

THE UNITED REPUBLIC
OF TANZANIA



MINISTRY OF HEALTH
AND SOCIAL WELFARE

Treat for Lymphogranuloma
venereum

Patient complains of

Discharge from

Continue to 2nd

Use

Appoint to return after

SEXUALLY TRANSMITTED AND REPRODUCTIVE TRACT INFECTIONS FLOW CHARTS



National AIDS Control Programme (NACP) &
Reproductive and Child Health Section

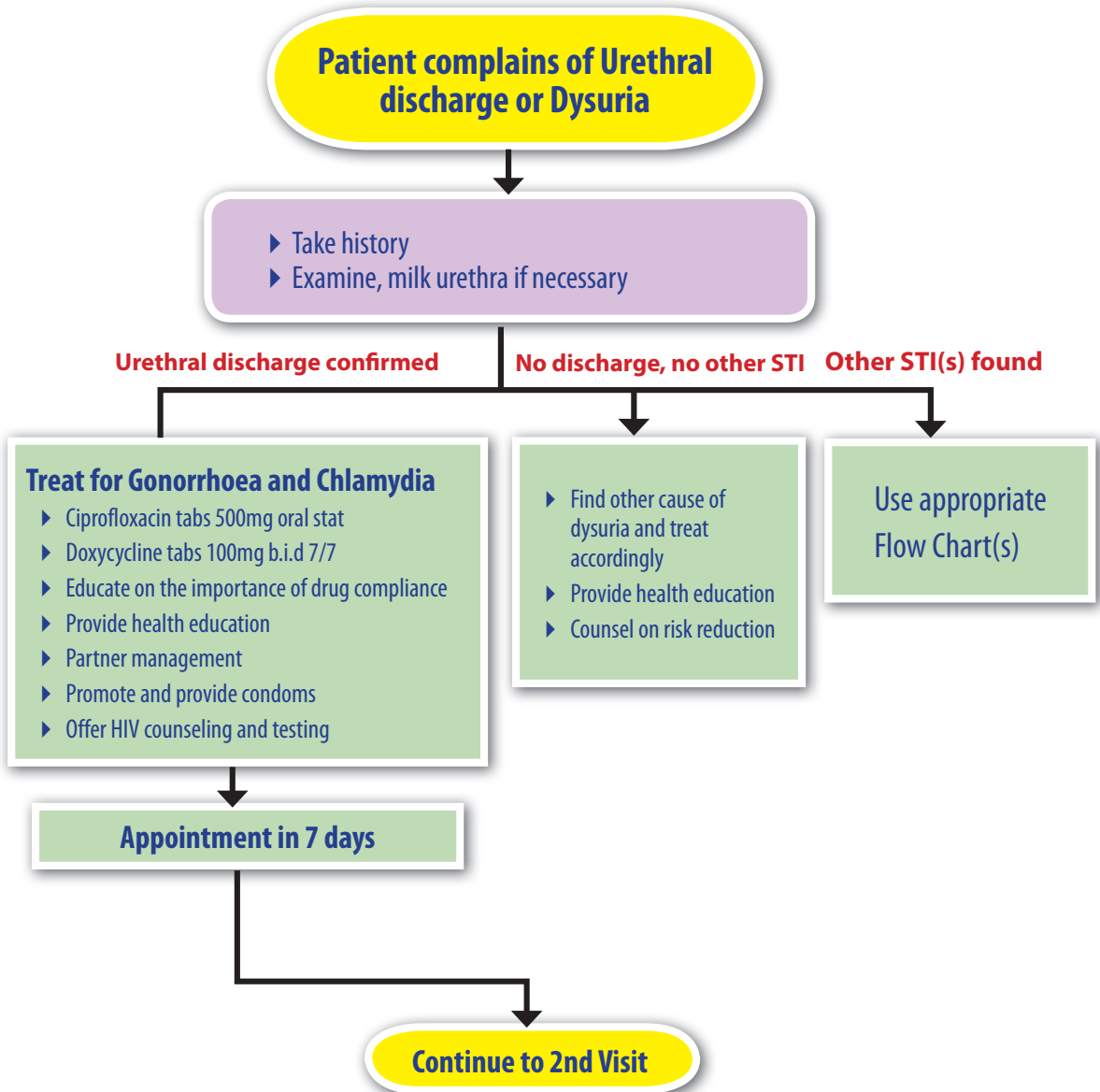
January 2008



1

Management of Urethral Discharge Syndrome (UDS)

Flow Chart 1.1 Management of Urethral Discharge Syndrome (UDS), First Visit

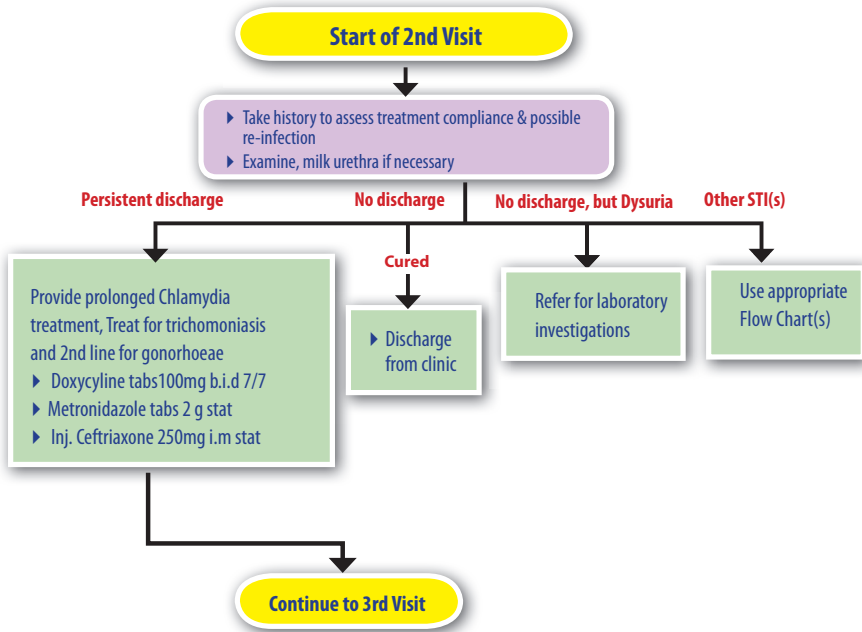


- ▶ Other option for secondline treatment of Neisseria Gonorrhoea is Spectinomycin Inj. 2gw i.m. stat
- ▶ This flowchart assumes effective therapy for gonorrhoea to have been received and taken by the patient prior to this visit

