

**STD SERIES**

**2**

**PROTOCOL FOR  
MANAGEMENT  
OF  
SEXUALLY  
TRANSMITTED  
DISEASES (STD)FOR  
PARAMEDICAL STAFF**



**Ministry of Health  
Malaysia**



KEMENTERIAN KESIHATAN MALAYSIA

**SERIES 2**

**PROTOCOL FOR THE  
MANAGEMENT OF  
SEXUALLY TRANSMITTED  
DISEASES FOR  
PARAMEDICAL STAFF**

AIDS/STDs Section  
**Ministry of Health Malaysia**  
**KUALA LUMPUR**

# TABLE OF CONTENT

Chapter 1 [INTRODUCTION](#)

Chapter 2 [DEFINITION](#)

Chapter 3 [PRINCIPLES OF MANAGEMENT OF STD](#)

Chapter 4 [BRIEF INFORMATION ON EACH STD](#)

4.1 [Syphilis](#)

4.2 [Gonorrhoea](#)

4.3 [Genital Herpes](#)

4.4 [Genital Warts](#)

4.5 [Non Specific Urethritis \(NSU\)](#)

4.6 [Candidiasis](#)

4.7 [Chancroid](#)

4.8 [Trichomoniasis](#)

4.9 [Scabies](#)

## APPENDICES

- I. [Flow chart for the diagnosis of urethral discharge](#)
- II. [Flow chart for the diagnosis of vaginal discharge](#)
- III. [Flow chart for the diagnosis of genital ulcer](#)

# **CHAPTER 1**

## **INTRODUCTION**

In Malaysia STDs are managed by the Department of Dermatology & Genito-Urinary medicine. In hospitals without a skin clinic, STDs are managed by the outpatient clinic and Health Centres.

A protocol of diagnosis and management of STD is already available for doctors.

The purpose of this protocol is to assist the paramedical staff in managing STDs in centres where there are no doctors and where the STDs need to be treated to reduce morbidity and to stop transmission of disease. Some health centres may only have visiting doctors once a week, but patients with STD need early treatment.

## CHAPTER 2

### DEFINITIONS

#### ***STD (Sexually Transmitted Diseases)***

All diseases that can be transmitted by sexual contact. This include bacterial, viral, fungal, protozoal infections and parasitic infestations. Thus, HIV infection is also an STD.

VD (Venereal Disease)

This is defined by law. In Malaysia, the Venereal Diseases are:

- Gonorrhoea
- Syphilis
- Chancroid

#### ***Notifiable STDs***

There are 4 notifiable STDs in Malaysia i.e. Gonorrhoea, Syphilis, Chancroid and HIV infection.

## CHAPTER 3

### PRINCIPLES OF MANAGEMENT OF STD

1. STDs are diseases that have a social stigma. Therefore, confidentiality and tactfulness are important when managing patients with STD.
2. Contact Tracing (Partner Notification)
  - It is important to examine and treat the patient's sexual partners
3. Counselling
  - Information on STD.
  - Importance of follow-up treatment
  - Safer sexual behaviour
4. Universal precautions: All staff should practise universal precautions at all times e.g. using gloves, no recapping (resheating) of needles.
5. All patients should have blood tests done for syphilis and HIV infection.
  - Syphilis - VDRL, TPHA
  - HIV infection - HIV antibody test (after pre-test HIV counselling)
  - Female patients should have PAP smears done
6. Patients should be referred to the doctor if
  - (a) No improvement after treatment}
  - (b) Unsure of diagnosis } in complicated cases
  - (c) Unsure of treatment }

## CHAPTER 4

### BRIEF INFORMATION ON EACH STD

#### 4.1 Syphilis

**Cause** : Treponema pallidum  
**Incubation Period** : 9 - 90 days

#### Clinical Features

##### (a) Early Syphilis

- infection < 2 years duration

##### 1. *Primary syphilis*

- Genital ulcer

- Usually painless

##### 2. *Secondary syphilis*

- Generalised rash includes palms & soles

##### 3. *Early Latent syphilis*

No signs or symptoms

##### (b) Late Syphilis

- infection < 2 years duration

##### 1. *Late Latent Syphilis*

No signs or symptoms

##### 2. *Gummatous Syphilis*

Nodules on skin, bones etc.

