



MINISTRY OF HEALTH
NATIONAL AIDS AND STI CONTROL PROGRAMME

RAPID ADVICE ON SYNDROMIC STI MANAGEMENT IN KENYA DATED: NOVEMBER 1ST 2015

Kenya has used syndromic approach in the management of sexually transmitted infection since 1990. The algorithm was validated once in 1995 and has remained in use without further validation to this day. The emergence of resistance to antimicrobial agents in the algorithm and changing profile of etiological agents associated with some syndromes has necessitated a review of the national STI treatment guidelines. Based on review of local and international data on etiology of STI syndromes and antimicrobial sensitivity of their causative agents, MOH is in the process of revising the national STI guidelines. The changes reflect updated information required for effective management of STI through syndromic approach as at the date of issue.

The revised guidance excludes the quinolones (e.g. Norfloxacin, Ciprofloxacin) from the list of drugs for treatment of N. Gonorrhoeae due to increased resistance and replaces them with Cefixime as first line and ceftriaxone as a second line.

Azithromycin replaces doxycycline as a cover for its broader spectrum activity against C. Trachomatis and M. Genitalium H. Ducreyi and N. Gonorrhoeae, thereby serving as dual therapy (when used in combination with the recommended treatment for N Gonorrhoeae).

Acyclovir is included in the guidelines for symptomatic treatment of Herpes Simplex Virus (HSV) which is now the leading cause of genital ulcer disease in Kenya

The Revised Treatment Guidelines for STI management is as follows:

Urethral Discharge:

Preferred regimen for Urethral Discharge is oral Cefixime and oral Azithromycin. Recommended second line regimen is injection ceftriaxone with oral Azithromycin. However, injection Gentamicin can be used as an alternative to injection ceftriaxone.

Vaginal Discharge

Preferred first line regimen for Vaginal Discharge is intra vaginal clotrimazole pessaries and oral Metronidazole or oral fluconazole and oral Metronidazole.

However, for pregnant women Metronidazole is contra indicated in the first trimester and must be avoided. Therefore clotrimazole pessaries are recommended.

Second line regimen where cervicitis is suspected, oral Cefixime and oral Azithromycin irrespective of pregnancy stage is recommended. Alternative regimens are injection ceftriaxone with oral Azithromycin. Injection Gentamicin can also be used an alternative to injection ceftriaxone. However for pregnant women, it should be avoided.

Lower abdominal pain in women

Preferred regimen for Lower abdominal pain in women is oral Cefixime, oral doxycycline and oral metronidazole. Injection ceftriaxone or Injection Gentamicin can be used as alternative to oral Cefixime. Avoid Gentamicin during pregnancy and metronidazole in the first trimester.

Genital Ulcer disease

Preferred regimen for Genital Ulcer disease is Benzathine Penicillin and oral Azithromycin. If clients present with ulcers with painful vesicles, group together with or without history of recurrence then also administer oral acyclovir as part of preferred regimen. Use Injection ceftriaxone for patients who are allergic to penicillin.

Note: For individuals with GUD and advanced HIV disease, repeat injection benzathine penicillin weekly for a total of three dosages.

Ophthalmia neonatorum

Preferred regimen for Ophthalmia neonatorum is tetracycline eye ointment.

Recommended second line is Injection ceftriaxone with tetracycline eye ointment. Treat mother and partner with oral Cefixime and oral Azithromycin. Alternative treatment regimens are Injection ceftriaxone / Gentamicin and oral Azithromycin.

This rapid advice takes effect immediately. Wall charts are included along with the rapid advice to facilitate prompt switch to new treatment regimens. This has been developed for Medical officers, clinical officers and nurses who are appropriately trained and certified to provide STI treatment through the syndromic approach. Additionally, this rapid advice should guide county health authorities and other agencies in developing plans for procuring more effective STI drugs.
