STD SERIES
4

SURVELLANCE FOR SEXUALLY TRANSMITTED DISEASES

Ministry of Health
Malaysia

KEMENTERIAN KESIHATAN MALAYSIA

SERIES 4

SURVEILLANCE FOR SEXUALLY TRANSMITTED DISEASES

AIDS/STDs Section
Ministry of Health Malaysia
KUALA LUMPUR

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PART I: PERSONAL SURVEILLANCE

1.0 NOTIFICATION

Surveillance of any disease require proper notification. Notification of STD cases as required under the Prevention and Control of Infectious Disease Act 1988 (Prevention and Control of Infectious Disease Regulation 1993 - PU (A) 328) is without name and address.
Under Part IV Section 10 (2) (Control of the spread of infectious disease) of the Act, every Medical Practitioner/Officers who diagnosed any STD cases is required to notify the nearest Medical Officer of Health.

Statement of Section 10 (2):

Every medical practitioner who treats or becomes aware of the existence of any infectious diases in any premise shall, with the least practicable delay, give notice of the existence of the infectious disease to the nearest Medical Officer of Health in the from prescribed by regulations made under this Act.

It is important to remember that the Medical Officer is responsible under the law to notify all infectious disease listed under Part I and II of the First Schedule of the Act and NOT his/her nurses or record officer.

2.0 FLOW PROCESS FOR PATIENTS SEEKING STD TREATMENT AT HEALTH CLINICS

For proper monitoring of a program, a standard flow process for patients seeking treatment at health centres is necessary. It will facilitate patient's management. ensure proper and effective treatment and also help to increase utilization and patient's compliance.

2.1 Patient on First Visit to Health Clinics

All patients has to be seen by a Medical Officer on their first visit. If the Medical Officer is not available the following steps should be taken: **(Refer Appendix III)**

1. Medical Assistant (MA) or Public Health Nurse (PHN) has to give appointment for the patient to see a doctor later on the same day.

IF NOT POSSIBLE;

i. MA or PHN should order necessary "Standard laboratory test for all new STD cases". All screening test for HIV should include pre-test counselling. Depending on the laboratory test result, he/she has to consult ANY MEDICAL OFFICER (MO) by phone regarding choice of treatment. He/She then give appointment for the patient to see MO.

ii. MO, MA or PHN who sees cases should:

- order a "Standard Labortory Test for All STD (**Refer Appendix I**) cases including relevant investigation for each suspected STD

- give a "Standard treatment" appropriate for each case according to:
  - Protocol for management of STD for Doctors
  - Protocol for management of STD for Paramedical Staff

- do "Partner Notification" and discuss with patient the possibility of persuading contact to come for investigation and treatment. If patient is not willing to bring contact or contact is uncontactable due to whatever reason(s), MO, MA or PHN has to inform the District Medical Officer of Health (MOH) (**Refer Appendix II**) who is responsible for the health centre to undertake the necessary actions.

2.2 Patient on Follow-Up Visit to Health Clinics

Patient has to be seen by MO on follow-up. If the MO is not available it is the duty of the MA or PHN to:
(Refer Appendix IV)

i. give appointment for patient to see MO later but on the same day IF NOT POSSIBLE:
ii. to order relevent laboratory test accordingly or consult any MO by phone for opinion regarding the necessary laboratory test and choice of treatment.
iii. if symptoms persist, and/or on patient's request, MA or PHN can give appointment for the patient to see MO of the health centre or any nearest MO. MA or PHN should provide patient with a referral letter to see the nearest MO.

N.B. All screening result should only be informed to patient by the Medical Officer.

3.0 PARTNER NOTIFICATION

3.1 Definition

The spectrum of public health activities in which sexual partners of individuals with STD infection are notified and counselled on their exposure and services available / offered.

3.2 Approach to partner notification

3.2.1 Patient Referral

This approach is by encouraging infected patients to notify their partners through; (**Refer Appendix V**)

- providing partners with information
- accompanying partners to clinic

- handing over of " Contact Card" (Refer Appendix VIA, VIB)

3.2.2 Provider Referral

This approach refers to the existing system of "Contact tracing"

3.3 Benefit of Partner Notification

Contacts are given opportunity to consider whether they wish to be tested or not. ii Unknowingly infected person will be able to take steps to prevent transmission. iii Access of infected contacts to treatment iv Identification of uninfected contacts who could also where appropriate, be counselled about avoiding risky behaviour in the future.

