Managing STDs in the Correctional Setting:

A Guide for Clinicians

2nd Edition

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NCSD
National Coalition of STD Directors

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This guide was developed to assist clinicians in the prevention and management of STDs in correctional settings. It is meant to be a quick resource guide. We encourage users to consult additional references for more complete information.

We welcome your feedback on this guide. Please send your comments to PTCBoston@state.ma.us.

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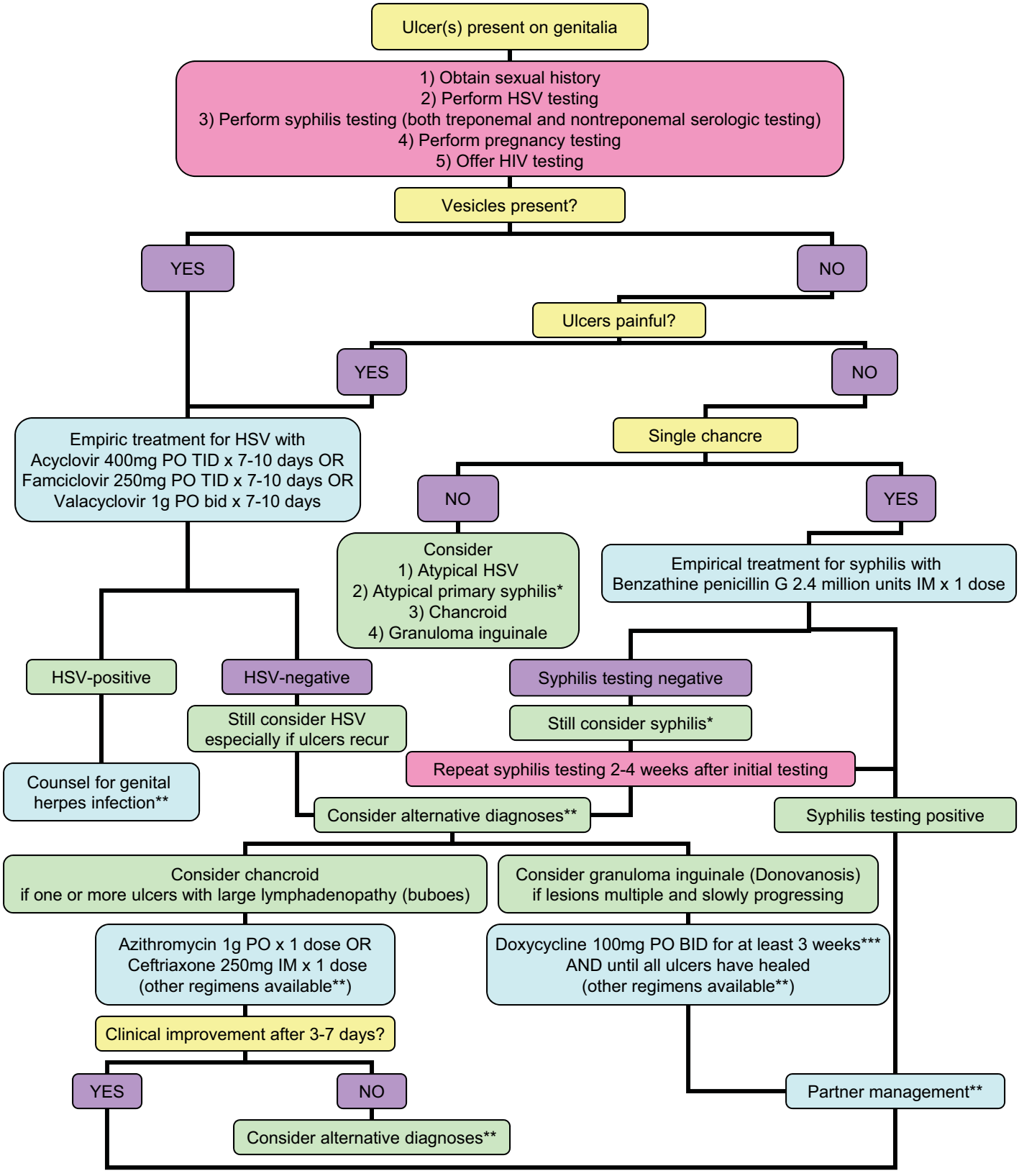
Chapter Three:

Algorithms of Diagnostic Assessment and Management of Syndromes

- Genital Ulcer Disease (Male/Female) – Darkfield Unavailable
- Urethritis – Gram Stain Unavailable
- Cervicitis
- Pelvic Inflammatory Disease
- Proctitis
- Vaginal Discharge
- Differential Diagnosis of Vaginitis

Genital Ulcer Disease (Male/Female) – Darkfield Unavailable



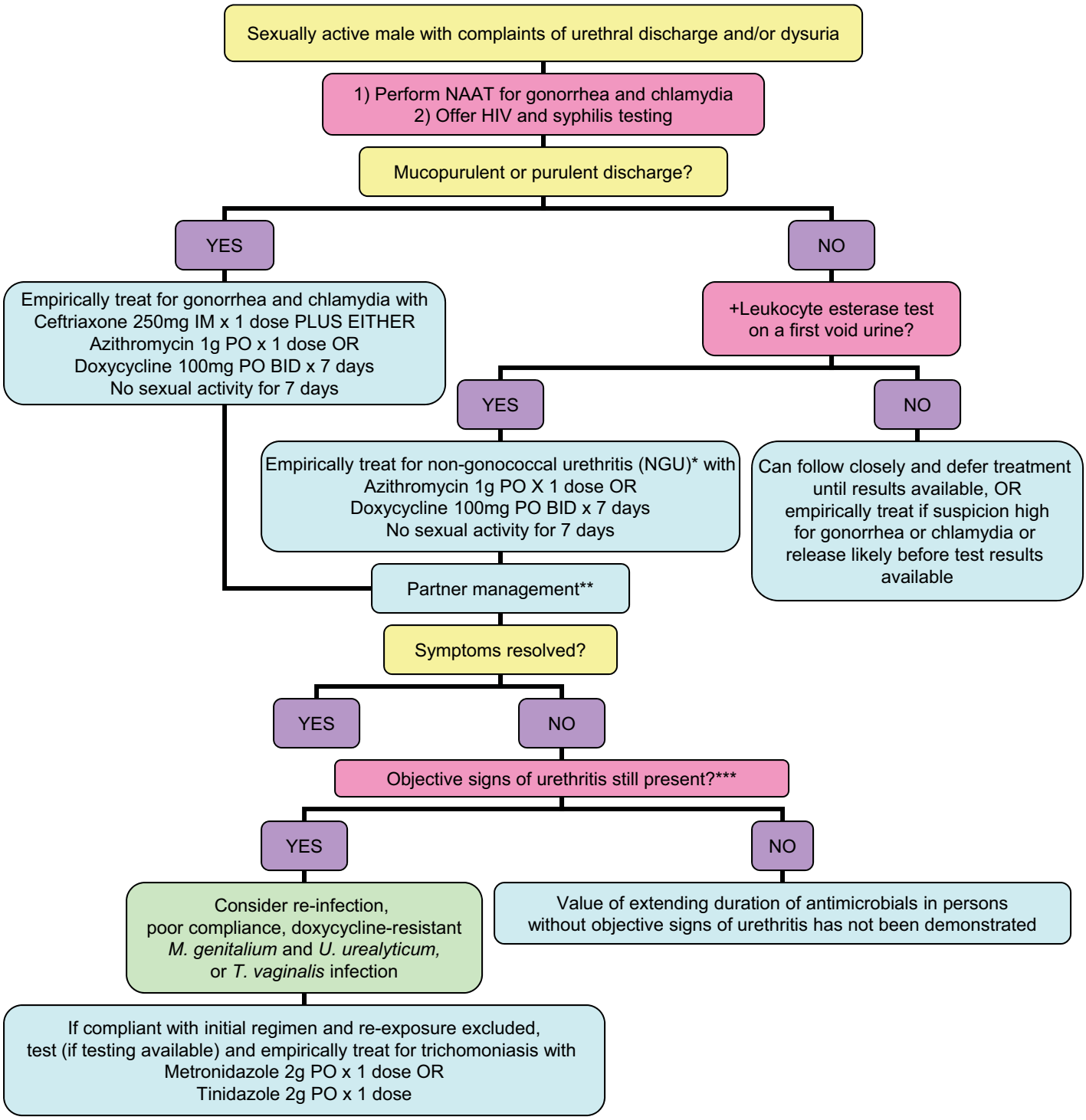
***Especially if MSM or other high-risk sexual history. Up to 25% of primary syphilis cases initially have negative nontreponemal (e.g. RPR) testing.**

