



Republic of the Philippines  
Department of Health  
OFFICE OF THE SECRETARY

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**ADMINISTRATIVE ORDER**  
**NO. 16-A, 1997**

**SUBJECT : Guidelines for the management of**  
**asymptomatic women with RTI / STD.**

**1. INTRODUCTION**

Prompt and effective treatment of Reproductive Tract Infections / Sexually Transmitted Diseases is an essential component in the control of these diseases. In patient with symptoms of RTI / STD, case management through a syndromic approach had already been recommended by the Department of Health as contained in Administrative Order No. 2s. 17. This approach is simple, cheap, effective, treats unrecognized concurrent infection. Furthermore, it does not require expensive laboratory facilities which are usually available only in reference centers, allows treatment at the time of the first visit and the skills can easily be acquired by all health care workers.

However, it is probable that majority of these STD in women are asymptomatic or have minimal symptoms which are perceived as "normal". In fact it is estimated that up to 90% of women infected with gonorrhea and / or with chlamydial infection, do not have sufficient symptoms to seek medical advice unless complications arise. For this reason serious complications such as PID, ectopic pregnancy, adverse effects of pregnancy and neonatal infections are common as are late sequelae such as infertility and neoplastic changes.

Asymptomatic women may not be identified by using the syndromic approach to STD case management. Provision of guidelines on STD casefinding among asymptomatic women is a public health priority.

Pursuant to Administrative Order no. 2 dated 20 February 1997 which provides National Policy Guidelines for the Prevention and Management of Sexually Transmitted Diseases, these policies were formulated to form the basis for the prevention and management of the STD nationwide.

**2. PURPOSE**

These guidelines are prescribed to improve case finding and management of asymptomatic women with RTI / STD.

**3. OBJECTIVE**

- 3.1. To provide directions on early case finding of asymptomatic women with RTI / STD in order to provide early treatment and prevent RTI / STD complications.
- 3.2. To establish standards for risk assessment, training, referral for managing asymptomatic women with RTI / STD.

#### 4. DEFINITION OF TERMS

- 4.1. Sexually Transmitted Disease (STD) : Infections transmitted sexually which includes the acute disease process which results, complications which may occur and the longer term permanent sequelae which may result. e.g. sexually transmitted infection , gonorrhoea , results in a disease, cervicitis , which may lead to a complication salpingitis, permanently impaired fertility would be a sequelae.
- 4.2. Reproductive Tract Infections (RTI) : These are infections affecting the lower and the upper reproductive tracts of males and females. These includes STD , endogenous infections , which are acquired through an overgrowth of microorganisms that are present in a healthy women's genital tract and iatrogenic infections that are acquired through medical and surgical procedures such as unsafe abortions , unsterile insertions of IUDs.
- 4.3. Asymptomatic Women with RTI / STD : A woman infected with RTI / STD with no obvious symptoms and signs presented or with minimal symptoms perceived as normal .
- 4.4. Syndromic Approach to STD Case Management : Management of STD patients based on the identification of consistent groups of symptoms and easily recognized signs and the provision of treatment that will deal with the majority of organism responsible for producing the syndrome.
- 4.5. Risk assessment : An assessment made by a health care worker as to whether a woman is likely to have a sexually acquired infection causing cervical infection by asking a set of questions on demographic , behavioral and related factors .

#### 5. GENERAL GUIDELINES

- 5.1. All health care facilities such as hospitals , rural health units , OPDs and family planning clinics should routinely assess for RTI / STD in women.
- 5.2. All women attendees of the health care system should undergo a thorough "risk assessment" to identify those with asymptomatic RTI / STD.
- 5.3. All pregnant women should be routinely tested for syphilis.
- 5.4. Health care workers in family planning and maternal health clinics should routinely assess for indications of RTI / STD while doing routine history taking and physical examination.
- 5.5. Health care workers in public health programs and other specialties should be trained in RTI / STD casefinding.
- 5.6. RTI / STD casefinding through laboratory diagnosis should be made available and accessible especially in groups at increased risk of RTI / STD.
- 5.7. Regular , effective and acceptable RTI / STD services should be provided to all groups practicing high risk behaviors.

- 5.8. Effective and acceptable RTI / STD services should be accessible to different community groups.
- 5.9. Privacy of clients and confidentiality of information and services should be assured at all times.
- 5.10. Appropriate referral system should be developed to ensure access of different community groups to STD services.
- 5.11. Every effort should be made to persuade all STD patient to notify their partner (s) and to encourage them to seek counseling and treatment.
- 5.12. Early health seeking behavior should be promoted through educating women on self risk assessment and recognizing symptoms indicative of STD.

**6. RESPONSIBILITY AND NATURE OF ASSISTANCE**

- 6.1. DOH (Central Office/Regional Health Office)
  - 6.1.1. Technical assistance in training of health care workers.
  - 6.1.2. Develop appropriate tools on risk assessment.
  - 6.1.3. Develop prototype IEC materials on RTI / STD that can be adapted in the local health units.
  - 6.1.4. Support for monitoring and operations research.
  - 6.1.5. Augment logistic needs of the local health units.
  - 6.1.6. Legislative support to include review of existing laws , drafting of laws and advocacy for the enactment of laws.
  - 6.1.7. Develop methodologies and procedures for referral.
- 6.2. Local Government Unit
  - 6.2.1. Implementation of these guidelines.
  - 6.2.2. Provide adequate resources and environment for the provision of STD services.
  - 6.2.3. Ensure that effective ,acceptable STD services are available at the local health unit.
  - 6.2.4. Legislative support to include the review , amendment and enactment of ordinances that will improve casefinding of asymptomatic women, one that is in accordance with the Department of Health guidelines.

This order shall take effect on September ,1997.

  
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 Secretary of Health