



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health, Nutrition & Indigenous Medicine

231, de Saram Place, Colombo 01000, Sri Lanka
Tele: + 94 11 2695112, Fax: +94 11 2696583, E mail: epidunit@sltnet.lk
Epidemiologist: +94 11 2681548, E mail: chepid@sltnet.lk
Web: <http://www.epid.gov.lk>

Vol. 49 No. 49

03rd – 09th Dec 2022

Sexually transmitted infections (STIs) Part II

This is the last article of series of two articles

Diagnosis and Management

The signs and symptoms of sexually transmitted infections are not specific to a particular causative agent. Dual infections are common and laboratory investigations may be time-consuming and may discourage some patients from seeking /continuing treatment. Therefore in 1991 the WHO introduced syndromic management to sexually transmitted infections which were simple, patient-friendly, cost-effective and applicable at the primary care level thereby ensuring cure/ treatment at first contact. In this, the main infective agents are grouped

ment is provided for all causative agents of a syndrome using combination therapy.

Table 1. Syndromic approach to STIs
Source: PAHO.org¹⁴

There are five key steps in the syndromic management of STIs. They are; history taking and examination, syndromic diagnosis and treatment using the flow charts, education and counselling on testing and safer sex, management of sexual partners and recording/ reporting. Behavioural risk assessment, contact tracing +/- partner notification, routine screening and counselling of vulnerable/ at-risk populations and follow-up are also important considerations in STI management.

Syndrome	Symptoms	Signs	Most common causes
Urethral discharge	Urethral discharge Dysuria (pain during urination) Frequent urination	Urethral discharge (if necessary, ask patient to milk urethra)	Gonorrhoea Chlamydia
Vaginal discharge	Unusual vaginal discharge Vaginal itching Dysuria (pain during urination) Dyspareunia (pain during sexual intercourse)	Abnormal vaginal discharge	Trichomoniasis Candidiasis Gonorrhoea Chlamydia
Genital ulcer	Genital sore	Genital ulcer	Syphilis Chancroid Genital herpes

according to clinical syndromes and treat-

Contents	Page
1. Sexually transmitted infections (STIs) Part II	1
2. Summary of selected notifiable diseases reported (26 th – 02 nd December 2022)	3
3. Surveillance of vaccine preventable diseases & AFP (26 th – 02 nd December 2022)	4

SRI LANKA 2022

NOVEMBER

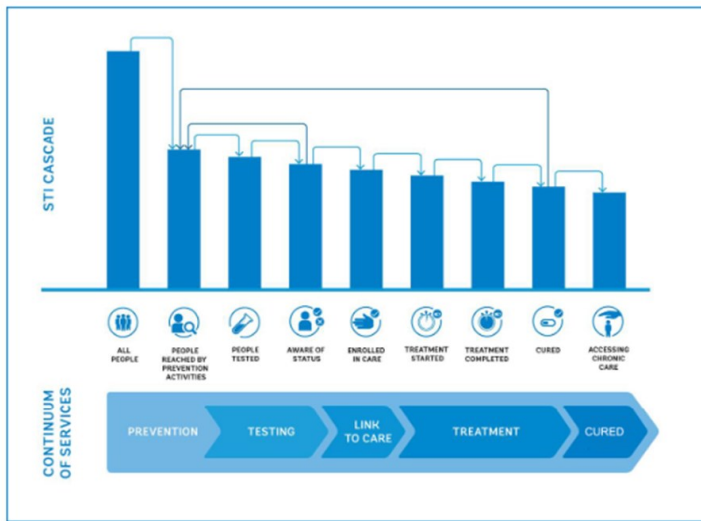


Figure 2. Depiction of the services available for STIs and their recipients. Source WHO

