



National Guidelines on Prevention, Management and Control of Reproductive Tract Infections including Sexually Transmitted Infections

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Reproductive tract infections (RTIs) including sexually transmitted infections (STIs) present a huge burden of disease and adversely impacts the reproductive health of people. They cause suffering for both men and women around the world, but their consequences are far more devastating and widespread among women than among men. The exact data on STI prevalence in India especially in the general population is lacking. The disease prevalence is estimated to be 6% in India and a total of 30 million people may be affected out of 340 million world over. The estimates also indicate that about 40% of women have RTI/STI at any given point of time but only 1% complete the full treatment of both partners. The emergence of HIV and identification of STIs as a co-factor have further lent a sense of urgency for formulating a programmatic response to address this important public health problem.

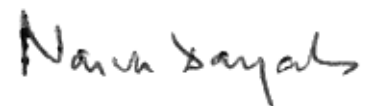
It has been prominently agreed in the 10th Plan document of the Government of India and the need has been reflected in the National Population Policy (2000) “to include STD/RTI and HIV/AIDS prevention, screening and management in maternal and child health services”. In Phase-I of the National Reproductive and Child Health (RCH) program in India, STI/RTI services could not be operationalised below the district level and remain fragmented under the National AIDS Control Programme (NACP). Therefore, management of RTIs is the most needed inclusion, particularly in the rural and urban slum areas of our country in Phase II of the RCH Programme and Phase III of NACP.

The National Rural Health Mission (NRHM), launched in April, 2005, aims to provide accessible, affordable, effective, accountable and reliable health care consistent with the general principles laid down in the National and State policies. Under the umbrella of NRHM, the RCH II envisages operationalization of First Referral Units, Community Health Centres and at least 50% of 24x7 Primary Health Centres. All these facilities shall provide a range of maternal health services including skilled care at birth, essential and emergency obstetric care, safe abortion and RTI/STI prevention and management services. On the operational side, Indian Public Health Standards (IPHS) are being prescribed to achieve and maintain quality care to the community. The current guidelines under NRHM converge the needs of the two programs and bring uniformity in protocols for RTI/STI management across the country.

These guidelines are intended as a resource document for the programme managers and service providers in RCH II and NACP III and would enable the RCH service providers in organizing effective case management services through the public health system especially through the network of 24 hour PHCs and CHCs. It would also facilitate up-scaling of targeted interventions (TIs) for sex workers by programme managers and provision of quality STI management services. The guidelines have been developed keeping in mind the variability in the two programme settings and is a very good example of convergence between the RCH and NACP. It will also succeed in bringing in a focus on HIV/AIDS with uniform protocols for treatment and management of RTIs/STIs.

The Division of Maternal Health and National AIDS Control Organisation, Ministry of Health & Family Welfare in collaboration with National Institute for Research in Reproductive Health (NIRRH), Indian Council of Medical Research have prepared the technical guidelines which will help Medical

Officers, and Programme Managers to mainstream RTI/STI prevention, management, and control in the health care delivery system. I congratulate the concerned departments, NIRRH (ICMR), WHO Country Office, UNFPA, and experts who have given their valuable assistance for the development of these guidelines. I am sure that these guidelines, when implemented in word and spirit, will go a long way in correctly positioning RTI/STI management in our country.



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Acknowledgement

Reproductive tract infections including sexually transmitted infections (RTIs/STIs) are recognized as a public health problem, particularly due to their relationship with HIV infection. The prevention, control and management of RTIs/STIs is a well recognized strategy for controlling the spread of HIV/AIDS in the country as well as to reduce reproductive morbidity among sexually active population.

The convergence framework of National Rural Health Mission (NRHM) provided the directions for synergizing the strategies for prevention, control and management for RTI/STI services under Phase II of Reproductive and Child Health Programme (RCH II) and Phase III of National AIDS Control Programme (NACP III). While the RCH draws its mandate from the National Population Policy (2000) which makes a strong reference “to include STI/RTI and HIV/AIDS prevention, screening and management in maternal and child health services”, the NACP includes services for management of STIs as a major programme strategy for prevention of HIV. The NACP Strategy and Implementation Plan (2006-2011) makes a strong reference to expanding access to a package of STI management services both in general population groups and for high risk behavior groups and also acknowledges that expanding access to services will entail engaging private sector in provision of services.