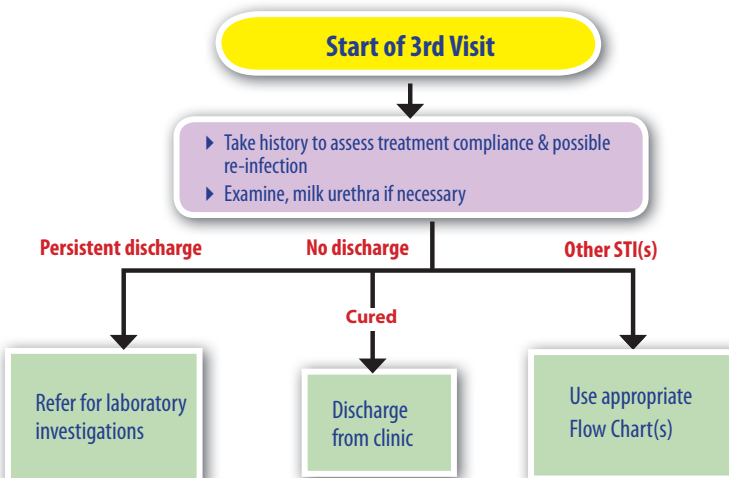
1

Management of Urethral Discharge Syndrome (UDS)

Flow Chart 1.2 Management of Urethral Discharge Syndrome (UDS), Second Visit



Flow Chart 1.3 Management of Urethral Discharge Syndrome (UDS), Third Visit



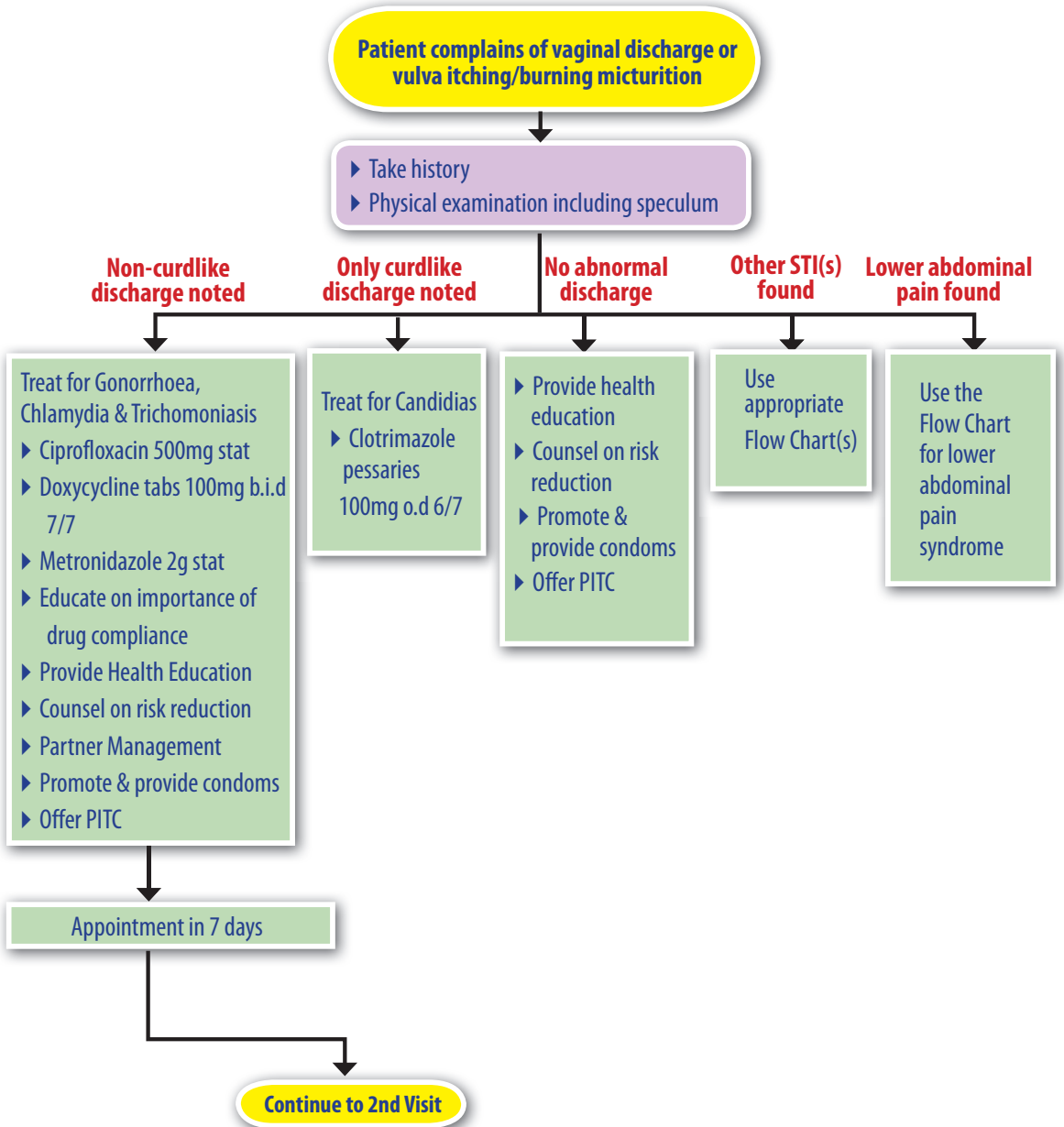
- ▶ Other option for secondline treatment of Neisseria Gonorrhoea is Spectinomycin Inj. 2g i.m. stat
- ▶ This flowchart assumes effective therapy for gonorrhoea to have been received and taken by the patient prior to this visit

2

Management of Vaginal Discharge Syndrome (VDS)



