



## INTRODUCTION

- The flip book has three sections:
  - Section 1 is a background or provides information on the basics of STI/RTI (What are they? How are they transmitted? What are the common symptoms in men and women? What process does a doctor follow in the examination room? Why is it important to undergo a detailed checkup, to have compliance to treatment, to do the follow-up visit and ensure partner treatment? Why do doctors advise syphilis screening and refer to ICTC? What are the common myths/misconceptions?)
  - Section 2 describes treatment for individual syndromes and other STI/RTI
  - Section 3 describes standard counselling communication to create awareness, and promote behaviour change and risk reduction strategies.
- Try not to read the text, but use it to guide your conversation with the client and to remind you of key information to cover. Once you become familiar with the information, you will probably need to glance at the text less often.
- Begin by addressing the client's feelings. Acknowledge that discussing about STI and sex is difficult for many people. Ask the client how she or he feels about the diagnosis.
- Ask the client what she or he knows about the infection and about STI/RTI and HIV prevention in general.
- Use open-ended questions, such as "What do you know about the infection?"
- Based on what the client knows, include additional important points from the text in your discussion.
- Ask the client to repeat to you the key points of treatment instructions and prevention of repeat infections to make sure that he or she understands the information.

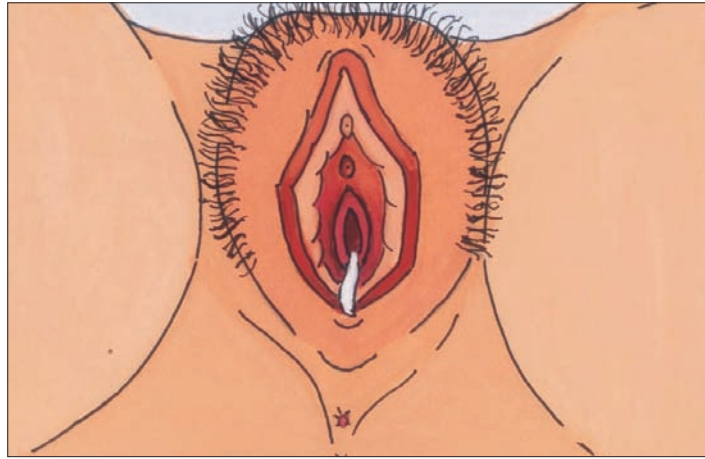
*Remember that a diagnosis of an STI/RTI can be emotionally painful to Clients—they may feel bad about themselves, worry about telling a partner, or fear social rejection. In addition, feelings of shame and stigma surrounding STI/RTI can keep Clients from accessing medical services, informing partners, and practicing safer sex. By being nonjudgmental and supportive, you can help the Client overcome these barriers to receive successful treatment and prevent repeat infections.*

# **BASICS OF STI/RTI**

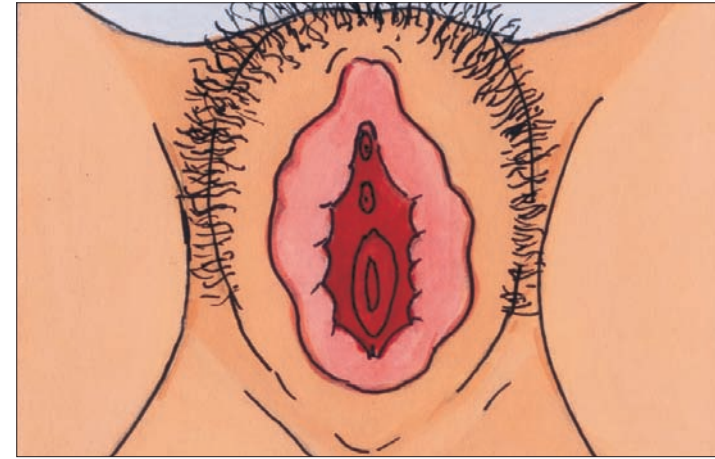
## COMMON SYMPTOMS OF STI/RTI

- The main signs and symptoms of STI/RTI in **females** are:
  - Excessive/foul smelling vaginal discharge
  - Sticky greenish and yellowish vaginal discharge
  - Itching in genital area
  - Lower abdominal pain
  - Sores, ulcers, blisters
  - Swelling in the groin
  - Rashes around and in the sexual organs
  - Painful itching
  - Burning while passing urine
  - Swelling in and around vaginal area
  - Inflammation of rectum
  - Pain when having sex
  - Frequent urination
  - Sore throat

