

SYNDROMIC APPROACH FOR STD's MANAGEMENT

Hemanta Kumar Kar

Department of Dermatology and STDs, Dr R M L Hospital, New Delhi-110001, INDIA,

Abstract: Sexually transmitted diseases infections (STD/STI) and reproductive tract infections (RTI) present a huge burden of disease. As per recent STI prevalence study (2003), over 5% of adult population in India suffers from STIs. Based on this, it is estimated that 30 million people are infected with STI/RTI in India and half of them only symptomatic. Several studies have shown that individuals with STI have a significantly higher chance of acquiring and transmitting HIV during sex... Both ulcerative and non-ulcerative infections have been found to increase this risk. It is well known that risk of HIV prevalence rates among STI clients also remain high: 22.8% in Andhra Pradesh, 15.2% in Maharashtra, 12.2% in Manipur and 7.4% in Delhi. The National AIDS Control Programme 3 (NACP 3) includes services for management of STIs as a programme strategy for prevention of HIV. The strategy and implementation plan (2006-2011) makes a strong reference to expanding access to package of STI management services both in general population and for high risk groups. Programme also acknowledges that expanding access to services will entail engaging private sector in provision of services. The syndromic case management (SCM) is a compressive approach for STI management endorsed by WHO for resource limited settings. This approach classifies STIs into seven syndromes, which are easily identifiable group of symptoms and signs and provides treatment for the most of the common organisms causing the syndrome. Flow charts are developed to guide the service provider for appropriate SCM. The SCM provides high cure rates because it provides immediate treatment at first visit and with no or minimal laboratory cost. It also provides the other equally important components of STI case management like treatment compliance and follow-up, counselling, partner treatment and condom promotion and provision. Implementation of a standardized SCM simplifies training and supervision, reporting and drug management. The syndromic approach was the main foundation pillar of STI management in NACP 2 (2001-2006) when STI services were provided only through designated STI clinics at the district levels and medical colleges. Under NACP 3, this will be expanded to primary health centers (PHC) and community health centers (CHC) in convergence with reproductive and child health 2 (RCH-2) programmes under national rural health mission (NRHM). Saturation of service and routine screening of STIs among high risk groups (HRGs) through designated clinics is envisaged. Large number of general population will be reached by involvement of private practitioners (PP) and overall service utilization will be enhanced through demand generation for STI services. The syndromic approaches will be applied as before during NACP 2, at sub-district level (PHC, CHC & PP working in peripheral) and for high risk group population through the targeted interventions by Non-Government Organization (NGO). At district and medical college levels, the STIs services will be provided by the specialists at designated STI clinics and the SCM approach will be enhanced with additional laboratory facilities. These locations will be serving as referral sites for STI/RTI services besides participating as source for STI training and monitoring & supervision. Private sector will be actively involved at all levels.

INTRODUCTION

Sexually transmitted diseases (STDs) or sexually transmitted infections (STIs) remain a public health problem of major significance in most parts of the world. Failure to diagnose and treat STIs at the early stage may lead to serious complications like infertility in male and female, fetal death, ectopic pregnancy, urethral stricture, anogenital cancer and neonatal and infant infections. The individual and national expenditure on STIs can be substantial. There is a strong association between the spread of conventional STIs and HIV transmission and acquisition. Both ulcerative and non-ulcerative STIs have been found to increase the risk of sexual transmission & acquisition of HIV.¹

The emergence of spread of HIV infection and AIDS have also complicated the management and control of some other STIs due to its atypical presentations and chronicity following HIV-related immunosuppression.

The objectives of any STI control programme are to reduce the prevalence and incidence of STIs and the sexual transmission of HIV infection. Sexually transmitted infections control measure includes both primary and secondary prevention activities. In primary prevention activities, the goal is to prevent the acquisition of STIs through practising safe sexual behaviour and engaging only in safer sexual practice. Secondary prevention includes promotion of STI care seeking

behaviour, prompt and appropriate treatment of the patient and the partner. The syndromic approach for STDs management covers both primary and secondary prevention activities and is the most suitable for any peripheral health care facility of a country situated at the grass route level. However, it has its disadvantages that will be discussed in this review article.

CARE OF THE PATIENTS WITH STIs

The effective and acceptable STI health care services should ideally be available at all level of health care facilities (primary, secondary and tertiary levels), being it in private sector or in public sector. The provision of STI services through designated STD clinic is at times considered unacceptable, as STI care seekers feel stigmatised. This results in the majority of care seekers seeking care elsewhere like quack' clinic, chemist shop where they feel their confidentiality and privacy are maintained. Unfortunately they do not receive appropriate and complete treatment in those places. But the advantages of having a designated STI clinic are many like availabilities of proper diagnostic facilities and experts in the field of STIs. So the effort should be to look for the ways to provide the most appropriate health care for STIs even in the absence of either unavailable or unreliable laboratory tests, but privacy and confidentiality could be maintained.

DIAGNOSIS OF STIs

There are three approaches to diagnose and treat STIs: 1. Clinical 2. Etiological, and 3. Syndromic approach

1. Clinical diagnosis: A clinical diagnosis is made after history

Correspondence : Prof. Hemanta Kumar Kar, Consultant and Head, e-mail : hkkar2000@yahoo.com