3.4 Review of Contact

Depending on the outcome of Partner Notification, contact may request to be reviewed either by;

- coming to the same health centre alone or accompained by patient or,
- going to another health centre with a referral letter alone or accompained by patient.

If contact is uncontactable by the patient due to whatever cause or contact is not willing to come for review, patient has to inform the MO, MA or PHN on follow-up. It is the duty of the MO, MA or PHN inform the District Medical Officer of Health who is responsible for the health centre of the outcome of partner notification (**Refer Appendix II**).

3.5 Duties of District Medical Officer (MOH) of Health Regarding Contacts

i. If contact refuse to come for investigation and treatment, it is the duty of the MOH to enforce Part IV Section 15 of the Prevention and Control of Infectious Disease Act 1988.

Section 15 (1) An authorised officer may order any contact to

undergo observation in such place and for such period as he may think fit, or to undergo surveillance until he may be discharged without danger to the public.

Section 15 (2) For the purposes of subsection (1), an authorised officer may use such force as may be necessary to ensure compliance with his order.

ii. If contact is from another district, the MOH has to inform MOH of that district regarding the contact using a standard format (**Refer Apenddix II**)

If the district is outside the state, a copy of the format should also be sent to the AIDS Officer of the state for monitoring (**Refer Apenddix II**)

If the district is outside the country, the MOH has to inform the AIDS Officer of his/her state for further action.

3.6 Contact Tracing

It is a standard practise in public health to do contact tracing of any communicable diseases. The objectives of contact tracing are:

i. Find primary source

- treat source
- prevent further spread

ii. Find secondary cases

- clinical and subclinical
- treat and prevent further spread

4.0 Monitoring

Few indicators selected for monitoring purpose:

Number of STD Clinic attendance / No. of patient seen ii. Percentages of Gonococcal infection cases turn-up at first follow-up (for test of cure) - Recommended standard 75% based upon study by Hospital Kuala Lumpur

5.0 Return

All data currently collected by public health division at district, state and national level is satisfactory for implementation of personal surveillance.

PART II: DISEASE SURVEILLANCE

1.0 INTRODUCTION

Sexually transmitted diseases (STD) are among the most common cause of illness in the world and have far reaching health, social and economic consequences. In addition to their sheer magnitude, STD are a major public health problem for two additional reasons :their serious sequelae, and the fact that they facilitates transmission of HIV.

In Malaysia the exact size of the problem is unknown which is partly due to underreporting, underdiagnosis, asymptomatic manifestation of the disease and the existing Act (Prevention and Control of Infectious Act 1988) which requires notification of only Syphilis, Gonococcal infections, Chancroid and HIV infections. In view of these limitations, the epidemiological data on STD in Malaysia need to be interpreted with caution. From 1988 to 1995 the annual incidence of notifiable STDs in Malaysia showed a decreasing trend of 46.67 per 100 000 population in 1988 to 21.30 per 100 00 population in 1995. The breakdown of incidence rate by specific STD is as follows:-

NOTIFIABLE STD	INCIDENCE RATE (PER 100 000 ROP.)	
	1988	1995
Syphilis	10.55	9.67
Gonococcal infections	31.73	10.51
Chancroid	0.73	0.02

Even though the overall trend of STD is decreasing but for HIV infection a reverse trend was observed from an annual incidence of 0.02 per 100 00 in 1987 to 17.5 100 000 in 1995.

The data for 1995 revealed the age group of 20 to 39 years was the highest affected and the ratio of male to female is about 2 :1

2.0 OBJECTIVE

The objective of establishing and conducting this surveillance system for STD is to obtain more accurate prevalence and incidence of the disease in our population.

