg 5 times a day for 7-10 days or until resolution
- o Saline soaks and dressing if recurrent or mild attack.

NOTES ON SCROTAL SWELLING FLOWCHART

Note a: It is very important that surgical emergencies such as torsion of the testis are not mistaken for an infection of the testis and or epididymis. A careful history and examination will diminish this risk. Surgical problems usually come on quickly and acutely rather than gradually as with an infection. Examination will often reveal if the testis is twisted and feels anatomically unusual.

Note b: If it is a surgical problem the referral is urgent. A matter of hours may make a difference in saving the function of a twisted testis.

Note c: Only condoms and counseling are necessary.

Note d: Treat for gonorrhea and chlamydia

- cefixime 400mg as a single dose **OR**
ceftriaxone 250mg as a single intramuscular injection **PLUS**
- doxycycline 100mg twice daily for seven days **OR**
- azithromycin 1 gram as single dose

NOTES ON LOWER ABDOMINAL PAIN FLOWCHART

Note a: It is important to at least be able to do bimanual examination. If possible also do a speculum examination to see if pus is coming from the cervix. If examination is not possible, the patient should be referred urgently.

Note b: Any of these suggests an abdominal emergency such as tubal abscess, peritonitis, and ectopic pregnancy and require urgent referral.

Note c: Any of these indicate pelvic inflammatory disease treatable as an outpatient.

Note d: Treatment for PID

- cefixime 400mg as a single dose **OR**
- ceftriaxone 250mg as a single intramuscular injection **PLUS**
- doxycycline 100mg twice daily for 14 days **PLUS**
- metronidazole 500 mg twice daily for 14 days

Review is important in a relatively short time to confirm resolution and that it remain suitable for outpatient management.

Note e: Providing improvement has occurred continued outpatient treatment is acceptable. If not, urgent referral for possible hospital admission.