****See 2010 CDC STD Treatment Guidelines for further details.**

*****Doxycycline not for use in pregnancy.**

Although this algorithm implies patients have mutually exclusive diagnoses, some patients have more than one diagnosis.

Urethritis – Gram Stain Unavailable

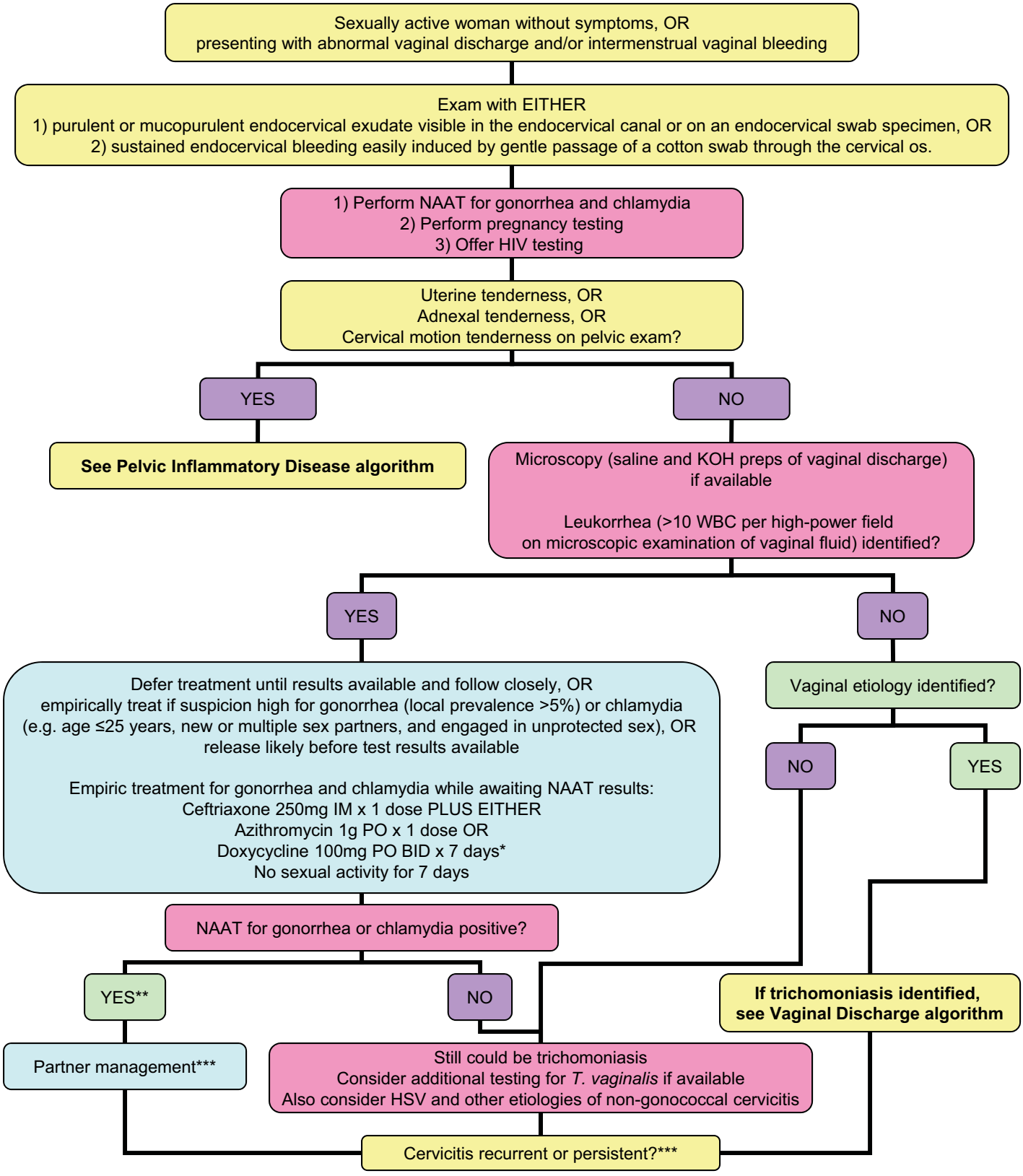


***C. trachomatis* causes 15-40% of cases of NGU, and *M. genitalium* causes 15-25% of NGU. *T. vaginalis*, HSV, and adenovirus can also cause NGU, but data supporting *U. urealyticum* are inconsistent. Most patients with urethritis due to genital herpes infection will have obvious