3.0 SURVEILLANCE SYSTEM

Under the existing surveillance system, the current list of STD that requires notification includes:

i. *Syphilis* (all forms)
ii. *Gonococcal infection* (allforms)
iii. *Chancriod*
iv. *HIV infection* (all forms)

In view of the public health importance, it has been suggested that the notification of the following STD should be included;

i. Non specific urethritis (NSU)
ii. *Gential herpes*
iii. *Genital Warts*

The current surveillance system for STD involve the collection of data through the following activities:

i. *Notification of STD cases*

Under the Prevention abd Control of Infectious Disease Act 1988 (Act 342), it is a duty of every medical practitioner who treats or becomes aware of cases with Syphilis, Gonococcal infections, Chancroid (Part I of the First Schedule) and HIV (Part 11 of the First Schedule) to notify them to the nearest Medical Officer of Health.

ii. *Screening of antenatal mothers*

These group of the population currently undergoes mandatory screening for VDRL at all government health clinics during their first attendance at the antenatal clinic for each pregnancy.

iii. Screening of blood donors

All blood donated requires mandatory screening for VDRL, HIV Hepatitis B &C, Malaria

iv. *VDRL surveillence of special population.*

This is not a routine or health centre based surveillance system. This takes advantage of the current systematic screening of inmates of prison and pusat serenti for HIV.

4.0 SURVEILLANCE DEFINITION OF SPECIFIC STD

i. *Syphilis*

VDRL positive followed by a positive TPHA

ii *Gonorrhea*

Direct smear positive

iii. *Non specific urethritis (NSU)*

All non gonococcal urethritis including Chlamydia

- Direct smear for G.C negative pus cels: more than 5 per hpf.
- G.C. culture negative

iv. *Gential herpes*

Multiple vesicular lesions progressing to painful ulcers (acute stage)

v. *Chancroid*

Papules/pustules which soon break down to form painful shallow indurated ulcers/circumscribed ulcers with undermined edge and greyish/yellowish base surrounded by a narrow erythematous halo.

5.0 PILOT PROJECT FOR STD INTEGRATION AT PRIMARY HEALTH CARE LEVEL -SURVEILLANCE SYSTEM

5.1 States involved in the Pilot Project

i. Kelantan }
ii Perak } 2 HEALTH CLINICS FROM EACH STATE
iii Johor }

5.2 Responsibilities of Officers/Staffs Involve in Pilot Project (Surveillance Activities)

1. Health Clinic Staff

i. To continue the notification of STD cases under the existing/ current system to the District Health Office. (Refer Apenddix VII & VIII)
ii. To fill up Epid 204 (PPSTD 3), Epid 206 (PPSTD 4) and Epid 207 (PPSTD 5) used for the pilot project and sent to the District Health office.

2. Staff of District Health Office

i. To continue weekly and monthly return using EPID 203,204,206 and 207 (existing system) to the Epid Unit of State Health Dept.
ii. Additional responsibility - MONTHLY RETURN using EPID 204,206,and 207 (Refer Appendix IX A,B,C) for health centres involve with the pilot project and sent to the AIDS OFFICER of the State Health

3. AIDS Officer of State Health Dept.

To compile the MONTHLY RETURN (EPID FORMS 204, 206,207; pilot project health centres) from the District Health Office and despatch MONTHLY to the AIDS/STD SECTION Ministry of Health.

APPENDIX I

STANDARD LABORATORY TEST FOR ALL NEW STD CASES

1. Haemoglobin (Hb) Estimation
2. Total White Differential Count (TWDC)
3. Erythrocyte Sendimentation Rate (ESR)
4. VDRL & TPHA
5. Gram Stain in patients with urethral or vaginal discharge.
6. ELISA and PA for HIV with pre-test counselling.

APPENDIX II

NOTIFICATION OF CONTACT

BORANG MAKLUMAN KONTAK PENYAKIT KELAMIN (STD)

Kepada

Pegawai Kesihatan Daerah _____

Adalah dimaklumkan bahawa kontak kepada pesakit berikut;

Nombor kad pengenalan : _____

Diagnosa : _____

Tarikh diagnosa : _____

☐ Gagal dihubungi

☐ Boleh dihubungi

☐ Tidak setuju untuk menjalani pemeriksaan

☐ Menetap di Daerah tuan/puan

Maklumat Kontak:

Nama _____ No. K/P _____

Umur _____ Bangsa _____

Alamat_____

Nama Pemaklum : _____

Jawatan : _____

Pusat Kesihatan/Pejabat Kesihatan :