Prevention

“Prevention is better than cure” is an adage that holds universally true. It is the cornerstone of public health. Prevention may be primordial, primary, secondary or tertiary. Human Papilloma Virus (HPV) vaccination is a prime example of primordial prevention of STIs while the WHO states that “counselling and behavioural interventions offer primary prevention against STIs”¹⁰. This includes; comprehensive education on sexuality, pre-test information and post-test counselling for STI and HIV, counselling on safer sex and risk-reduction, promotion of condom use, counselling and education tailored to the needs of adolescents and evidence-based behavioural interventions with a focus on key populations such as sex workers, men who have sex with men, transgender people, persons in prisons and people who inject drugs. Awareness of the symptoms of STIs is known to improve treatment-seeking behaviour among those at risk. The age-old barriers of social stigma, lack of public awareness and lack of professional training among healthcare workers stand in the way of optimal care for STIs.

Research

Enhancement of diagnosis and treatment of STIs requires research to understand the structure, function, growth, pathogenesis, and evolution of STI-causing bac-

terial, viral, parasitic, protozoan, and fungal agents. Another important aspect is to examine the impact of STIs on various populations. Tools to prevent and treat STIs, such as vaccines, topical microbicides, antibiotics, anti-virals, antiretroviral therapy etc. are vital to protect the public¹⁵. The work to develop safe and effective vaccines against STIs achieved major success with HPV vaccination and it continues to seek similar results for other STIs. Most notable among these are the ongoing clinical trials to evaluate an investigational vaccine to prevent genital herpes¹⁵.

Compiled by:

Dr Thilanka Bandara (MBBS, MSc. Community Medicine)
 Medical Officer
 Epidemiology Unit

References

Burg G. History of sexually transmitted infections (STI). *G Ital Dermatol Venereol*. 2012 Aug;147(4):329-40. PMID: 23007208.

Gruber F, Lipozenčić J, Kehler T. History of venereal diseases from antiquity to the renaissance. *Acta Dermatovenerol Croat*. 2015;23(1):1-11. PMID: 25969906.

Oriel JD. *The Scars of Venus: A History of Venereology*. London: Springer-Verlag; 1994. ISBN 978-3-540-19844-4.

N. Nunn, N. Qian. The Columbian Exchange: A History of Disease, Food, and Ideas. *Journal of Economic Perspectives*. 2010 Spring;24(2):163-88
<http://www.victorianlondon.org/health/lockhospital.htm>, Referenced on 30th November 2022

6. World Health Organization, *The Agreement of Brussels, 1924, respecting Facilities to be given to Merchant Seamen for the Treatment of Venereal Diseases: Report of a Study Group* (WHO Technical Report Series, No. 150., 1958). Davidon, Roger (2000). *Dangerous Liaisons: A Social History of Venereal Disease in Twentieth-century Scotland*. *Clio Medica* (Amsterdam, Netherlands). Vol. 57. *Rodopi*. pp. i-vii, 1-383. ISBN 978-90-420-0628-7. PMID 11027064.

Sharma M, Rewari BB, Aditama TY, Turlapati P, Dallabetta G, Steen R. Control of sexually transmitted infections and global elimination targets, South-East Asia Region. *Bull World Health Organ*. 2021 Apr 1;99(4):304-311. doi: 10.2471/BLT.20.254003. PMID: 33953448; PMCID: PMC8085629.
http://www.aidscontrol.gov.lk/index.php?option=com_content&view=article&id=125&Itemid=294&lang=en
 30/11/22. Referenced on 30th November 2022
<https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/stis/prevention>. Referenced on 30th November 2022

Workowski KA, Bachmann LH, Chan PA, Johnston CM, Muzny CA, Park I, et al. Morbidity and Mortality Weekly Report Recommendations and Reports. July 23 2021;70(4), CDC <https://www.cdc.gov/std/treatment-guidelines/STI-Guidelines-2021.pdf>
https://www.emedicinehealth.com/sexually_transmitted_diseases/article_em.htm Referenced on 30th November 2022
https://www.researchgate.net/figure/Summary-of-syndromic-management-of-STIs-21_fig1_260154548/download Referenced on 30th November 2022

PAHO. Syndromic Management of Sexually Transmitted Infections. 12 December 2018. https://www3.paho.org/hq/index.php?option=com_content&view=article&id=14876:syndromic-management-of-sexually-transmitted-infections&Itemid=0&lang=en#gsc.tab=0.