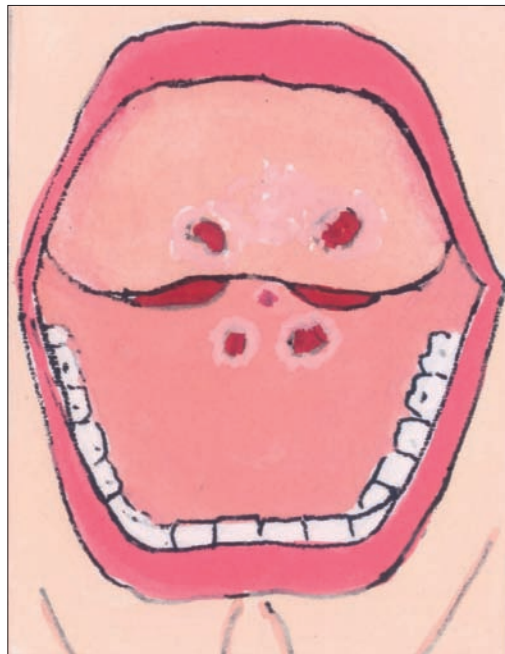
## COMMON SYMPTOMS OF STI/RTI



**VAGINAL DISCHARGE**



**INFLAMED VAGINAL WALLS**



**BLISTERS IN THE MOUTH**

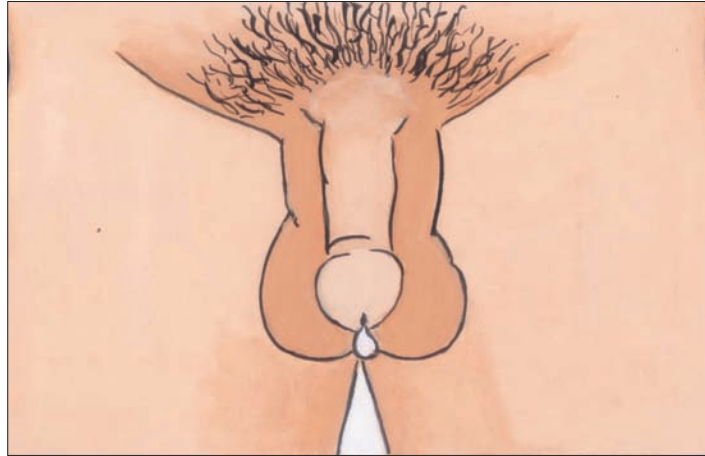


**LOWER ABDOMINAL PAIN**

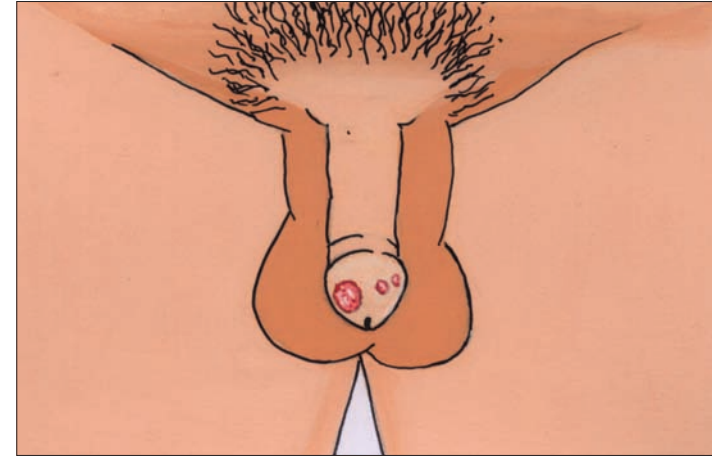
## COMMON SYMPTOMS OF STI/RTI

- The main signs and symptoms of STI/RTI in **males** are:
  - Sores, ulcers, blisters
  - Swelling in the groin
  - Rashes around and in the sexual organs including mouth/anus
  - Burning sensation while passing urine
  - Frequent urination, and discharge from penis or anus
  - Infection or inflammation inside rectum/anus
  - Swelling of the scrotum/groin area
  - Sore throat