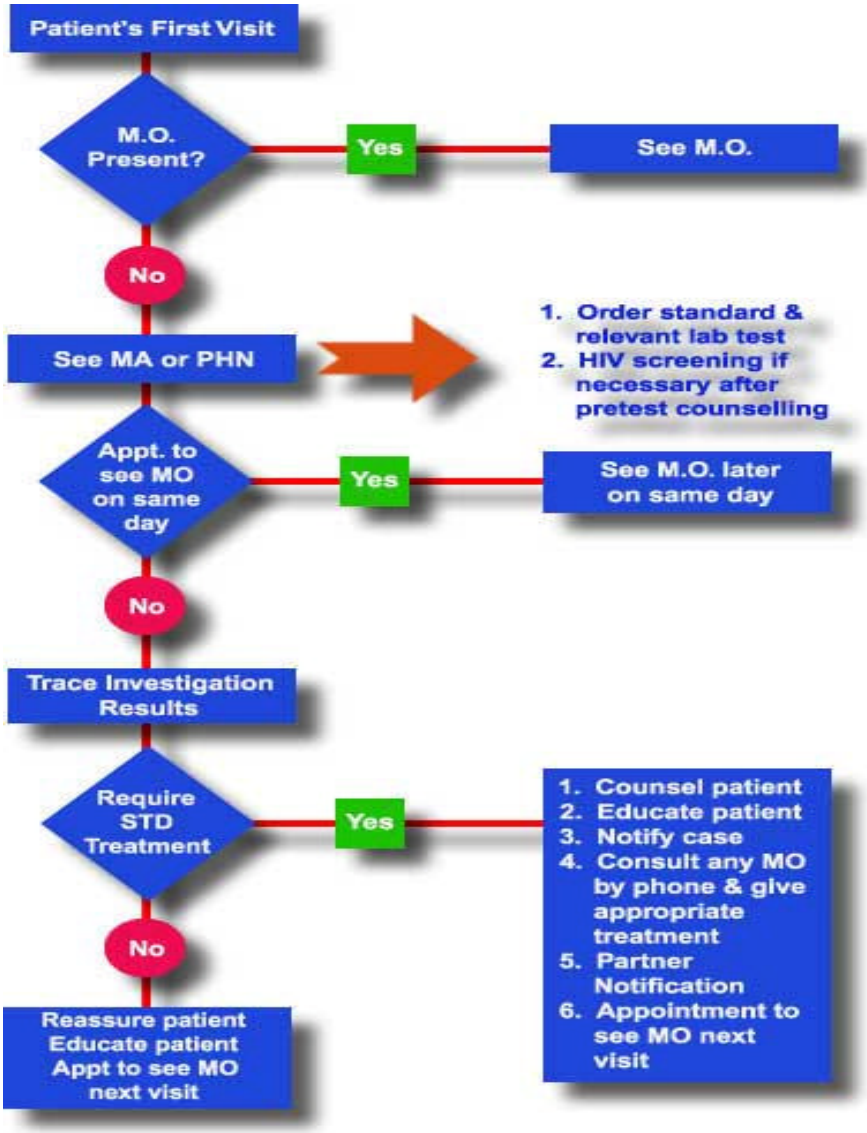
_____

Tarikh : _____ Tandatangan & cop : _____

☐ s.k. Pegawai Kesihatan AIDS Negeri _____

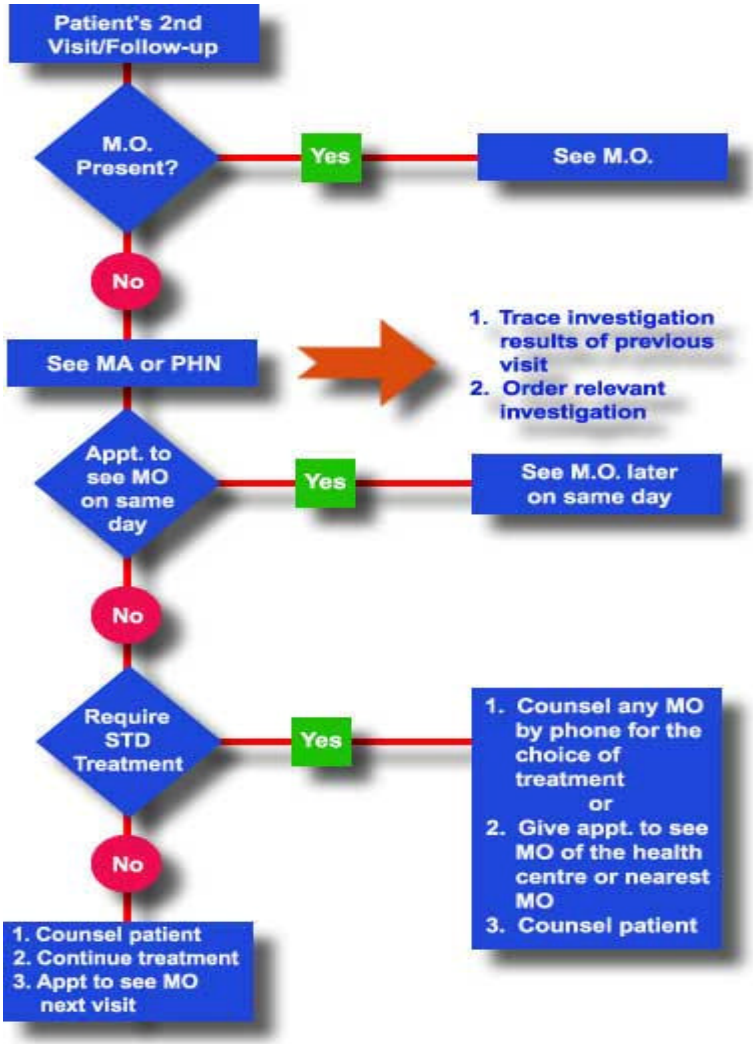
APPENDIX III

FLOW CHART FOR PATIENTS SEEKING TREATMENT AT HEALTH CLINICS