3. *Neurosyphilis*  
Involves Central Nervous System
4. *Cardiovascular Syphilis*  
Involves cardiovascular system

### **Diagnosis**

1. Dark ground (field) - microscopy
2. Serum VDRL
3. Serum TPHA

### **Treatment**

Treatment must be started by the doctor

1. *Early Syphilis*  
Benzathine Penicillin  
2.4 million units i.m. once a week  
for 2 weeks i.e. 2 doses
2. *Late Latent Syphilis*  
Inj. Benzathine Penicillin  
2.4 million i.m once a week  
for 3 weeks i.e. 3 doses

### *For patients allergic to penicillin:*

1. Doxycycline - 100 mg oral tds for 15 days.
2. Tetracycline 500 mg oral qid for 15 days.
3. Erythromycin 500 mg oral qid for 15 days.

### **Follow-up Management**

3 months, 6 months, 1 year, 1 1/2 years, 2 years  
Repeat VDRL at each visit  
If patient has ulcers, follow-up every week till ulcers heal.



## 4.2 Gonorrhoea

**Cause** : Neisseria gonorrhoeae  
**Incubation Period** : 2 - 5 days

### Clinical Features

1. Urethral discharge usually yellowish
2. Dysuria

### Diagnosis:

1. Urethral Smear  
Intracellular Gram negative (Gm-ve) diplococci
2. Culture

### Treatment:

1. Spectinomycin 2 Gm i.m - stat.  
or
2. Ceftriaxone 250 mg i.m. stat.  
or
3. Ciprofloxacin 500 mg. oral stat  
\*Contraindicated in pregnancy

### Plus

### Treatment for NSU

e.g. Doxycycline 100 mg bd for 1 week

### Treatment of sexual partners

All sexual contacts are treated on epidemiological grounds  
Choice of medicine same as above

Follow-up Management See in 1 week. Repeat smears Treat for

gonorrhoea if still smear positive for diplococci Give another 1 week treatment for NSU if smear negative for diplococci, but Pus cells 5 or more per high power field (hpf.)

#### 4.3 Genital Herpes

<b>Cause</b>	:	Herpes simplex type I or II
<b>Incubation Period</b>	:	2 - 5 days
<b>Clinical Features</b>	:	Multiple vesicular lesions (small blisters)  May progress to painful ulcers.
<b>Diagnosis</b>	:	Immunofluorescence  Tissue Culture
<b>Treatment</b>	:	<ol style="list-style-type: none"><li>1. Ancylovir 200 mg 5 times daily (at 4 hly for 5 days). (For primary herpes) *Only Doctors can prescribe</li><li>2. Analgesic</li><li>3. Antibiotics for secondary bacterial infection.</li><li>4. Dabs with potassium permanganate 1:10,000 dilution or normal saline</li></ol>

#### Pregnancy

Patient or spouse must inform the Doctor during pregnancy

#### 4.4 Genital Warts

<b>Cause</b>	:	Human Papilloma Virus
<b>Incubation</b>	:	2 - 8 months

#### Clinical Features

Fleshy painless growths. Presents as single or multiple soft, fleshy papillary or sessile painless growths around the ano-rectal, vulvo-vaginal area, penis, terminal urethra or perineum.

### **Diagnosis**

1. Clinical
2. Pap smear for female patients

### **Treatment**

1. Podophyllin 10 - 25% in tincture benzoin  
\*Contraindicated in pregnancy
2. Trichloro Acetic Acid 40% or 100%.
3. Electrocautery.
4. Cryosurgery.

## **4.5 Non Specific Urethritis (NSU)**

- Cause** : Chlamydia trachomatis  
Ureaplasma urealyticum
- Incubation** : 1 - 3 weeks

### **Clinical Features**

1. Urethral discharge - may be purulent or mucoid
2. Dysuria (pain on passing urine).

### **Diagnosis**

Urethral smear  
- Gram stain  
( > 5 pus cells per hpf)

### **Treatment**

Doxycycline 100 mg oral bd for 7-14 days.  
Tetracycline 500 mg oral qid for 7 - 14 days.  
Erythromycin 500 mg oral qid for 7 - 14 days.