The highlights of the document include a comprehensive RTI/STI case management approach including detailed history taking and clinical examination; user friendly management flowcharts including syndrome-specific partner management and management of pregnant women; effective drug regimens, single oral dosages wherever possible; dealing with privacy and confidentiality issues; and partner management is given special focus. The guidelines also emphasize on counseling for safe sex, condom promotion, dual protection options and integration of RTIs/STIs assessment into family planning services. Special population segments like neonates, adolescents and high risk groups are addressed separately.

The vision and constant encouragement provided by Shri Prasanna Hota, former Secretary, Ministry of Health and Family Welfare enabled us to bring out these guidelines. We also express our sincere thanks to Shri Naresh Dayal, Secretary, Health and Family Welfare under whose leadership these guidelines have been finalized.

A number of organizations, individuals and professional bodies have contributed towards the development of these guidelines. National Institute of Research in Reproductive Health (NIRRH), Mumbai under ICMR led the process of country wide rapid assessment survey and coordinated the development of the technical guidelines. We express our sincere appreciation to Dr Chander Puri, Director and Dr Sanjay Chauhan, Deputy Director of NIRRH who provided the support in the development of these guidelines. We would also like to thank the members of the operational, clinical and laboratory working and advisory groups constituted at the NIRRH and NACO for providing their expertise, experience and guidance in outlining the guidelines.

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List of Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ANC	Anti Natal Care
ART	Anti Retroviral Therapy
ANMs	Auxillary Nurse Midwives
BV	Bacterial Vaginosis
CA	Candidiasis, yeast infection
CHCs	Community Health Centres
CMV	Cyto Megalo Virus
CDC	Centre for Disease Control
EC	Emergency Contraception
ESR	Erythrocyte Sedimentation Rate
ELISA	Enzyme Linked Immuno Sorbent Assay
Endo	Endogenous
FPFHI	Family PlanningFamily Health International
FTA-Abs	Fluorescent Treponema Antibody Absorption Test
GUD	Genital Ulcer Disease
HBV	Hepatitis B Virus
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
HSV	Herpes Simplex Virus
Iatro	Iatrogenic
IPHS	Indian Public Health Standards
ICTC	Integrated Counselling and Testing Centre
IDUs	Intravenous Drug Users
IM	Intramuscular
IU	International Units
IUD	Intra Uterine Device
IVKOH	IntravenousPotassium Hydroxide
LGV	Lympho Granuloma Venereum
LHV	Lady Health Visitor
MOHFW	Ministry of Health and Family Welfare
MSMs	Men having Sex with Men
MCH	Maternal and Child Health

MHA-TP	MicroHaemagglutination Assay for antibodies to Treponema Pallidum
MTCT	Mother-To-Child Transmission
MVA	Manual Vacuum Aspiration
NACP	National AIDS Control Program
NRHM	National Rural Health Mission
NPCP-III	National AIDS Control Program-Phase III
NIRRH	National Institute for Research in Reproductive Health
NACO	National AIDS Control Organization
NGO	Non Governmental Organization
NGU	Non Gonococcal Urethritis
PHC	Primary Health Centre
PLHAs	Persons Living with HIV/AIDS
PAP Test	Papanicolaou Test
PPTCT	Prevention of Parent-To-Child Transmission of HIV
PSI	Population Services International
PCR	Polymerase Chain Reaction
PEP	Post Exposure Prophylaxis
PID	Pelvic Inflammatory Disease
ROM	Rupture Of Membrane
RPR	Rapid Plasma Reagin
RTI	Reproductive Tract Infection(s)
RCH	Reproductive and Child Health Program
RCH-II	Reproductive and Child Health Program-Phase II
STI	Sexually Transmitted Infection
STD	Sexually Transmitted Disease
SACS	State Aids Control Society
TPHATI	Treponema Pallidum Haemagglutination Test Target Intervention
TV	Trichomonas Vaginalis
UTI	Urinary Tract Infection
UNFPAVCT	United Nations Population Funds Voluntary Counseling and Testing
VDRL	Venereal Disease Research Laboratory
WBC	White Blood Cells
WHO	World Health Organization