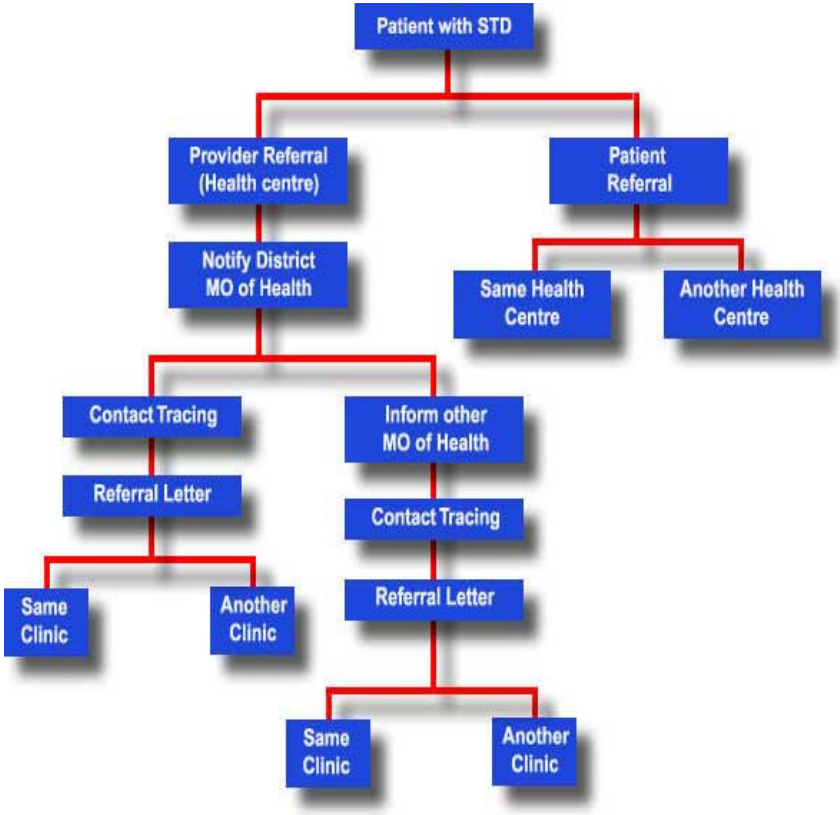
APPENDIX IV

FLOW CHART FOR PATIENTS SEEKING TREATMENT AT HEALTH CLINICS



APPENDIX V

FLOW CHART FOR PARTNER NOTIFICATION



APPENDIX VI

KAD KONTAK PESAKIT STD

(muka depan)