### **Follow-up Management**

See in 2 week If smear still has pus cells > 5 per hpf, or if patient

still has symptoms continue 2nd week of antibiotics

#### 4.6 **Candidiasis**

**Cause** : Candida Albicans

**Incubation Period** : 1-2 weeks.

##### **Clinical Features**

1. Itchy whitish vaginal discharge.
2. Rash on penis/foreskin.

##### **Diagnosis**

1. Gm stain
2. Culture on Sabouraud's medium

##### **Treatment**

1. Clotrimazole Vaginal pessary  
200 mg nocte for 3 nights.
- or
2. Nystatin pessary nocte for 14 days.

plus

1. Nystatin cream LA b.d for 2 weeks
- or
2. Miconazole (Daktarin) cream b.d. for 2 weeks.

#### 4.7 **Chancroid**

**Cause** : Haemophilus ducreyi

**Incubation period** : 2-3 days

##### **Clinical Features**

1. Multiple painful purulent ulcers
2. May have painful inguinal lymph nodes

##### **Diagnosis**

1. Culture

### **Treatment**

1. Ceftriaxone 250 mg. i.m single dose
- or
2. Bactrim 2 tab. b.d. for 1 - 2 weeks
- or
3. Erythromycin 500 mg orally qid for 7-14 days.

## 4.8 **Trichomoniasis**

**Cause** : Trichomonas Vaginalis

**Incubation Period** : 4 days to 4 weeks

### **Clinical Features**

#### 1. *Female*

Itchy profuse foul - smelling vaginal discharge + dysuria.

#### 2. *Male*

1. Commonly asymptomatic
2. If symptomatic usually present as NSU.

### **Diagnosis**

Direct Wet preparation using normal saline to show moving protozoa.

### **Treatment**

- Metronidazole (flagyl) oral 400 mgm oral b.d for 5 days.
- Flagyl - contraindication with alcohol.
- Treat both partners.

## 4.9 **Scabies**

**Cause** : Sarcoptes scabiei

**Incubation Period** : 2 - 4 weeks

## **Clinical Features**

1. Severe generalised itchiness.
2. Vesicles between fingers.
3. Excoriations.
4. Genital papules

## **Diagnosis**

Scraping with 20% potassium hydroxide or microscope lens oil  
- to look for scabies mite.

## **Treatment**

1. 25% Emulsion Benzyl Benzoate (EBB).

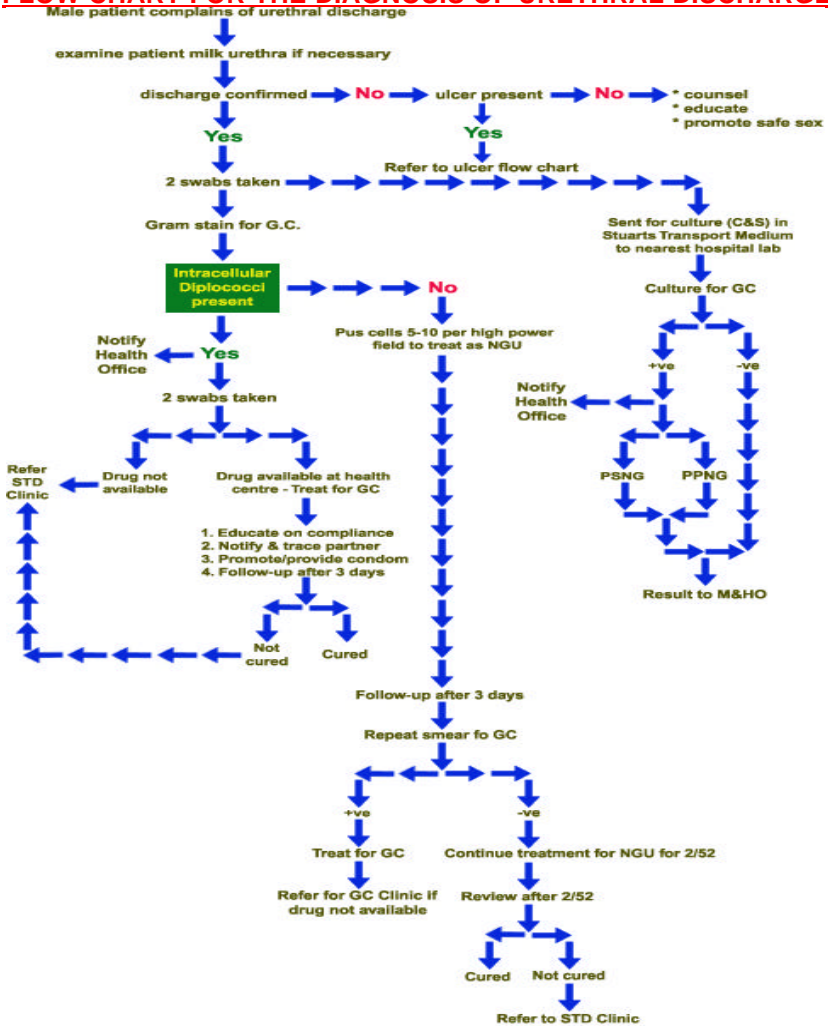
From neck down whole body, nocte x 24 hours for 3 days.