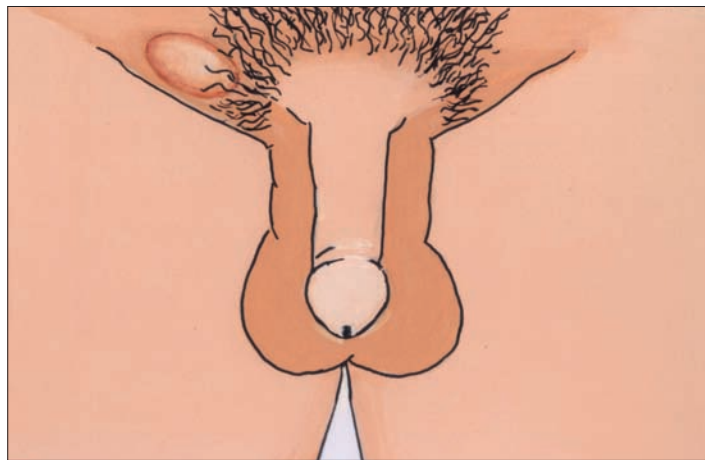
## COMMON SYMPTOMS OF STI/RTI



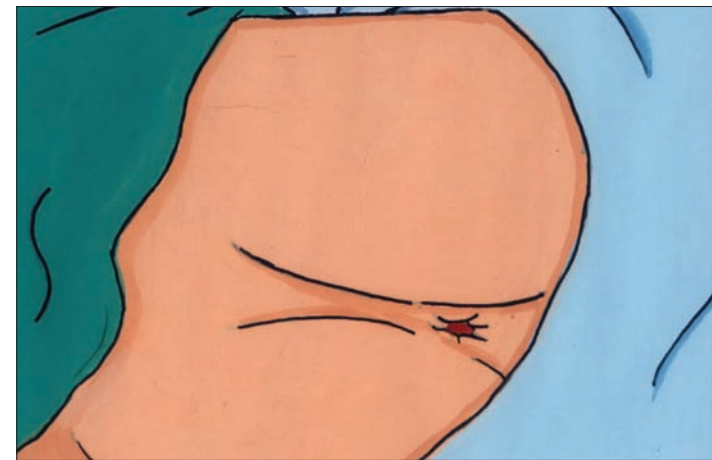
**DISCHARGE FROM PENIS**



**ULCERS ON PENIS**



**SWELLING IN THE GROIN**



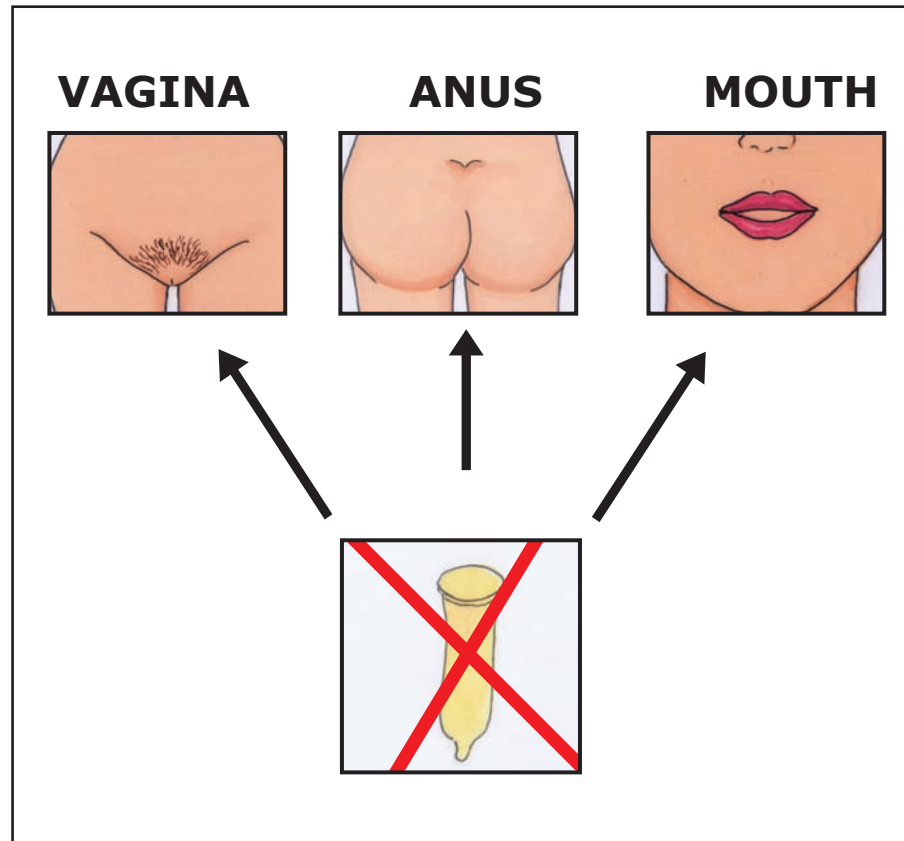
**INFECTION INSIDE ANUS**

## **TRANSMISSION OF STI/RTI**

- A person gets infection from an STI/RTI-infected partner
- Infections are transmitted through:
  - Sores/discharge from penis, anus, rectum, mouth, or lips, during unprotected sexual contact (anal, oral, or vaginal sex)
  - As a result of overgrowth of normal germs in the genital tract
  - As a result of a physician's intervention (for example, IUD insertion without proper infection control) or procedure (illegal abortion)
  - Poor genital hygiene during menstruation
  - Abortion without precautions
  - Poor hygienic conditions during delivery
- A person may not have any symptoms (asymptomatic) but can still have a STI/RTI which can be passed to others
- Infections are more easily transmitted from men to women because women are receptive partners, have a larger surface area exposed for infection and longer contact time



# TRANSMISSION OF STI/RTI



**MOTHER-TO-CHILD  
TRANSMISSION**



**POOR HYGIENE  
(MENSTRUAL)**

## PREVENTION OF STI/RTI

- All STI/RTI can be prevented by
  - **Abstinence** from sex or **being faithful** to a single loyal partner reduces the risk of STI/RTI
  - **Practicing safer (Non-penetrative) sex** like mutual masturbation, kissing, cuddling, massaging, and embracing are ways to prevent STI/RTI
  - **Using a condom correctly and consistently** during vaginal, anal or oral sex prevents transmission of infections and prevents unwanted pregnancy. Condoms should be used during the treatment phase of STI/RTI
  - **Maintaining hygiene:**
    - Cleaning external reproductive organs at the time of bath
    - During menstruation, women should use clean (washed and sun-dried) cotton cloth or good sanitary napkins and change it 3 to 4 times in a day
    - Delivery should take place in hygienic and safe conditions
    - Abortion should be done only at a government recognized centre and by using safe methods