Flow Chart 2.1 Management of Vaginal Discharge Syndrome (VDS), First Visit

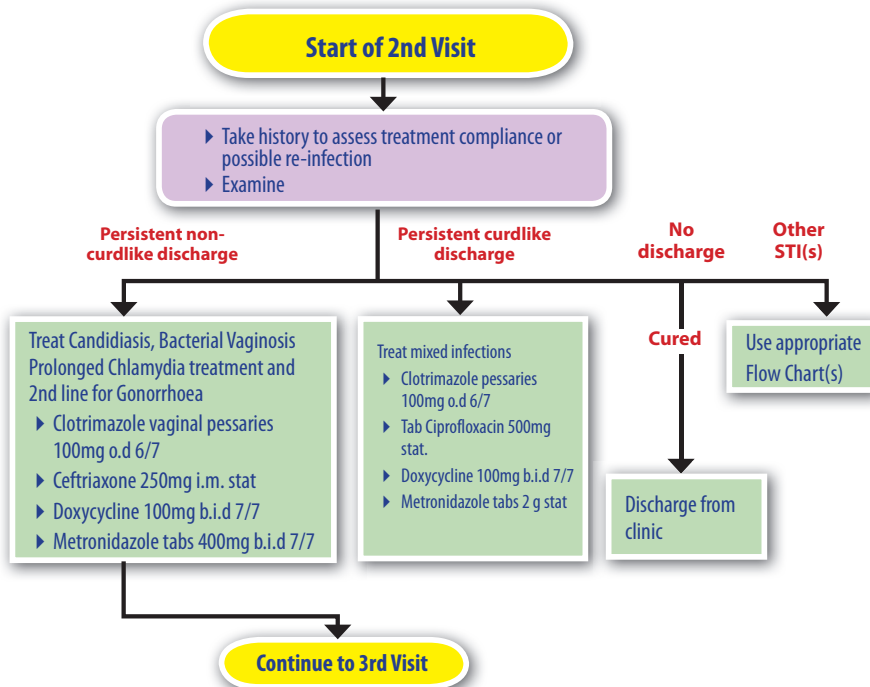


- ▶ Do not give Metronidazole in 1st trimester of pregnancy;
- ▶ Do not give Doxycycline or Ciprofloxacin in pregnancy or to lactating mother: substitute with Erythromycin 500 mg t.i.d 7/7 and Ceftriaxone 250 mg i.m. stat.

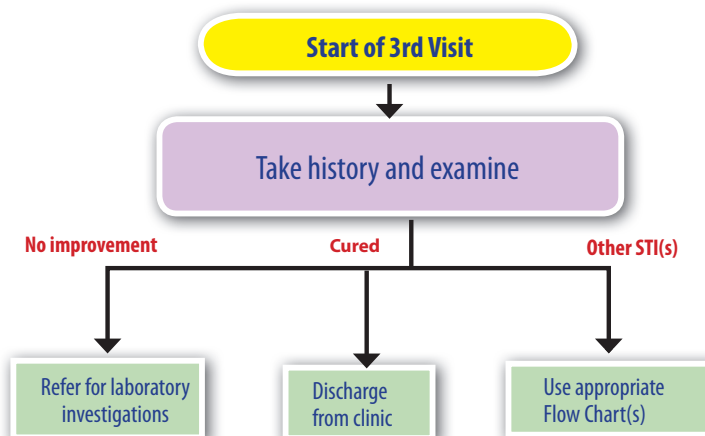
Management of Vaginal Discharge Syndrome (VDS)



Flow Chart 2.2 Management of Vaginal Discharge Syndrome (VDS), Second visit



Flow Chart 2.3 Management of Vaginal Discharge Syndrome (VDS), Third Visit

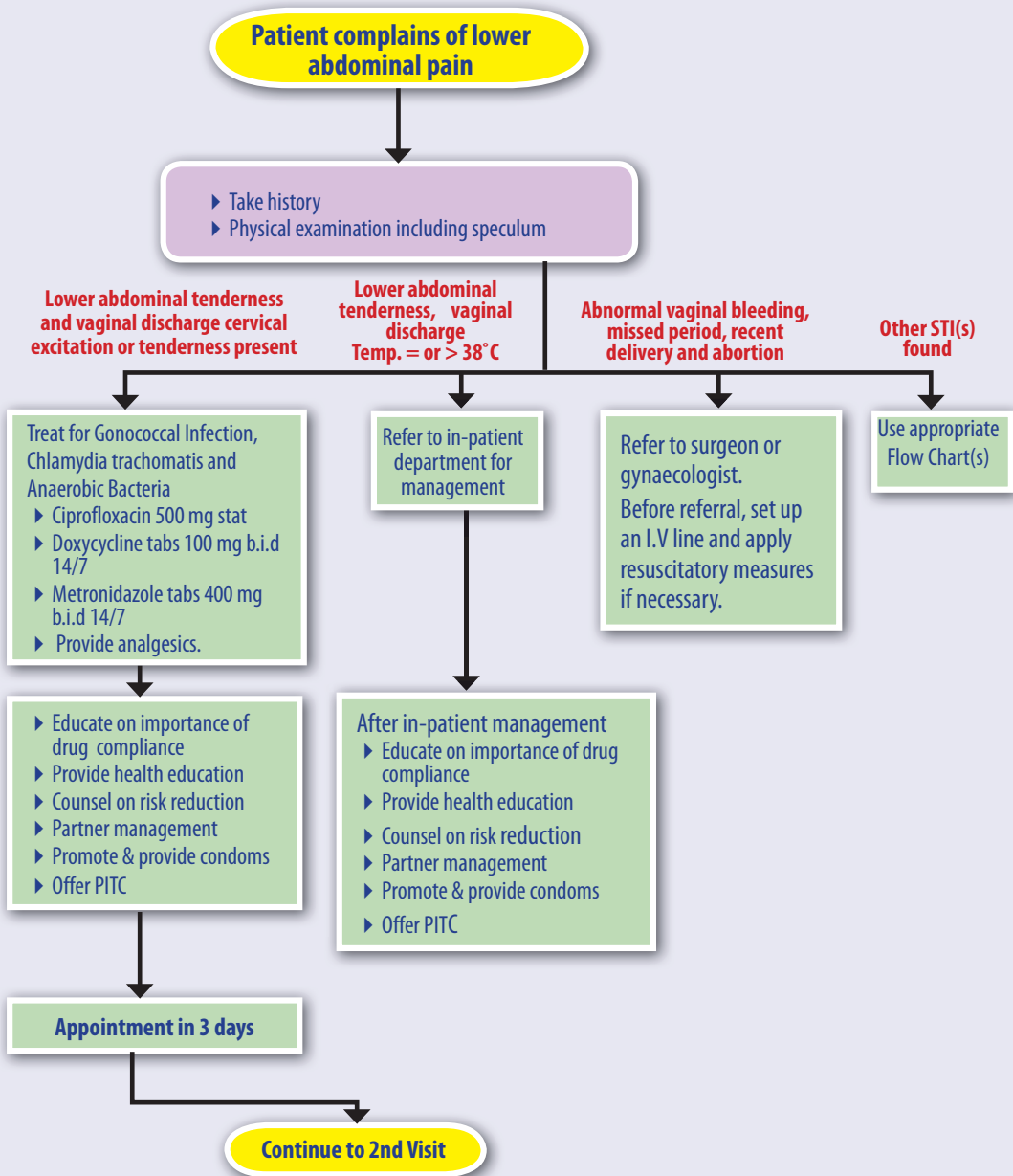


- ▶ Do not give Metronidazole in 1st trimester of pregnancy:
- ▶ Do not give Doxycycline or Ciprofloxacin in pregnancy or to lactating mother: substitute with Erythromycin 500 mg t.i.d 7/7 and Ceftriaxone 250 mg i.m. stat.

