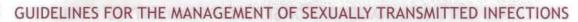


CONTENTS

M.	PREFACE	neutral engineers research	vii
1.	INTRODUCTION	Sustaine Clinical presentation-numbers	1
1.1.	Background		1
1.2.	Rationale for standardized treatment recommendations	Abunitante ut triudiks	1
1.3.	Case management	Corporital synhilis	2
1.4.	Syndromic management	Surfy syphiles	3
1.5.	Risk factors for STI-related cervicitis	Little latent syphills	4
1.6.	Selection of drugs	New expense.	5
2.	TREATMENT OF STI-ASSOCIATED SYNDROMES	Commence (Statement Commence)	6
2.1.	Urethral discharge	gevonot) sikmyan amanina.	6
	Persistent or recurrent urethral discharge	WALL TO SELECT	9
2.2.	Genital ulcers	The second section of the second	11
	Genital ulcers and HIV infection	And the second second	12
	Inguinal bubo	igury-ringraps	16
2.3.	Scrotal swelling		18
2.4.	Vaginal discharge	CATE TO THE PARTY OF THE PARTY	21
	Cervical infection		22
	Vaginal infection		23
2.5.	Lower abdominal pain		27
2.6.	Neonatal conjunctivitis	100	31
3.	TREATMENT OF SPECIFIC INFECTIONS	11/1	33
3.1	Gonococcal infections		33
	Uncomplicated anogenital infection		33
Les .	Disseminated gonococcal infection		34
	Gonococcal ophthalmia	¥	34
1			



3.2	Chlamydia trachomatis infections (other than lymphogranuloma ver	nereum)	36
	Uncomplicated anogenital infection	Emplified -	36
	Chlamydial infection during pregnancy		37
314	Neonatal chlamydial conjunctivitis	ONTENTS	37
-56	Infantile pneumonia		38
3.3	Lymphogranuloma venereum	PRIPACE	38
3.4	Syphilis	76, 17, 34,	39
	Clinical presentation summary	INTRODUCTION	39
4-11	Syphilis and HIV infection		41
pde)	Syphilis in pregnancy		41
	Congenital syphilis		42
	Early syphilis		43
	Late latent syphilis		43
	Neurosyphilis	Chitti No	44
	Congenital syphilis	or _e	45
3.5	Chancroid	ri tarahuhansi	46
3.6	Granuloma inguinale (Donovanosis)		47
3.7	Genital herpes infections		48
	Herpes in pregnancy		48
	Herpes and HIV coinfection		49
	Suppressive therapy	6,	49
3.8	Venereal (genital) warts		51
	Vaginal warts		53
	Cervical warts		53
	Meatal and urethral warts	ar Piet	53
3.9	Trichomonas vaginalis infections	izn	54
	Trichomoniasis in pregnancy	otto atio	54
3.10	Bacterial vaginosis	doi	56
17	BV in pregnancy	Laucation	57
	BV and surgical procedures	E mobile 3	57
3.11	Candidiasis	1 to the 1 to 20	58
	Vulvo-vaginal candidiasis	53	58





	Vulvo-vaginal candidiasis and HIV infection	59
	Balanoposthitis	59
3.12	Scabies	60
3.13	Pubic lice	62
4	KEY CONSIDERATIONS UNDERLYING TREATMENTS	63
4.1	The choice of antimicrobial regimen	63
	Efficacy	63
	Safety	64
	Cost	64
	Compliance and acceptability	65
	Availability	65
	Coexistent infections	65
No	Risk of reducing drug efficacy for other indications	66
4.2	Comments on individual drugs	66
43	Cephalosporins	66
75.3	Macrolides	67
	Suphonamides	68
474	Quinolones	69
2	Tetracyclines	70
4.3	Antimicrobial resistance in N. gonorrhoeae	70
4.4	Antimicrobial resistance in <i>H. ducreyi</i>	71
5	PRACTICAL CONSIDERATIONS IN STI CASE MANAGEMENT	72
5.1	The public health package for STI prevention and control	72
5.2	Comprehensive case management of STI	72
	Identification of the syndrome	73
	Antimicrobial treatment for the syndrome	74
588	Education of the patient	74
	Condom supply	74
58	Counselling	75
88 1	Notification and management of sexual partners	76
5.3 A	access to services	78



,	CHILDREN ADOLESCENTS AND SEVILALLY TRANSMITTED INSECTIONS	9.0
6	CHILDREN, ADOLESCENTS AND SEXUALLY TRANSMITTED INFECTIONS	80
6.1	Evaluation for sexually transmitted infections	81
130	Initial examination	82
70	Examination at 12 weeks following assault	83
EA	Presumptive treatment	83
	Susceptibility and clinical presentation of STI in children and adolescents	83
60	Cervical infections	84
40	Genital ulcer disease	84
100	Anogenital warts	85
PIG.	Vaginal infection	85
ANN	NEXES	
ANN	NEX 1. LIST OF PARTICIPANTS, MAY 1999	87
ANN	NEX 2. LIST OF PARTICIPANTS, NOVEMBER 2001	89

Note on terminology

The World Health Organization recommends that the term sexually transmitted disease (STD) be replaced by the term sexually transmitted infection (STI). The term sexually transmitted infection has been adopted since 1999 as it better incorporates asymptomatic infections. In addition, the term has been adopted by a wide range of scientific societies and publications.

Reproductive tract infections encompass three main groups of infection, particularly in women, and sometimes in men. These groups are endogenous infections in the female genital tract (e.g. candidiasis and bacterial vaginosis), iatrogenic infections that may be acquired through non-sterile medical, personal or cultural practices, and some classical STIs. As endogenous infections are not primarily sexually transmitted, clinical and public health actions as recommended for STIs may not apply to them. Given the current state of knowledge and understanding of these non-sexually transmitted infections, treatment of partners is not recommended as routine public health practice. Reassurance and patient education are critical with regard to the nature of these infections.