herpetic penile lesions or severe dysuria or meatitis, and many with urethritis due to *T. vaginalis* will have sex partners with trichomonal vaginitis. Enteric bacteria have been identified as an uncommon cause of NGU and might be associated with insertive anal intercourse.**

****See 2010 CDC STD Treatment Guidelines for further details.**

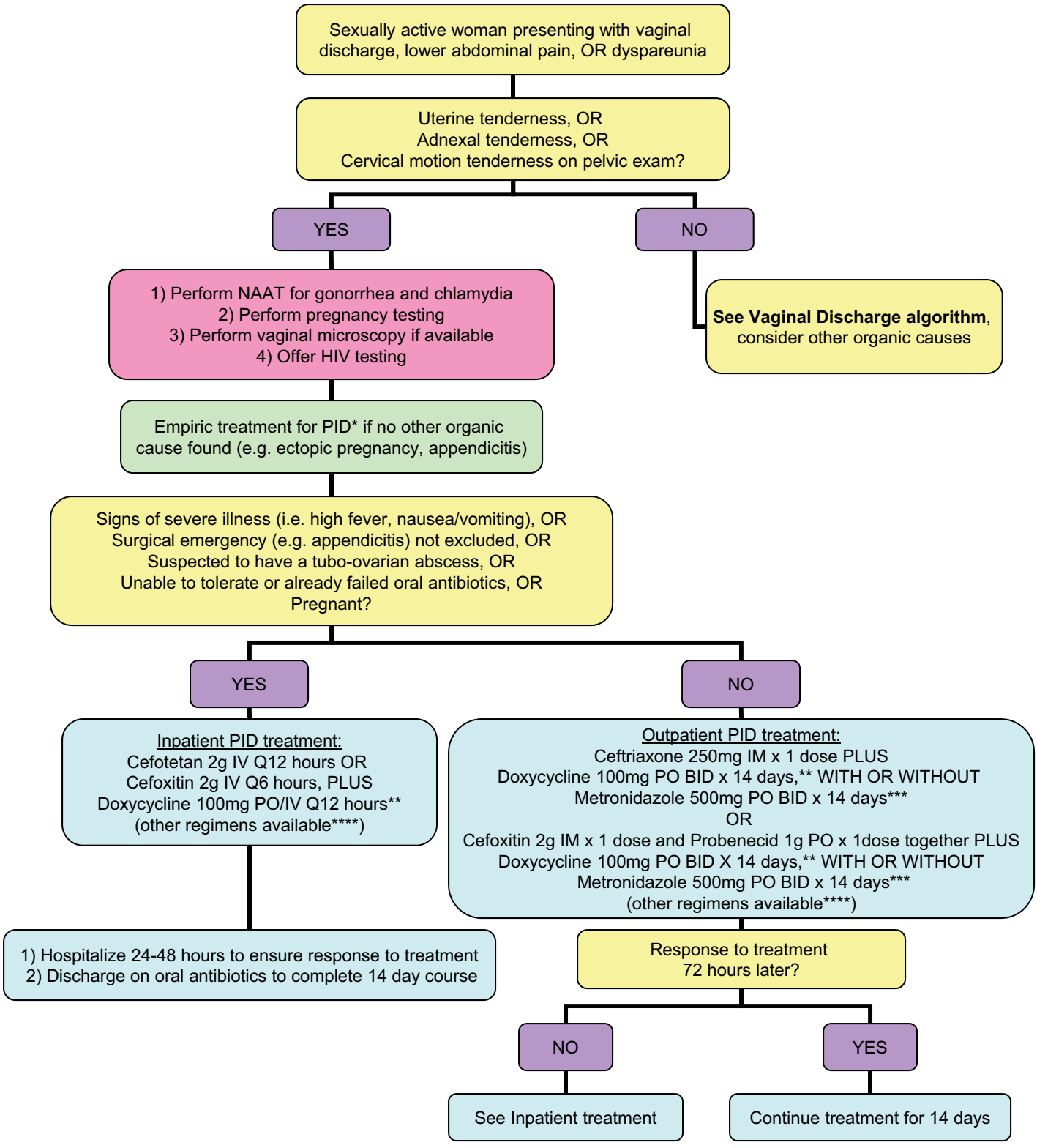
*****Objective signs of urethritis include mucopurulent or purulent discharge on exam, positive leukocyte esterase test on first void urine, or gram stain of urethral secretions with >5 WBCs per oil immersion field.**