3

Management of Pelvic Inflammatory Disease (PID)

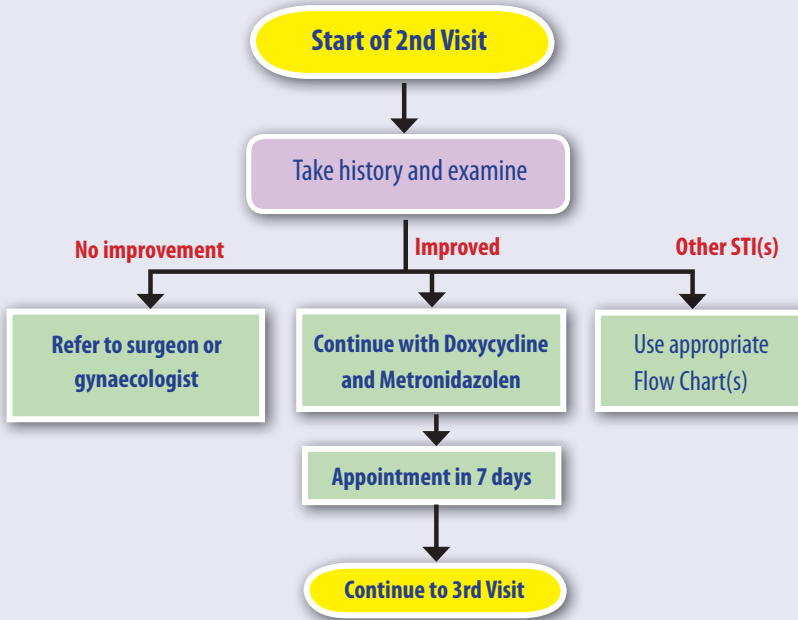
Flow Chart 3.1 Management of Pelvic Inflammatory Disease (PID), First Visit



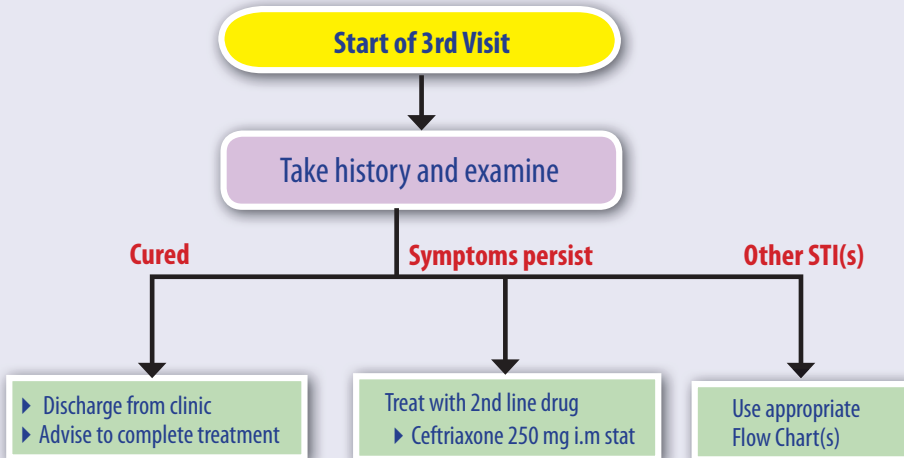
3

Management of Pelvic Inflammatory Disease (PID)