Nama pesakit _____ No. K/P _____ Kod Diagnosa _____ Nama Kontak _____ Alamat _____ _____ Nama pegawai _____ Tandatangan _____ Tarikh dikeluarkan _____ (Disimpan bersama kad pesakit)	**KAD KONTAK** Tarikh_____ Kepada, Tuan/puan:_____ Sila hadirkan diri di Klinik _____ _____ dengan membawa kad ini bersama. Terima kasih. _____ ( )

APPENDIX VII

NOTIFICATION AND INFORMATION SYSTEM FOR STD
CURRENT OR EXISTING SYSTEM

APPENDIX VIII

INFORMATION SYSTEM FOR STD DURING PILOT PROJECT

APPENDIX IX

MONTHLY REPORT OF STD CASES BY AGE GROUP AND SEX

Report No : EPID 206
Year :
Month :

	Under 10 yrs.		10-19 yrs		20-29 yrs		30-39 yrs		40-49 yrs		Over 50 yrs		Total	
Disease Classification	M	F	M	F	M	F	M	F	M	F	M	F	M	F
090-097 Syphillitic infections: 090.0-090.9 Congenital														
091.0-091.2 Primary														
091.3-091.9 Secondary														
092-096 Tertiary														
097 Others														
098 Gonoccocal infections 098.0-0-098.1 Acute														
098.2-098.3 Chronic														
098.4 Of eyes														
098.5-098.8 Other sites														
099 Other Venereal Disease 099.0 Chancroid														
099.1 Lymphogranuloma Venereum														
099.2 Granuloma Inguinale														

099.8-099.9A Others unspecified														
099.8-099.9B Non Specific Urethritis														
099.8-099.9C Genital Herpes														
099.8-099.9D Genital Warts														
297.1 Acquired Immune Deficiency Syndrome (AIDS)														
TOTAL														

APPENDIX IXa

MONTHLY REPORT OF COMMUNICABLE DISEASE CONTACT TRACING

Report No : EPID 204
Year :
Month :

Type of Disease	No.of cases reported	No. of cases investigation	No. of contacts examined	No. of laboratory investigation	No. of +ve cases amongst contacts	Number of carriers amongst contacts				Number immunised	No. given chemopro-phylaxis
						Under surveillance	Hospitalised	Isolation at home	Total		

APPENDIX IXb

MONTHLY REPORT OF STD CASES BY AGE GROUP AND SEX

Report No : EPID 206
Year :

	Under 10 yrs.		10-19 yrs		20-29 yrs		30-39 yrs		40-49 yrs		Over 50 yrs		Total	
Disease Classification	M	F	M	F	M	F	M	F	M	F	M	F	M	F
090-097 Sphillitic infections: 090.0-090.9 Congenital														
091.0-091.2 Primary														
091.3-091.9 Secondary														
092-096 Tertiary														
097 Others														
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098.2-098.3 Chronic														
098.4 Of eyes														
098.5-098.8 Other sites														
099 Other Venereal Disease 099.0 Chancroid														
099.1 Lymphogranuloma Venereum														
099.2 Granuloma Inguinale														
099.8-099.9A Others unspecified														
099.8-099.9B Non Specific Urethritis														
099.8-099.9C Genital Herpes														
099.8-099.9D Genital Warts														
297.1 Acquired Immune Deficiency Sdrome (AIDS)														
TOTAL														

Month :

APPENDIX IX

MONTHLY REPORT OF STD CASES BY ETHNIC GROUP AND SEX

Report No : EPID 207
Year :

	Malays		Chinese		Indian		Others		Total	
Disease Classification	M	F	M	F	M	F	M	F	M	F
090-097 Syphillitic infections: 090.0-090.9 Congenital										
091.0-091.2 Primary										
091.3-091.9 Secondary										
092-096 Tertiary										
097 Others										
098 Gonoccocal infections 098.0-0-098.1 Acute										
098.2-098.3 Chronic										
098.4 Of eyes										
098.5-098.8 Other sites										
099 Other Venereal Disease 099.0 Chancroid										
099.1 Lymphogranuloma Venereum										
099.2 Granuloma Inguinale										
099.8-099.9A Others unspecified										
099.8-099.9B Non Specific Urethritis										
099.8-099.9C Genital Herpes										
099.8-099.9D Genital Warts										
297.1 Acquired Immune Deficiency Syndrome (AIDS)										
TOTAL										

Month :

Published by
Ministry of Health Malaysia