Cervicitis



***Doxycycline not for use in pregnancy.**
****If gc or chl NAAT is positive, patient should have repeat screening (test of reinfection) in 3-6 months.**
*****See 2010 CDC STD Treatment Guidelines for further details.**

Pelvic Inflammatory Disease



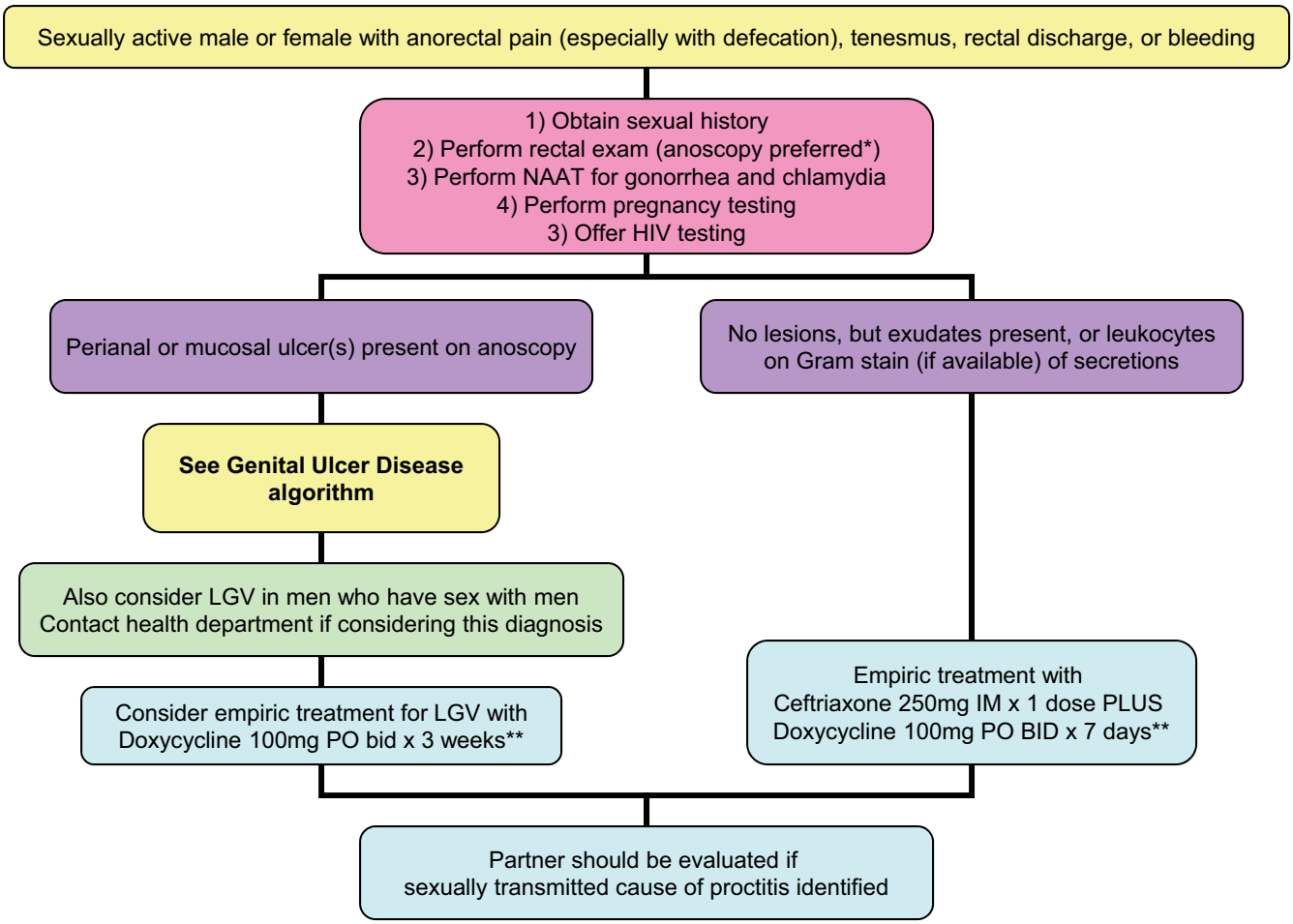
***Sex partners in past 60 days should be examined and treated empirically for gonorrhea and chlamydia, regardless of results of gonorrhea or chlamydia testing in index patient. If gonorrhea or chlamydia NAAT is positive, patient should have repeat screening (test of reinfection) in 3-6 months.**