Flow Chart 3.2 Management of Pelvic Inflammatory Disease (PID), Second Visit

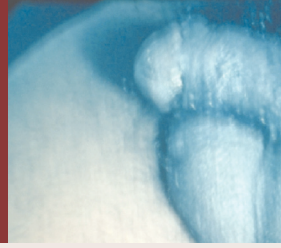


Flow Chart 3.3 Management of Pelvic Inflammatory Disease (PID), Third visit

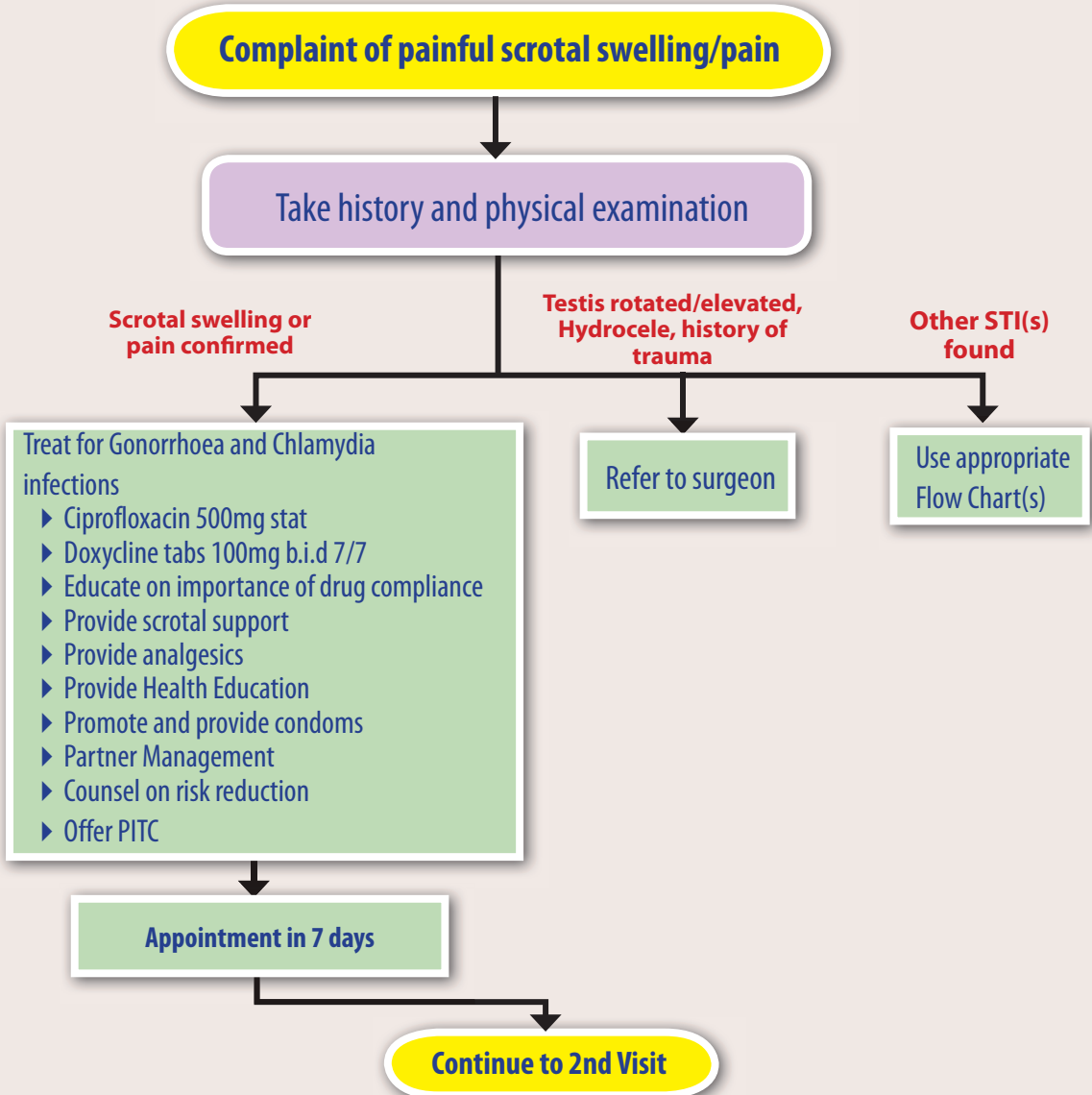


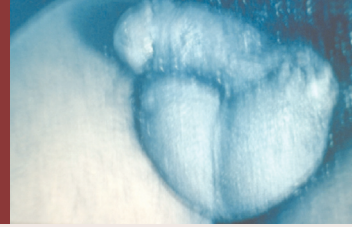
4

Management of Painful Scrotal Swelling (PSS)

