

Vaginal Infection and STD Treatment Protocol

The traditional method of diagnosing STDs is by laboratory tests. However, these are often unavailable or too expensive in Haiti. Since 1990 WHO has recommended a syndromic approach to diagnosis and management of STDs in patients presenting with consistently recognized signs and symptoms of particular STDs. The syndromic approach uses flowcharts to guide diagnosis and treatment is more accurate than diagnosis based on clinical tests alone, even in experienced hands. In some settings, there have been high levels of over-diagnosis and over-treatment of gonorrhea and chlamydia, these concerns need to be weighed against the costs of incorrect diagnosis. Vaginal discharge, resulting from non-sexual causes, may be misdiagnosed as an STD, potentially resulting in side effects from medications and social repercussions for the patient. Although many different pathogens cause STDs, some display similar or overlapping signs and symptoms. Some of these signs and symptoms are easily recognizable and consistent, giving what is known as a syndrome that signals the presence of one or a number of pathogens. The main syndromes of common STDs are:

- urethral discharge
- genital ulcers
- inguinal swellings (bubo, which is a swelling in the groin)
- scrotal swelling
- vaginal discharge
- lower abdominal pain

The main questions concerning the management of vaginal discharge thus center on two issues: when to treat for vaginitis only? When to treat for vaginitis plus cervicitis?

VAGINAL DISCHARGE (See Algorithm)

One of the most common complaints in Haiti due to lack of sanitation and douching practices, almost every woman complains of vaginal discharge or itch. If accompanied by fever and adnexal pain, consider PID, otherwise treat based on symptoms and history. Gynecological exams are strongly encouraged if PID is suspected. * *If urinary urgency, frequency and dysuria are the only symptoms, treat for UTI: Bactrim 480 mg or Cipro 500 mg BID x 3 day.*

Signs and Symptoms

- A scant clear or white odorless discharge is normal
- Itching, burning, irritation, redness, erosions, friability are associated with infection
- Character, odor of discharge may be clue to dx

Vaginitis

Abnormal vaginal discharge is highly suggestive of vaginal infection. The most common causes of vaginitis are *Trichomonas vaginalis*, *Candida albicans* and BV. Thus, all women presenting with abnormal vaginal discharge should be evaluated for *trichomonas* and BV, and/or, where indicated, for *C. albicans*.

Cervicitis

Vaginal discharge is rarely the result of cervicitis. Cervicitis is usually caused by gonococcal and/or chlamydial infection. In the current WHO flowchart, a complaint of vaginal discharge is the entry point for management of cervical infection. However, studies have consistently shown that the vaginal discharge is a poor predictor of cervical infection. This is particularly true in adolescents and in low STI prevalence settings, where endogenous vaginitis is the main cause of vaginal discharge.

Vaginal Infection and STD Treatment Protocol

Vaginal complaints comprise a large percentage of our daily patient census. The following flow chart was developed to aid diagnosis. Since it is difficult to perform pelvic exams on every woman with vaginal complaint, we often treat empirically based on signs and symptoms. However, if you suspect PID or if the woman is pregnant, please take the time to perform a pelvic exam.

** If urinary urgency, frequency and dysuria are the only symptoms, treat for UTI: Bactrim 480 mg or Cipro 500 mg BID x 3 day.*

