Sexually transmitted diseases / syndromes

RATIONALE FOR SURVEILLANCE

The morbidity attributable to sexually transmitted diseases has continued to increase throughout this century, relative to that caused by other infectious diseases. Sexually transmitted diseases now rank among the 5 most important causes of years of healthy productive life lost in developing countries. Many sexually transmitted diseases (including HIV/AIDS) are often encountered as syndromes.

WHO approaches towards control is based on integrated primary health care at an early stage. A set of syndromic reporting definitions can be used to monitor the incidence of a number of conditions and for programme management; three syndromes will be used in this document:

- **Genital ulcer syndrome** (with etiologies such as chancroid, Herpes simplex, syphilis, Lymphogranuloma venereum, Granuloma inguinale)
- **Urethral discharge syndrome** (mainly gonococcal and non-gonococcal urethritis)
- **Vaginal discharge syndrome** (mainly vaginitis, and, to a lesser extent, cervical infections)

RECOMMENDED CASE DEFINITIONS

Clinical case definition

URETHRAL DISCHARGE SYNDROME

Urethral discharge in men, with or without dysuria.

GENITAL ULCER SYNDROME

Genital ulcer on penis or scrotum in men and on labia, vagina or cervix in women, with or without inguinal adenopathy.

VAGINAL DISCHARGE SYNDROME

Abnormal vaginal discharge (amount, colour and odour), with or without lower abdominal pain, or specific symptoms or specific risk factor (without examination).

Laboratory criteria for confirmation

URETHRAL DISCHARGE SYNDROME

Laboratory confirmation of organism if possible (Gram stain for intracellular diplococci), but this is not essential for the case definition, which is syndrome-based.

GENITAL ULCER SYNDROME / VAGINAL DISCHARGE SYNDROME

Laboratory confirmation of organism if possible, but this is not essential for the case definition, which is syndrome-based.

Case classification

Not applicable.

RECOMMENDED TYPES OF SURVEILLANCE

Routine monthly reporting, usually from sentinel sites on aggregated or case-based data to intermediate level (in some countries this may be universal reporting).

Annual reports from sentinel sites to central level.

In some countries surveillance relies on specific surveys (in the community or at clinics for sexually transmitted diseases).

RECOMMENDED MINIMUM DATA ELEMENTS

Case-based data for local record

- Unique identifier, age, sex, geographical area
- Date of onset
- Laboratory results

Case-based data for contact tracing

- Sex partners

Aggregated data for reporting

- Number of cases by age group, geographical area, and laboratory diagnosis if applicable
- Number of cases treated (urethral discharge syndrome)

RECOMMENDED DATA ANALYSES, PRESENTATION, REPORTS

- Syndromic reporting (numbers / incidence) by month, geographical area, age group, sex, laboratory results if appropriate
- Comparisons with same month, age group and geographical area in previous years
- Regular overview (monthly, quarterly or annual) to identify areas of concern and to set priorities as appropriate
- Information on seasonal and secular trends best presented as line graphs

PRINCIPAL USES OF DATA FOR DECISION-MAKING

- Provide surrogate indicators for the monitoring of trends in disease incidence
- Identify high risk areas for further intervention, including enhancement of HIV control activities as appropriate
- Raise awareness in policy makers and communities
- Define and monitor effective diagnostic and therapeutic procedures
- Define resources, supplies for service, prevention and control measures
- Monitor and improve existing programme, keeping it relevant and effective

SPECIAL ASPECTS

None.

CONTACT

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