2. Treat all contacts.
3. Children 2-10 years use 12.5% EBB.
4. Infants (below 1 year)

Use 6% sulphur in Calamine lotion LA tds for 5 days.

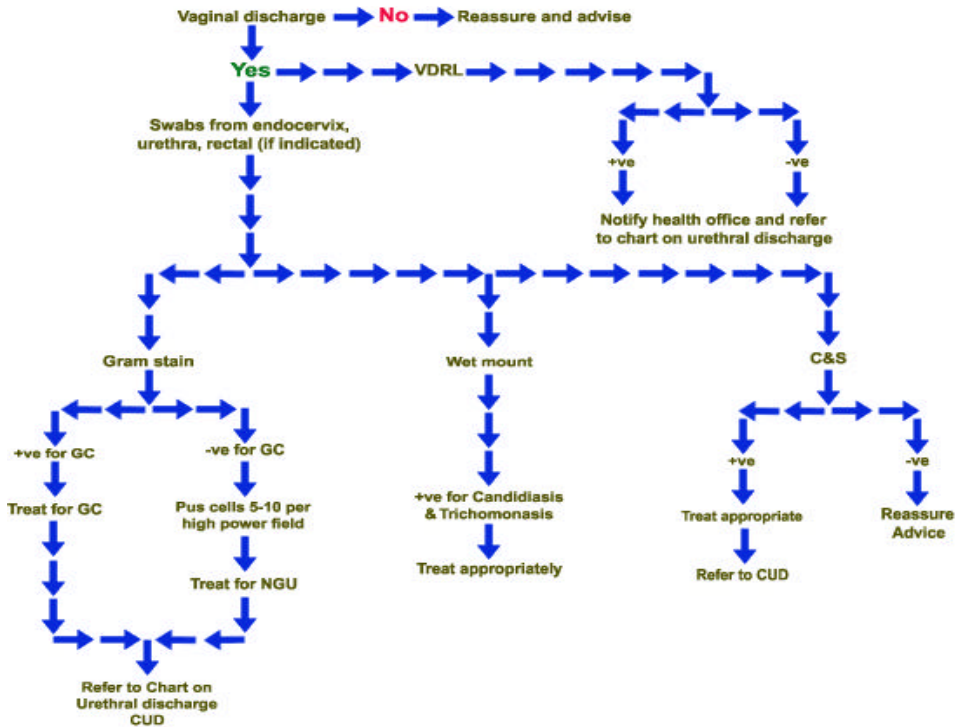
# APPENDIX I

## FLOW CHART FOR THE DIAGNOSIS OF URETHRAL DISCHARGE



## APPENDIX II

### FLOW CHART FOR THE DIAGNOSIS OF VAGINAL DISCHARGE





# APPENDIX III

## FLOW CHART FOR THE DIAGNOSIS OF GENITAL ULCERS