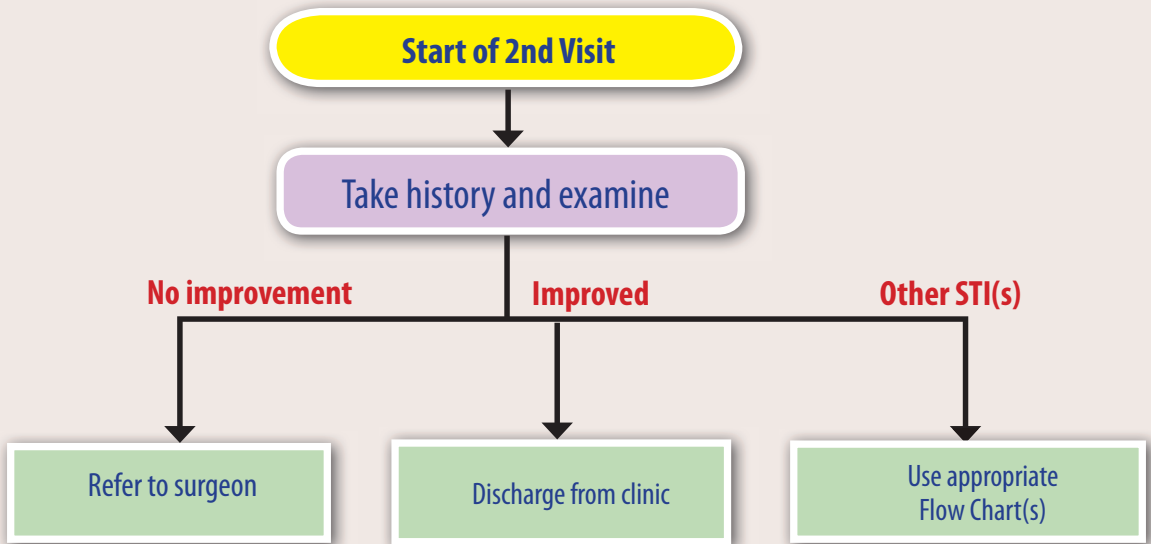


Flow Chart 4.1 Management of Painful Scrotal Swelling (PSS), First Visit





Flow Chart 4.2 Management of Painful Scrotal Swelling (PSS), Second Visit

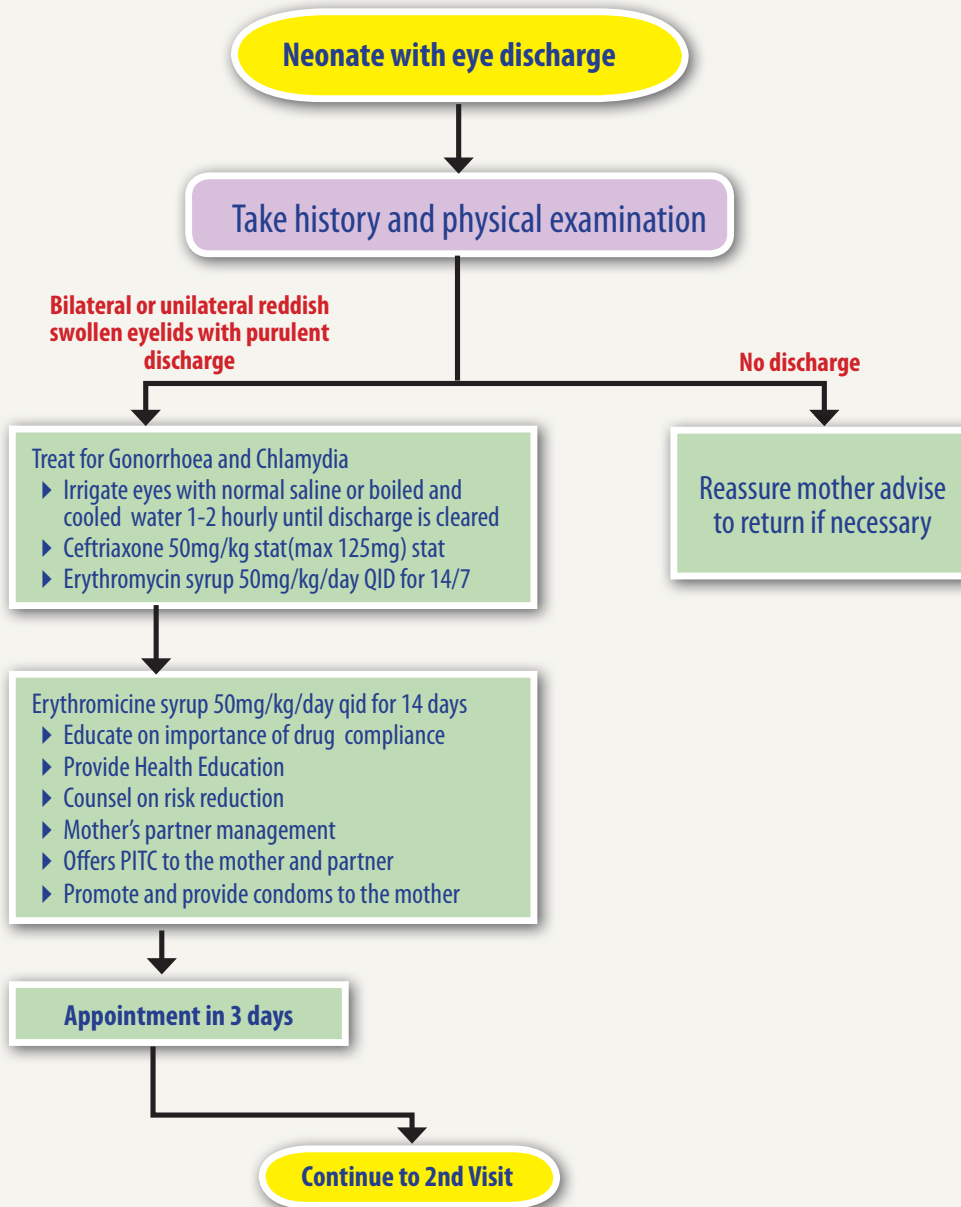


5

Management of Neonatal Conjunctivitis (NC)