****Doxycycline not for use in pregnancy.**

*****Add metronidazole if bacterial vaginosis documented or unable to do vaginal microscopy.**

******See 2010 CDC STD Treatment Guidelines for further details.**

Proctitis

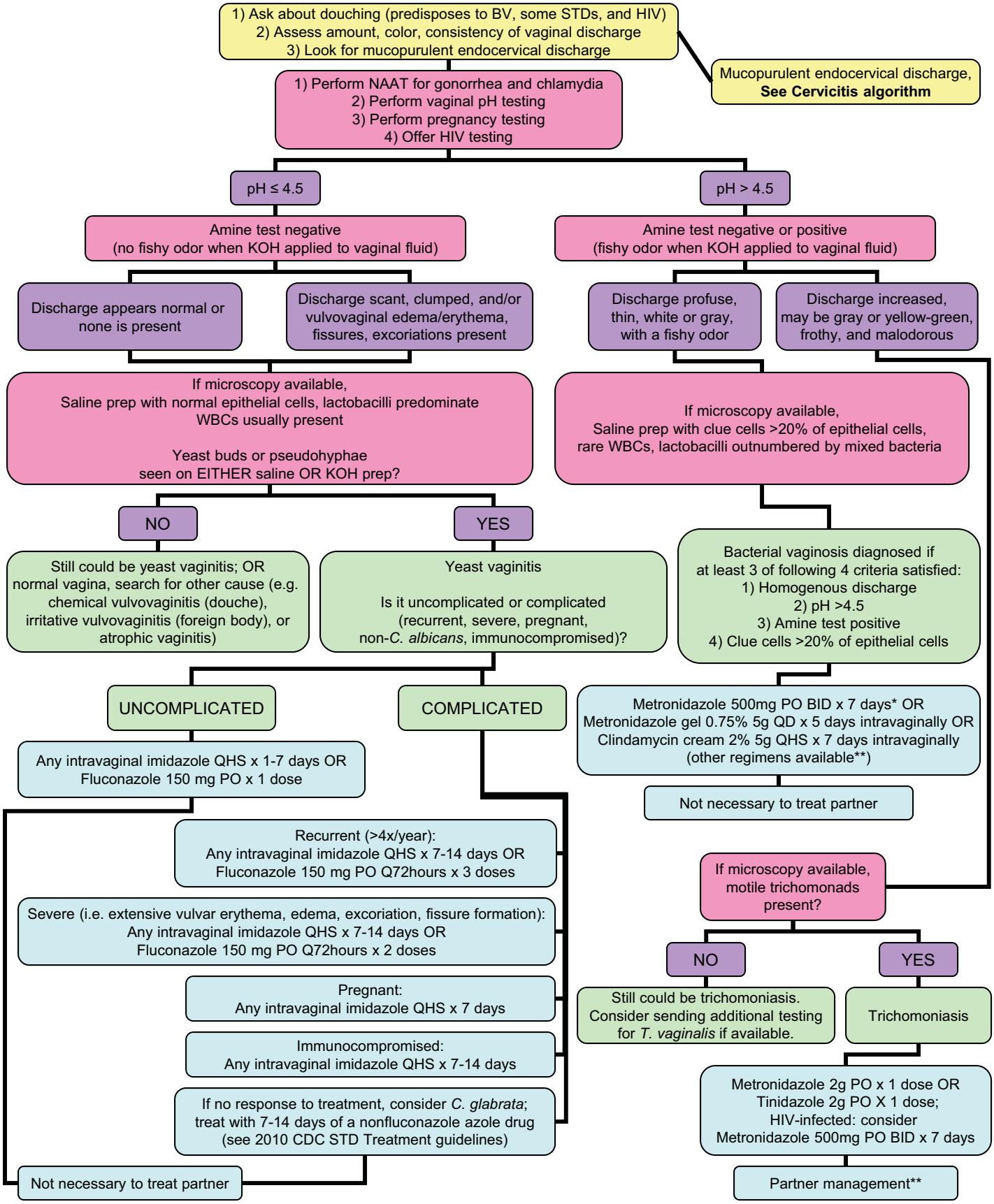


***N. gonorrhoeae*, *C. trachomatis* (including LGV serovars), *T. pallidum*, and HSV are the most common sexually transmitted pathogens involved in proctitis.**

***Anoscopes are cheap, disposable, and easy to use.**

****Doxycycline not for use in pregnancy.**

Vaginal Discharge



***Oral therapy preferred for pregnant women with BV, because of possibility of subclinical upper genital tract disease.**

****See 2010 CDC STD Treatment Guidelines for further details.**

Although this algorithm implies patients have mutually exclusive diagnoses, some patients have more than one diagnosis.

Differential Diagnosis of Vaginitis

	Normal	**Bacterial Vaginosis**	***Candida* Vulvovaginitis**	***Trichomonas* Vaginitis**
Patient Complaints	None	Thin discharge, odor, itch, 50% asymptomatic	Itch, burning, dysuria, thick discharge	Odor, itch, discharge, dysuria
Exam Findings	Normal	Thin discharge, fishy smell	Vulvar/vaginal edema/erythema, fissures, excoriations, satellite papules	Cervical petechiae (“strawberry cervix”)
Vaginal Discharge	Clear to white, colorless, odorless	Increased, homogenous, thin, white to gray, adherent, fishy smell	Thick, clumpy, white, “cottage cheese,” increased	Gray or yellow-green, frothy, adherent, increased
Vaginal pH	≤4.5	>4.5	Usually ≤4.5	Usually >4.5
KOH “whiff test”	Negative	Positive	Negative	Often positive
Saline Wet Mount	Normal epithelial cells, numerous lactobacilli	Clue cells (≥ 20%), no/few WBCs	Normal epithelial cells, >1:1 ratio of WBCs:epithelial cells, pseudohyphae or budding yeast	Motile flagellated protozoa, >1:1 ratio of WBC:epithelial cell
KOH Preparation	Epithelial cell “ghosts”	Epithelial cell “ghosts”	Pseudohyphae or budding yeast	Epithelial cell “ghosts”