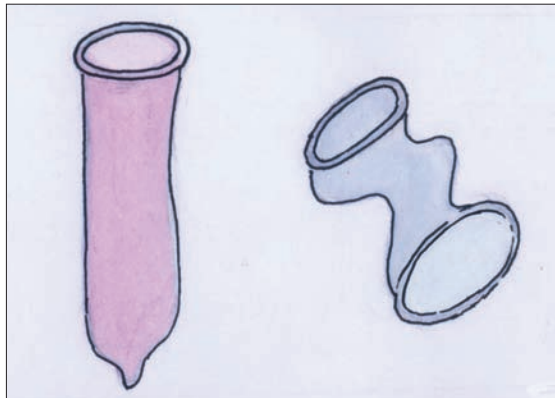
## PREVENTION OF STI/RTI



**BEING FAITHFUL**



**PRACTICING SAFER NON-PENETRATIVE SEX  
(kissing, cuddling, masturbation  
and others)**



**CORRECT AND CONSISTENT  
USE OF CONDOMS**



**MAINTAINING HYGIENE OF  
EXTERNAL REPRODUCTIVE ORGANS**

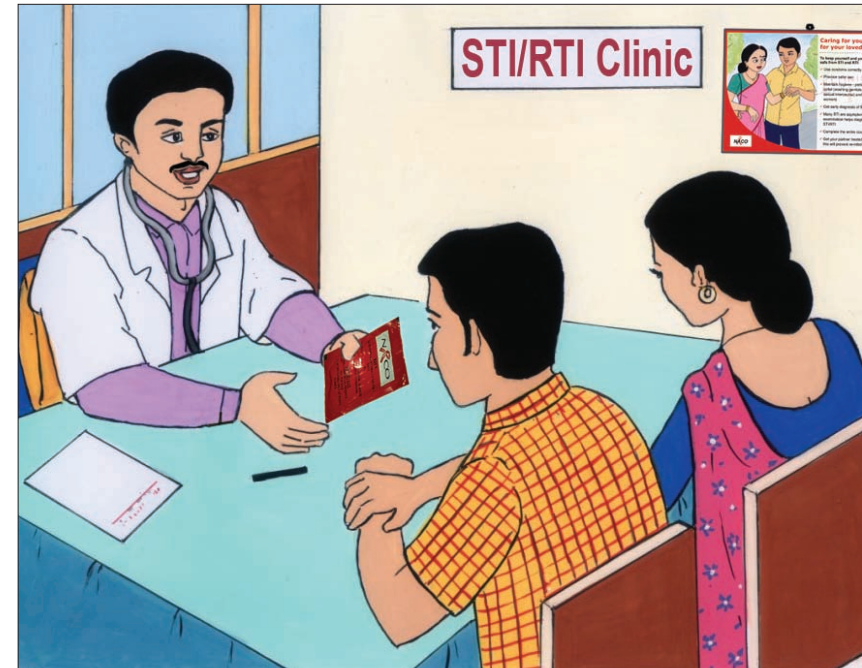
## TREATMENT OF STI/RTI

- Most STI/RTI are treatable and curable, except viral STI such as Herpes and HIV which can be treated but not cured
- For complete cure the client should:
  - Take medicines as prescribed by the doctor (preferably at the clinic under the supervision of staff (DOTS - STI/RTI))
  - Complete the treatment as there are chances of relapse
  - Come back to the clinic if signs and symptoms of STI/RTI do not go away or if there are side-effects with the medicine
  - Ensure partner treatment to prevent re-infection (even if the partner does not have symptoms of the STI/RTI)
- In case of syphilis, a client needs to:
  - Undergo a blood test to check for syphilis as even when the symptoms disappear, the germs may remain in the body and blood test is the only way to find it out
  - Repeat the test after six months

## TREATMENT OF STI/RTI



- TAKE MEDICATION AS PRESCRIBED BY DOCTOR (PREFERABLY AT THE CLINIC UNDER SUPERVISION OF STAFF)
- COMPLETE THE TREATMENT
- ENSURE PARTNER TREATMENT