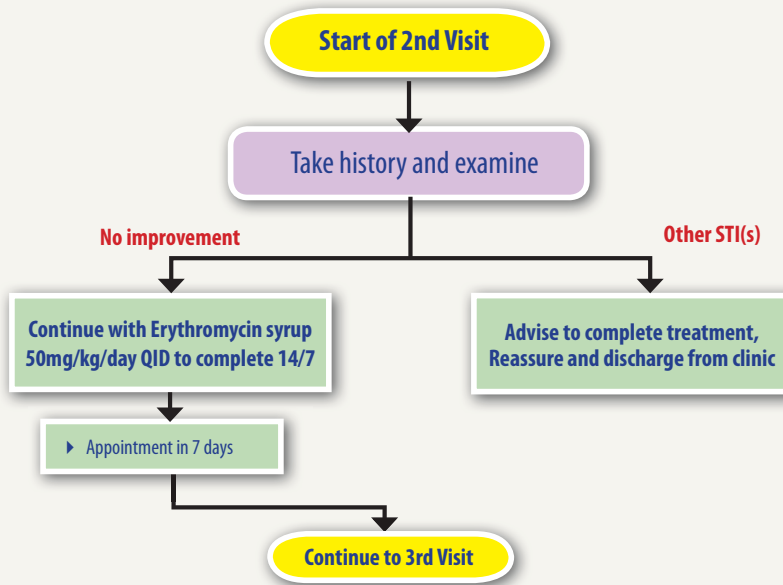


Flow Chart 5.1 Management of Neonatal Conjunctivitis (NC), First Visit

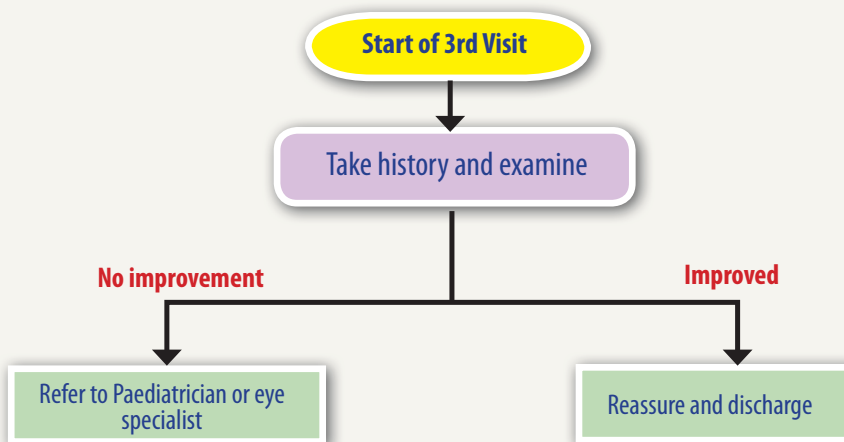




Flow Chart 5.2 Management of Neonatal Conjunctivitis (NC), Second Visit



Flow Chart 5.3 Management of Neonatal Conjunctivitis (NC), Third Visit

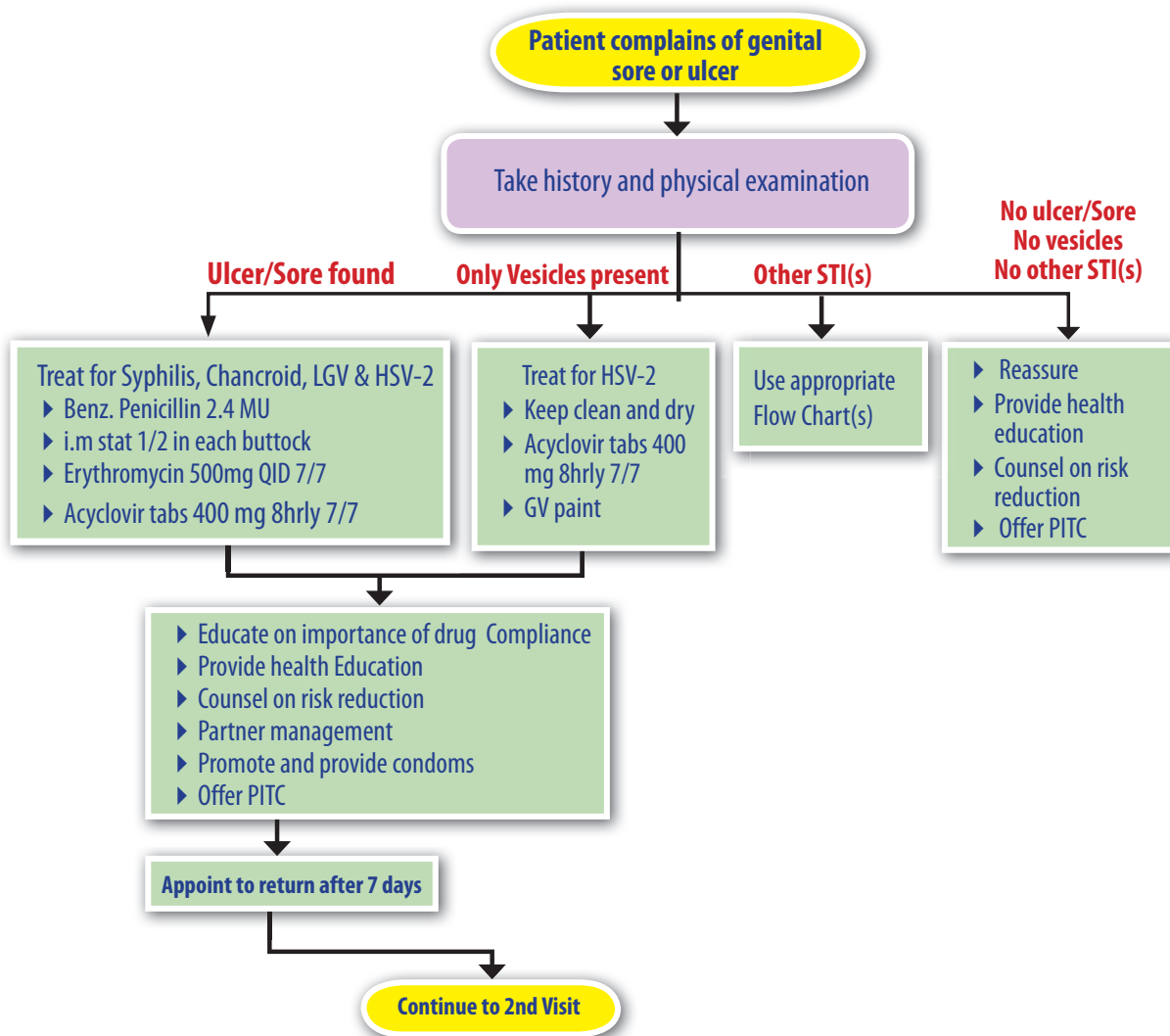


6

Management of Genital Ulcer Disease (GUD)



Flow Chart 6.1 Management of Genital Ulcer Disease (GUD), First Visit



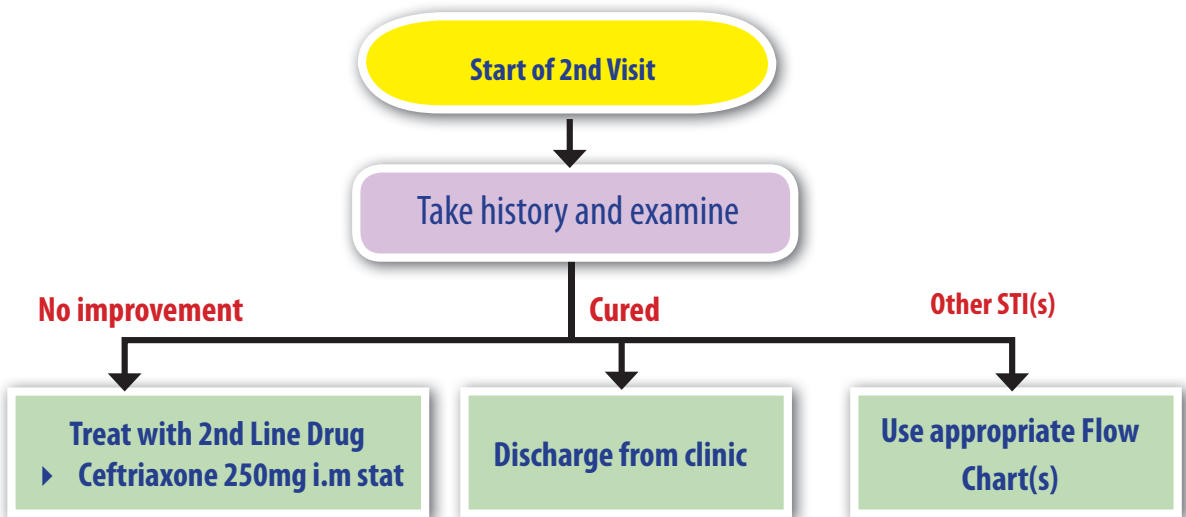
- ▶ Patients allergic to penicillin substitute with Erythromycin tabs 500mg QID for 15 days
- ▶ Do not give Acyclovir during pregnancy and breast feeding.

6

Management of Genital Ulcer Disease (GUD)



Flow Chart 6.2 Management of Genital Ulcer Disease (GUD), Second Visit



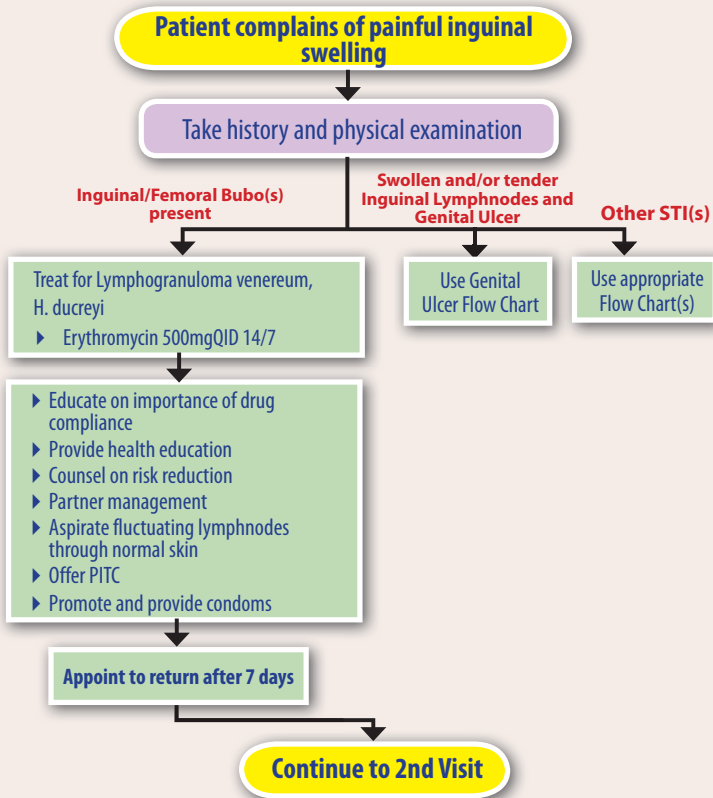
- ▶ Patients allergic to penicillin substitute with Erythromycin tabs 500mg QID for 15 days
- ▶ Do not give Acyclovir during pregnancy and breast feeding.