Table 1: Selected notifiable diseases reported by Medical Officers of Health 26th- 02nd Dec 2022 (48th Week)

RDHS	Dengue Fever		Dysentery		Encephaliti		Enteric Fever		Food Poi-		Leptospirosis		Typhus		Viral Hepa-		Human		Chickenpox		Meningitis		Leishmania-		WRCD	
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	T*	C**
Colombo	79	12069	0	8	0	4	0	1	0	9	4	263	0	1	0	5	0	2	3	55	0	13	0	4	17	99
Gampaha	49	8218	0	6	0	1	0	1	0	13	4	294	0	1	0	13	1	5	2	73	1	42	0	41	6	85
Kalutara	29	4072	0	38	0	1	0	2	0	6	16	523	0	4	0	9	0	5	4	130	3	35	0	4	12	72
Kandy	10	5197	2	27	0	1	0	5	0	13	7	200	0	35	0	9	0	0	3	92	2	16	3	51	13	99
Matale	39	1269	0	12	0	0	0	0	0	0	3	122	0	7	0	8	0	1	0	54	0	1	1	316	22	100
NuwareEliya	2	221	0	30	0	4	0	4	0	7	1	91	1	27	0	7	0	0	0	46	2	10	0	1	30	91
Galle	39	3391	1	16	0	1	0	1	0	1	29	557	2	43	1	7	0	0	5	96	2	30	0	0	16	99
Hambantota	6	1521	0	35	0	1	0	0	0	3	12	278	0	58	0	7	0	0	0	55	0	19	11	540	19	100
Matara	31	1670	2	16	0	2	0	1	0	9	19	326	0	18	0	3	0	0	5	62	0	9	7	246	35	100
Jaffna	12	3359	5	144	0	4	0	73	0	74	0	27	25	560	0	8	0	5	1	120	1	18	1	2	68	93
Kilinochchi	2	125	0	8	0	0	0	3	11	35	0	12	0	12	0	0	0	0	0	6	0	5	0	2	23	99
Mannar	12	255	0	7	0	0	0	1	0	0	0	36	0	8	0	2	0	0	7	0	0	19	0	0	14	99
Vavuniya	1	89	0	4	0	1	0	2	0	2	1	21	0	1	0	0	0	0	0	31	0	0	0	4	3	97
Mullaitivu	1	65	0	7	0	0	0	2	0	6	0	33	0	6	0	0	0	0	0	11	0	3	0	2	20	95
Batticaloa	13	1194	2	93	0	12	0	0	3	28	2	58	0	0	0	1	0	1	2	47	1	34	0	2	41	98
Ampara	8	175	1	18	0	3	0	0	0	22	12	124	0	1	0	2	0	0	0	52	0	43	0	15	11	100
Trincomalee	10	1121	0	26	0	0	0	1	0	2	0	37	0	3	0	4	0	0	0	51	0	10	0	8	14	96
Kurunegala	27	2577	1	30	0	4	0	0	0	5	12	289	0	37	0	6	0	3	1	123	0	48	5	465	11	99
Puttalam	37	2445	0	7	0	1	0	1	0	0	0	51	0	9	0	1	0	0	1	27	0	36	0	6	17	91
Anuradhapur	3	458	0	14	0	3	0	1	0	7	8	210	0	29	0	5	0	2	0	79	0	52	1	420	10	96
Polonnaruwa	3	152	0	8	0	1	0	0	0	2	10	127	0	1	0	5	0	0	3	29	0	5	4	488	17	96
Badulla	41	1273	0	32	0	3	0	1	0	14	3	263	0	66	2	160	0	0	2	71	0	21	0	30	23	100
Monaragala	3	502	0	10	0	2	0	4	0	22	9	316	0	37	0	63	0	0	2	73	2	73	0	159	13	99
Ratnapura	14	2798	0	53	0	6	0	3	1	37	8	1003	0	25	0	29	0	1	1	87	1	76	11	207	15	96
Kegalle	26	2929	0	15	0	9	0	4	0	8	12	635	0	23	1	14	0	0	1	120	2	53	0	26	11	99
Kalmune	56	1308	0	31	0	1	0	3	0	6	1	32	0	1	0	1	0	0	2	77	2	39	0	0	31	99
SRI LANKA	75	58453	14	695	0	65	0	114	15	331	17	5928	28	101	4	369	1	25	38	1674	19	710	44	3039	19	97