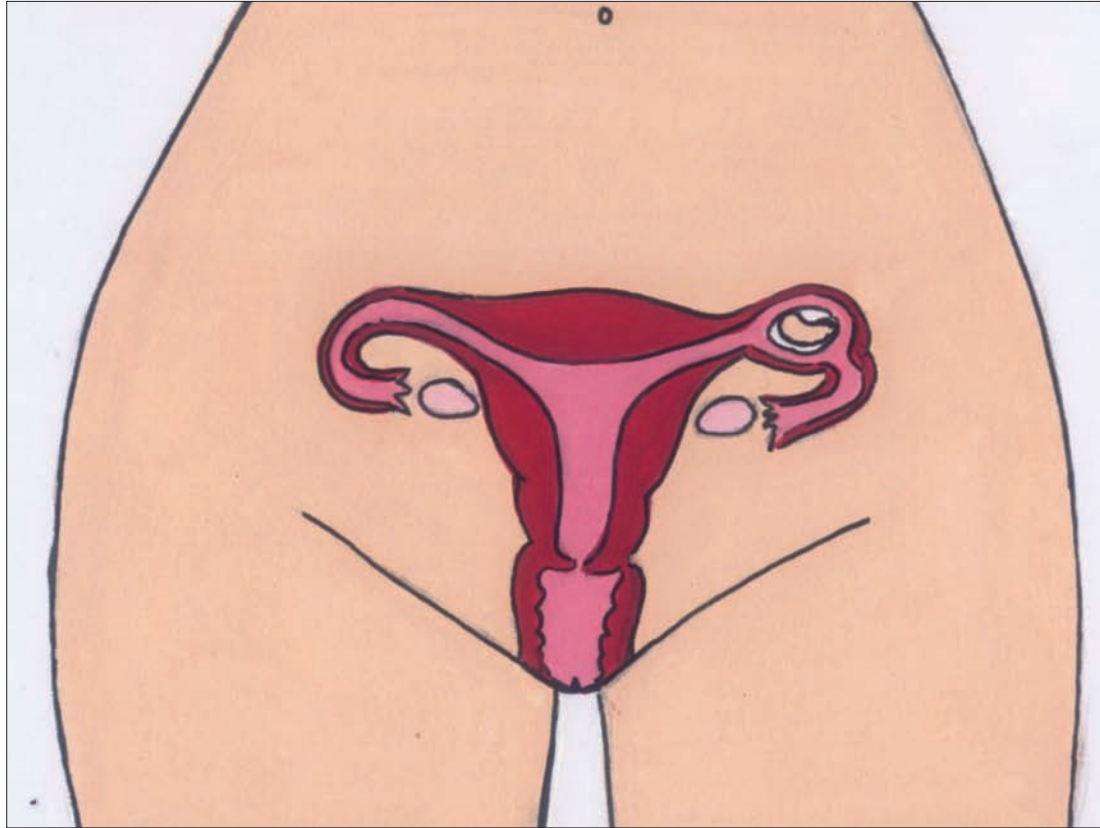


**COME BACK TO THE CLINIC AS PER DOCTOR'S ADVICE**

## COMPLICATIONS OF STI/RTI

- If left untreated or incorrectly treated it can lead to:
  - In both women and men:
    - Infertility
    - Increased risk of transmission of HIV (5 to 10 times)
    - Damage to the heart and brain in late stages of syphilis, leading to death
  - In women:
    - Miscarriage
    - Ectopic pregnancy (pregnancy outside uterus)
    - Low birth weight in infant or death or blindness in newborn due to infection from mothers
    - Long term risk of development of cervical cancer
  - In men:
    - Epididymitis
    - Rectal fistula

## COMPLICATIONS OF STI/RTI



**ECTOPIC PREGNANCY**



**INCREASE IN THE RISK OF HIV**

## MYTHS AND MISCONCEPTIONS

Q. STI, especially HIV, is transmitted only by female sex workers

A. Not only sex workers, but anyone (male or female) can transmit HIV. STI and HIV spreads mainly through unprotected sex with an infected partner.

Q. Oral sex is safe because there is no penetration

A. Oral sex is not completely safe; there is a low risk associated with it. Unprotected oral sex can lead to transmission of STI and HIV if either of the partners has the infection and has sores or cuts in the mouth. However, using a condom reduces the risk of infection.

Q. Sexual intercourse with a virgin cures all STI/RTI

A. Sexual intercourse with virgins, especially minors, does not cure STI/RTI. It is a crime to engage in sex with a minor.



## MYTHS AND MISCONCEPTIONS

●	<b>STI, especially HIV, is transmitted only by female sex workers</b>	✗
●	<b>Oral sex is safe because there is no penetration</b>	✗
●	<b>Sexual intercourse with a virgin cures all STI/RTI</b>	✗

## MYTHS AND MISCONCEPTIONS

Q. Condom reduces sexual pleasure

A. Condoms are so thin that hardly any sensation is lost. Moreover, freedom from tension (of pregnancy and STI/RTI/HIV transmission) increases pleasure rather than reduces it.

Q. Excessive masturbation leads to impotency

A. There is no scientific evidence that masturbation leads to impotency. It is perfectly normal for people to masturbate.

Q. Contraceptive pills can protect from STI/RTI including HIV

A. No contraceptive pill can protect from STI/RTI/HIV as they are meant to only protect against unwanted pregnancies. Only a condom (which is also a contraceptive) can protect against STI/RTI/HIV.

Q. If there are no signs of STI/RTI, there is no infection

A. Some STI/RTI do not show any signs and symptoms on the outside, especially in females, but the signs may be inside and that is why an internal examination by a doctor is essential. Also, symptoms for Syphilis disappear in some time and only a blood test can confirm its presence.

## MYTHS AND MISCONCEPTIONS

●	<b>Condom reduces sexual pleasure</b>	✗
●	<b>Excessive masturbation leads to impotency</b>	✗
●	<b>Contraceptive pills can protect from STI/RTI including HIV</b>	✗
●	<b>If there are no signs of STI/RTI, there is no infection</b>	✗

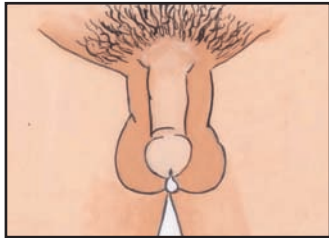


# **SYNDROMIC MANAGEMENT**

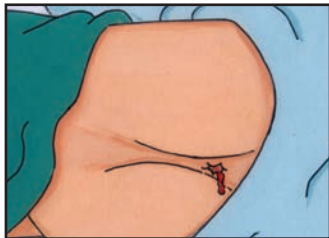
## **KIT 1**

- Used for the following syndromes:
  - Urethral discharge
  - Ano-rectal discharge
  - Cervical discharge
  - Painful Scrotal Swelling
  - Asymptomatic infection
- Includes the following medicines and dosage:
  - Azithromycin (1gm) - single dose
  - Cefixime (400 mg) - single dose
- Remember:
  - Take the medication preferably in front of a provider