7

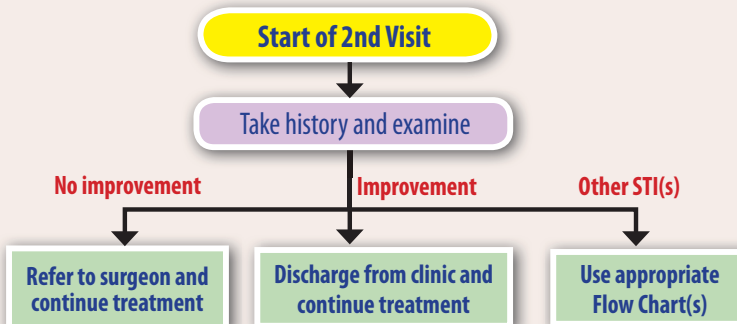
Management of Inguinal Bubo (IB)



Flow Chart 7.1 Management of Inguinal Bubo (IB), First Visit



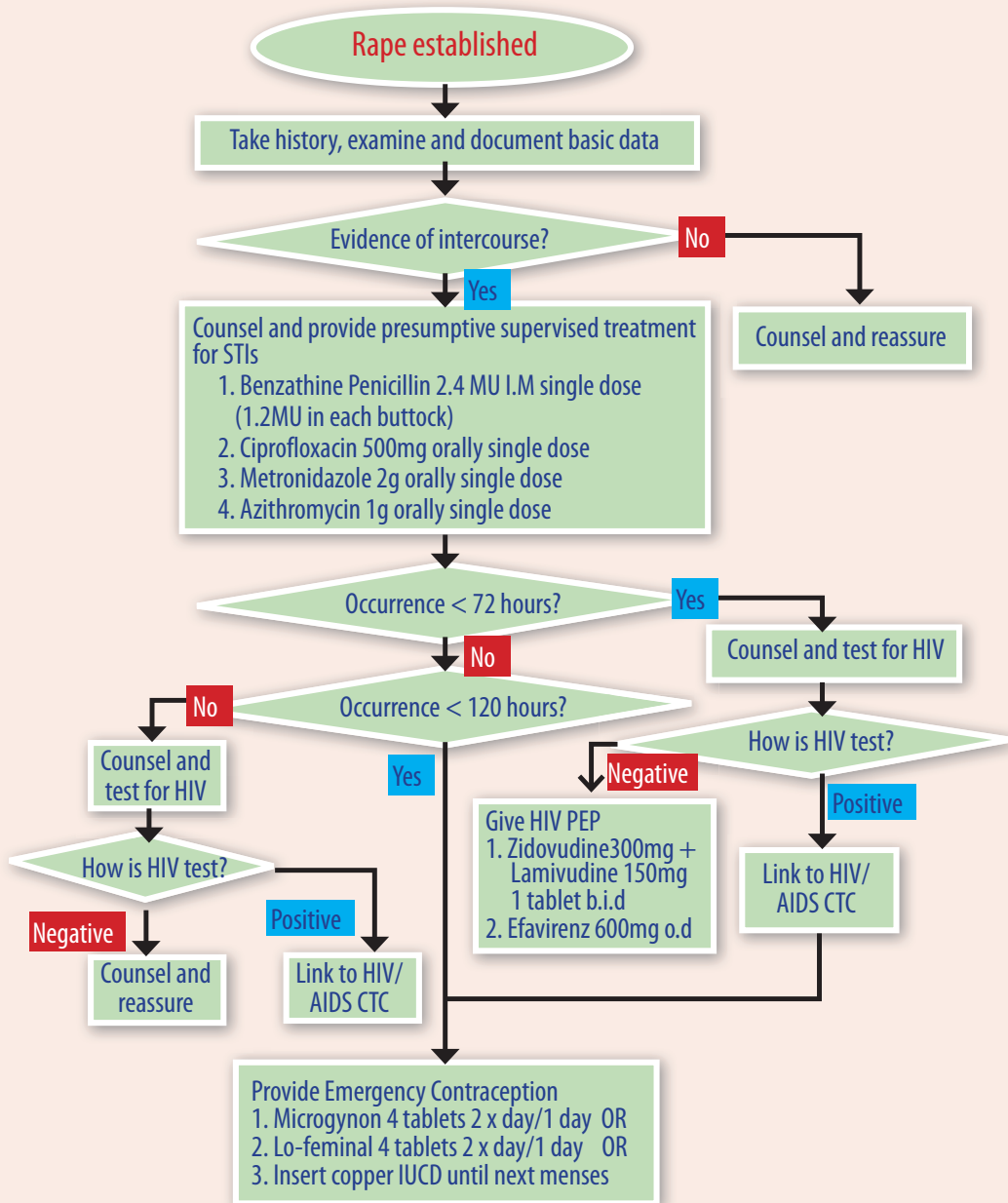
Flow Chart 7.2 Management of Inguinal Bubo (IB), Second Visit



- ▶ Alternative treatment for Chancroid is Ciprofloxacin 500mg orally twice daily for 3 days and Doxycycline 100mg b.i.d 14/7.
- ▶ Do not incise the BUBO.

Clinical Management of Survivors of Rape

Flow Chart 8: **Clinical Management of Survivors of Rape**



- ▶ Always treat injuries including provision of TT
- ▶ Advice for legal protection issues
- ▶ Psychological support (both at time of crisis and long-term)

- ▶ Immunization against Hepatitis B (1 and 6 months)
- ▶ Re-evaluate after 3 months (genital examination) HIV and syphilis testing)

CONTACTS

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