Source: Weekly Returns of Communicable Diseases (esurveillance.epid.gov.lk). T=Timeliness refers to returns received on or before 02nd Dec., 2022 Total number of reporting units 357 Number of reporting units data provided for the current week 262 C**=Completeness

Table 2: Vaccine-Preventable Diseases & AFP

26th– 02nd Dec 2022 (48th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2022	Number of cases during same week in 2021	Total number of cases to date in 2022	Total number of cases to date in 2021	Difference between the number of cases to date in 2022 & 2021
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	01	02	01	00	00	00	00	00	00	04	03	78	65	20 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	00	00	00	00	00	00	00	00	00	00	00	85	65	30.7 %
Measles	00	00	00	00	00	00	00	00	00	00	00	34	13	161.5 %
Rubella	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Tetanus	00	00	00	00	00	00	00	00	00	00	00	05	05	0 %
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Japanese Encephalitis	00	00	00	00	00	00	00	00	00	00	00	01	04	- 75 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	01	00	0 %
Tuberculosis	00	04	42	07	09	19	00	19	15	115	68	6167	4680	33.9 %

Key to Table 1 & 2

Provinces: **W:** Western, **C:** Central, **S:** Southern, **N:** North, **E:** East, **NC:** North Central, **NW:** North Western, **U:** Uva, **Sab:** Sabaragamuwa.
 RDHS Divisions: **CB:** Colombo, **GM:** Gampaha, **KL:** Kalutara, **KD:** Kandy, **ML:** Matale, **NE:** Nuwara Eliya, **GL:** Galle, **HB:** Hambantota, **MT:** Matara, **JF:** Jaffna, **KN:** Killinochchi, **MN:** Mannar, **VA:** Vavuniya, **MU:** Mullaitivu, **BT:** Batticaloa, **AM:** Ampara, **TR:** Trincomalee, **KM:** Kalmunai, **KR:** Kurunegala, **PU:** Puttalam, **AP:** Anuradhapura, **PO:** Polonnaruwa, **BD:** Badulla, **MO:** Moneragala, **RP:** Ratnapura, **KG:** Kegalle.

Data Sources:
Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Neonatal Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps., Rubella, CRS,
Special Surveillance: AFP* (Acute Flaccid Paralysis), Japanese Encephalitis
CRS** =Congenital Rubella Syndrome
NA = Not Available

Seek medical advice if you get a fever after exposure to muddy water or soil. It could be Leptospirosis.

Comments and contributions for publication in the WER Sri Lanka are welcome. However, the editor reserves the right to accept or reject items for publication. All correspondence should be mailed to The Editor, WER Sri Lanka, Epidemiological Unit, P.O. Box 1567, Colombo or sent by E-mail to chepid@slt.net.lk. **Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

ON STATE SERVICE

Dr. Samitha Ginige
 Actg. CHIEF EPIDEMIOLOGIST
 EPIDEMIOLOGY UNIT
 231, DE SARAM PLACE
 COLOMBO 10