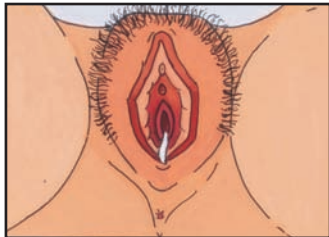
## KIT 1



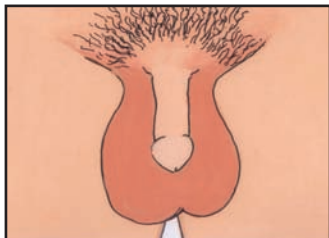
**URETHRAL DISCHARGE**



**ANO-RECTAL DISCHARGE**



**CERVICAL DISCHARGE**



**PAINFUL SCROTAL SWELLING**

**ASYMPTOMATIC INFECTION**



### KIT 1

Azithromycin 1 gm single dose +  
Cefixime 400 mg single dose

For

Urethral discharge, Ano-rectal discharge,  
Cervicitis Syndromes and Asymptomatic infection  
Management

### IMPORTANT

NON-COMMERCIAL PRODUCT

NOT FOR SALE

TO BE DISPENSED ONLY AT RTI/STI  
CLINICS

➔ **AZITHROMYCIN  
1 GM  
(SINGLE DOSE)**

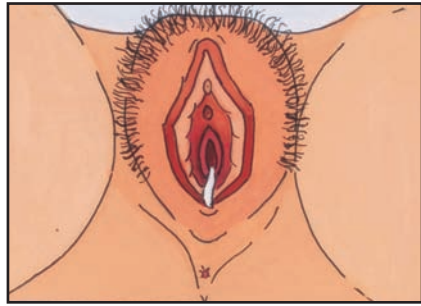
➔ **CEFIXIME  
400 MG  
(SINGLE DOSE)**

## KIT 2

- Used for the following syndrome:
  - Vaginal discharge
- Includes the following medicines and dosage:
  - Secnidazole (1gm) - 2 tablets stat
  - Fluconazole (150 mg) - single dose
- Remember:
  - Take the medication preferably in front of a provider
  - Do not take medication on empty stomach
  - Avoid alcohol intake



## KIT 2



**VAGINAL DISCHARGE**



### KIT 2

Secnidazole 1 gm BID dose +  
Fluconazole 150 mg single dose  
For  
Vaginal discharge Syndrome

**IMPORTANT**  
NON-COMMERCIAL PRODUCT  
NOT FOR SALE  
TO BE DISPENSED ONLY AT RTI/STI  
CLINICS

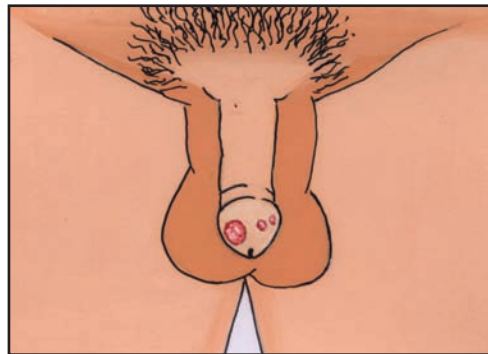
➔ **SECNIDAZOLE  
1GM  
(2 TABLETS STAT)**

➔ **FLUCONAZOLE  
150 MG  
(SINGLE DOSE)**

## KIT 3

- Used for the following syndrome:
  - Genital ulcer disease – non-herpetic
- Includes the following medicines and dosage:
  - Inj. Benzathine penicillin (2.4 MU) - 1 vial
  - Disposable syringe (10 ml) with needle (21 gauge) - single
  - Sterile water (10 ml) - 1 vial
  - Tab. Azithromycin (1 gm) - single dose
- Remember:
  - Injection should be preceded by sensitivity testing
  - Injection should be given by a trained health care provider

## KIT 3



**GENITAL ULCER  
(NON-HERPETIC)**



### KIT 3

Inj. Benzathine penicillin 2.4 MU (1) +  
Tab. Azithromycin 1 g single dose +  
Disposable syringe 10 ml with 21 gauge  
needle (1) +  
Sterile water 10 ml (1)

For  
GENITAL ULCER DISEASE – Non-  
HERPETIC SYNDROME

**IMPORTANT**  
NON-COMMERCIAL PRODUCT  
NOT FOR SALE  
TO BE DISPENSED ONLY AT RTI/STI  
CLINICS

➔ **INJ. BENZATHINE  
PENICILLIN  
2.4 MU  
(1 VIAL)**

➔ **DISPOSABLE SYRINGE  
10 ML  
+  
NEEDLE  
21 GAUGE  
(SINGLE)**

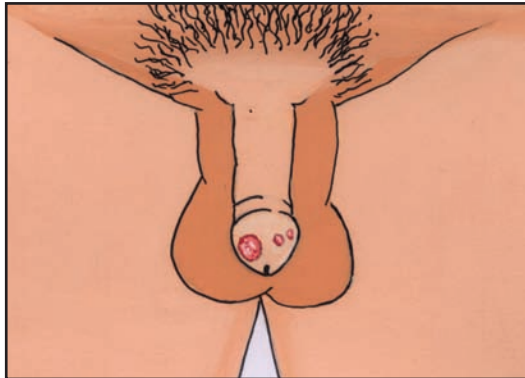
➔ **STERILE WATER  
10 ML  
(1 VIAL)**

➔ **TAB. AZITHROMYCIN  
1 GM  
(SINGLE DOSE)**

## **KIT 4**

- Used for the following syndrome:
  - Genital ulcer disease – non-herpetic, if allergic to injection penicillin
- Includes the following medicines and dosage:
  - Doxycycline (100 mg) - BID for 15 days
  - Azithromycin (1gm) - single dose
- Remember:
  - Start the medication preferably in front of a provider
  - Do not take medication on empty stomach

## KIT 4



**GENITAL ULCER  
(NON-HERPETIC)**



### KIT 4

Doxycycline 100 mg BID for 15 days +  
Azithromycin 1 gm single dose

For

GENITAL ULCER DISEASE - Non-HERPETIC  
SYNDROME

### IMPORTANT

NON-COMMERCIAL PRODUCT

NOT FOR SALE

TO BE DISPENSED ONLY AT RTI/STI

CLINICS

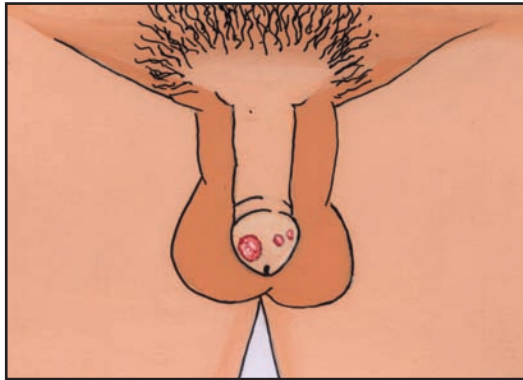
➔ **DOXYCYCLINE  
100 MG  
(BID FOR 15  
DAYS)**

➔ **AZITHROMYCIN  
1GM  
(SINGLE DOSE)**

## KIT 5

- Used for the following syndrome:
  - Genital ulcer disease – herpetic
- Includes the following medicines and dosage:
  - Acyclovir (400 mg) - Orally TID for 7 days
- Remember:
  - Start the medication preferably in front of a provider
  - Do not take medication on empty stomach

## KIT 5



**GENITAL ULCER  
(HERPETIC)**



### **KIT 5**

**ACYCLOVIR 400 MG ORALLY TID FOR 7  
DAYS**

For

**GENITAL ULCER DISEASE - HERPETIC  
(GUD-HERPETIC) SYNDROME**

### **IMPORTANT**

**NON-COMMERCIAL PRODUCT**

**NOT FOR SALE**

**TO BE DISPENSED ONLY AT RTI/STI  
CLINICS**

**➔ ACYCLOVIR  
400 MG  
(ORALLY TID FOR  
7 DAYS)**

## **KIT 6**

- Used for the following syndrome:
  - Lower abdominal pain
- Includes the following medicines and dosage:
  - Cefixime (400 mg) - single dose
  - Metronidazole (400 mg) - BID for 14 days
  - Doxycycline (100 mg) - BID for 14 days
- Remember:
  - Start the medication preferably in front of a provider
  - Do not take medication on empty stomach
  - Avoid alcohol intake during the course of medication



## KIT 6



**LOWER ABDOMINAL  
PAIN**



### KIT 6

Cefixime 400 mg single dose +  
Metronidazole 400 mg BID for 14 days +  
Doxycycline 100 mg BID for 14 days  
For  
Lowr abdominal pain Syndrome

**IMPORTANT**  
NON-COMMERCIAL PRODUCT  
NOT FOR SALE  
TO BE DISPENSED ONLY AT RTI/STI  
CLINICS

➔ **CEFIXIME**  
**400 MG**  
**(SINGLE DOSE)**

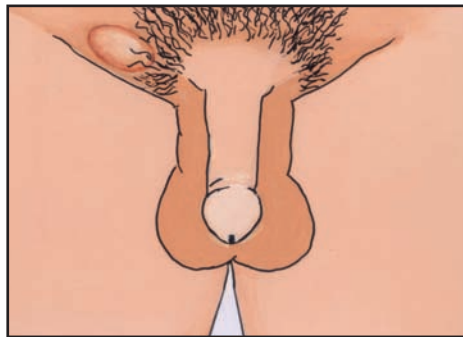
➔ **METRONIDAZOLE**  
**400 MG**  
**(BID FOR 14 DAYS)**

➔ **DOXYCYCLINE**  
**100 MG**  
**(BID FOR 14 DAYS)**

## KIT 7

- Used for the following syndrome:
  - Inguinal Bubo
- Includes the following medicines and dosage:
  - Doxycycline (100 mg) - BID for 21 days
  - Azithromycin (1gm) - single dose
- Remember:
  - Start the medication preferably in front of a provider
  - Do not take medication on empty stomach

## KIT 7



**INGUINAL BUBO**



### KIT 7

Doxycycline 100 mg BID for 21 days +  
Azithromycin 1 gm single dose

For

Inguinal Bubo Syndrome

### IMPORTANT

NON-COMMERCIAL PRODUCT  
NOT FOR SALE  
TO BE DISPENSED ONLY AT RTI/STI  
CLINICS

➔ **DOXYCYCLINE  
100 MG  
(BID FOR 21 DAYS)**

➔ **AZITHROMYCIN  
1GM  
(SINGLE DOSE)**



# **PARTNER REFERRAL & HIV TESTING**

## **PARTNER REFERRAL**

- Ask all clients have they ever discussed about STI with their partner:
  - If so, what happened?
  - If not, how might they bring up the subject of STI?
- If the client feels uncomfortable telling a sexual partner about the infection:
  - Discuss what the client could say to a partner, suggest some strategies:
    - For discussion choose a private place
    - Tell the partner that they are discussing this important issue because the client really cares about the partner
    - Allow time for the partner's initial reaction then begin talking about treatment and how to prevent future infections
  - Discuss alternative strategies for getting partner to the clinic, such as providing a referral card (if available)
  - Offer to talk with any partner/s

## PARTNER REFERRAL

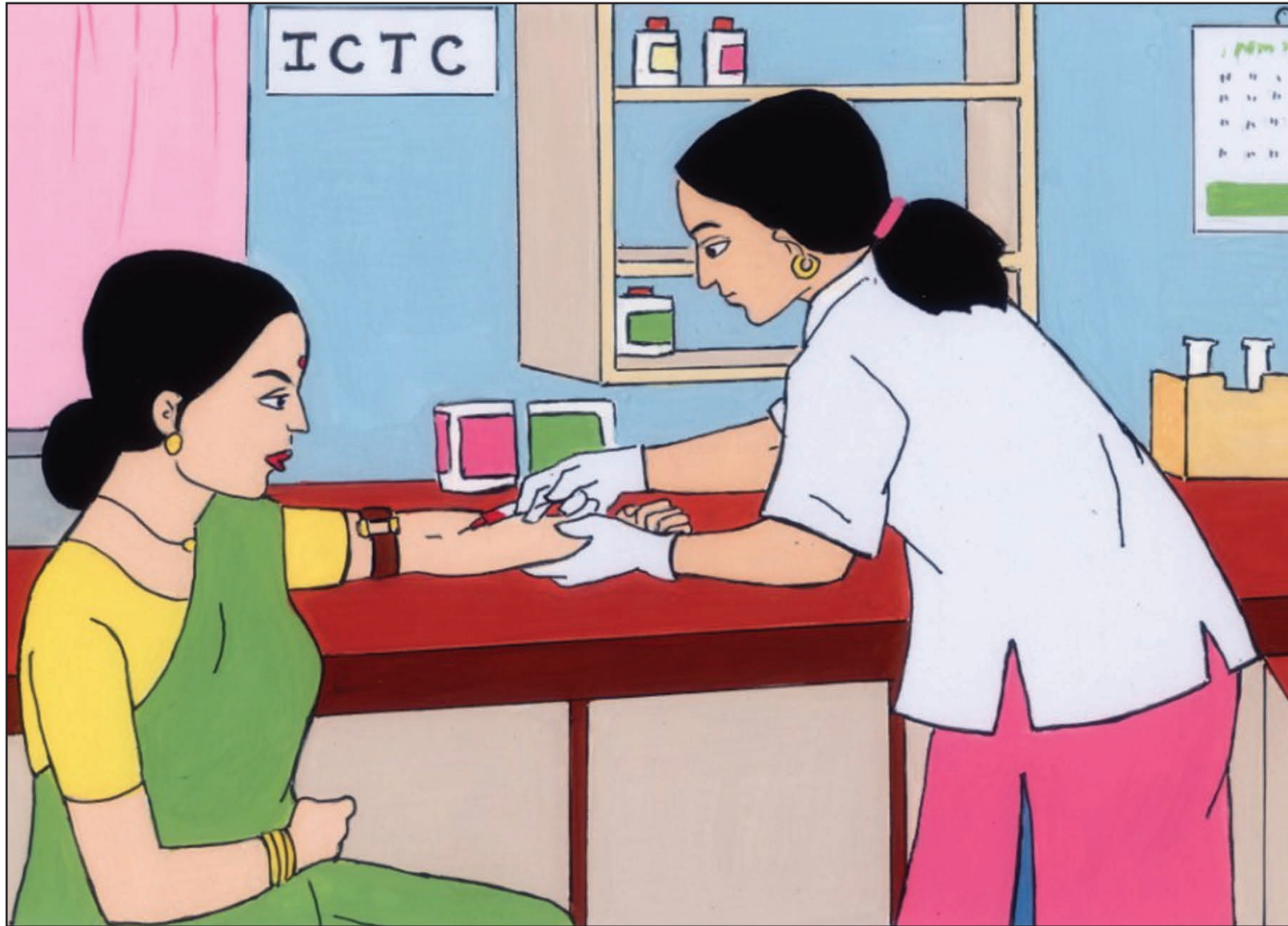


## **HIV COUNSELLING & TESTING**

- Ask the client what she or he knows about HIV
- Explain that HIV is most often transmitted sexually and that people with STI are more likely to get HIV infection
- All the STI clinic attendees should ideally be referred to ICTC as a provider initiative after explaining that counseling and testing is done only with the concurrence of individual (opt out protocol)



## PARTNER REFERRAL





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**National AIDS Control Organisation**

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India's voice against AIDS

Department of AIDS Control

Ministry of Health & Family Welfare, Government of India  
[www.nacoonline.org](http://www.nacoonline.org)