Phnom Penh,…….August, 2006

Standard Operating procedures (SOPs) for STI Clinic

1. INTRODUCTION

STIs have been undeniably associated with the spread of the HIV/AIDS epidemic, by making HIV positive subjects more infectious and HIV negative individuals more susceptible to HIV infection in the presence of STIs. For more than 15 years, early diagnosis and effective treatment of STIs have played an important role in HIV prevention and control. Moreover, the consequences of untreated STIs can by themselves are serious, especially in women. In view of these considerations, quick and effective STI case management is essential.

In 1999, the STI policy of the Ministry of Health established the concept of *"dual complementary approach for STI management"*, whereby special STI clinics were to provide STI care based on laboratory diagnosis to high-risk populations, and in particular female sex workers, while MPA[1] health centers offered integrated STI care based on syndromic case management to the general population.

2. SOPs for STI case management

2.1. STI case management in STI clinic

2.1.1. The main roles of STI clinics are:

1. To provide effective services, including immediate treatment, to persons with symptoms and signs of STI.
2. To screen and treat when necessary subjects with asymptomatic STIs, especially in high risk groups.

[1] MPA : Minimum Package of Activities

3. To provide STI care to partners of index patients.
4. To contribute to STI/HIV prevention by promoting safe sex and condom use.
5. To contribute to effective STI monitoring and surveillance systems.

2.1.2. Management of STI clinic:

To attract individuals to seek appropriate STI care, the STI clinic must be welcoming and accessible.

2.1.2.1. Structure requirement

The minimum functional structures should include:

- Waiting/reception area: It should be large enough to provide seating for expect numbers at any one time and for patient waiting for results.
- Consultation room: It should provide privacy for patients and be sound proof so that conversations between patient and provider can not be overhead.
- Examination room: It should provide privacy for patient to remove clothes for examination and specimen taking.
- Laboratory room: It should be suitable for performance of laboratory investigation. STI lab should be integrated into laboratory of referral hospital where it is located.
- Counselling room: It should be large enough for a counselor to interview one and occasionally several patients at a time. The room should be able to ensure privacy and confidentially.

2.1.2.2. Composition of the clinic staff for STI services

Each clinic should appropriately staffed to adequately perform the following functions

- Clinic administration, patient registration, record keeping and reporting
- Sexual and reproductive health history taking, clinical examination and treatment.
- Laboratory-based diagnosis testing
- Counselling
- Cleaning and maintenance of clinic and equipment.

In each clinic, there are four or five staffs:

- One male clinician is responsible for examination male patient, history taking and counselling.
- One female clinician is responsible for examine female patient.
- One female nurse is responsible for history taking and counselling.
- One lab technician is responsible for performing lab test, and he/she is also the staff of laboratory of referral hospital.

2.1.2.3. Role and Responsibility

i. To provide high quality STI services according to approved National Policies, Guidelines and Standard Operating Procedures.
ii. To provide appropriate health education and counseling to clients attending the clinic, maintaining appropriate medical confidentiality.
iii. To diagnose and treat clients using the protocols, laboratory tests, drugs, equipment and consumables provided by NCHADS, using standard procedures for the comfort for the clients and universal precautions.
iv. To ensure the laboratory test results are accurate and reliable.
v. To ensure that clinic and lab conditions (electricity, a/c, other) are maintained appropriately to support the work and ensure the safe and proper use of the equipment.
vi. To determine and maintain work routines of clinic staff.
vii. To compile and send monthly activity reports to (OD/PAO/PHD) and NCHADS.
viii. To manage stock, and reordering of drugs and consumables for the clinic.
ix. To report any malfunction and/or abuse of equipment to NCHADS.
x. To collaborate closely with the CUWG and Outreach programme within the 100% condom use framework.
xi. To refer clients to appropriate VCCT services, care and treatment, and other health care and supporting services.

2.1.2.4. Universal Precautions

In order to avoid infection from patient to patient or from patient to health care provider, all clinic staff should follow the elements of universal precautions as shown below:

- Hand washing

- Using gloves
- Safe handing of needles and sharp instruments
- Safe processing of instruments and other equipment
- Safe disposal of waste

(Detail can be found in the guideline on universal precautions)

2.1.2.5. Medication and consumables

All clinics should maintain a current supply of the essential drugs required appropriate treatment of STI (as per' standard treatments), or have access to these medications through a local pharmacy or other outlet. Stock of these medications in the clinic should be maintained at such level to ensure continuous, adequate supply. All medications and clinic consumables should be appropriately stored and not exceed expiry date. The inventory of essential drugs listed in appendix 4.

2.1.2.6. Clinical Equipment

Each clinic should maintain, in good working order, the basic equipment listed in appendix 5.

2.1.2.7. Laboratory equipment

Each clinics laboratory should maintain, in good working order, the basic laboratory equipment listed in appendix 6.

2.1.3. Patient history taking

For the effective patient flow within a clinic, it is important that the STI clinician does the complete consultation from beginning to end. This will require that clinician does the history taking, clinical examination, treatment and patient education counseling.

The SMH was developed by the Technical Working Group on STIs primarily to help health care providers to take a complete medical history, without omitting questions about sexual behavior and making wrong assumptions about the patient. While the provider takes the medical history it is important to:

- Ensure the client's privacy throughout the consultation. Usually this means for arranging to use quiet place for interview, somewhere where you will not be disturbed. If it is not possible to interview patients inside an office, it can be helpful to use inexpensive barriers such as unattached walls, screens or curtains. You can also try to talk quietly while interviewing patients.

- Use common words rather than technical terms.
- Ask open-ended questions but without being afraid to be direct in order to obtain clear answers.

2.1.4. Clinical examination

2.1.4.1. Physical and pelvic examination

The purpose of a clinical examination is to confirm any STI symptoms the client has described. This section explains what to do when examining male and female patients

a. Male Patient

After putting on disposable gloves:

- Inspect the head/neck look for hair loss (secondary syphilis), adenopathy
- Check oral cavity for any abnormalities such as thrush, warts
- Inspect the skin from navel to knees for rashes.
- Inspect the skin along the length of the penis from base to the tip. Note any rashes or ulcers. (Secondary syphilis, the most common manifestation are skin. The skin lesions are nonpruritic, marculopapular rash is the most common. One to six weeks after the chancre heals, a pale red rash appears usually on the palms and soles of feet, but may occur over the entire body. A fever, sore throat, headaches, joint pains, weight loss, and hair loss accompany this rash
- Inspect pubic hair for signs of ecto-parasite infestation
- Palpate for inguinal lymph node enlargement and tenderness.
- Inspect the inguinal folds for rash.
- Palpate the contents of the scrotum for lumps and tenderness. Do this by gently cradling each testicle in one hand while feeling for the epididymis with the fingers of the same hand.
- Retract the foreskin (if present) to inspect for ulcers and discharge.
- Inspect the urethral meatus by parting the tip bilaterally. Note any discharge, ulcers.
- Milk the urethra from the base of the penis to the tip to check for the presence of discharge.

- Check the anal area (rectum mucosa, and rectal canal) for signs of discharge, bleeding, warts or lesion.

b. Female Patient

After putting on disposable gloves:

- Examine the mouth with a torch and a tongue depressor for signs of pharyngeal infection.
- Ask the client if she is ready to be examined. If so, ask her to lie on the examination bed and draw the curtain around the bed.
- Abdomen: inspect and palpate the abdomen for tenderness, masses and inguinal lymphadenopathy.
- Pubic area: inspect for pubic lice, warts, molluscum contagiosum and ulcers.
- Perineum, peri-anal region and anus: inspect for lesions such as warts, anal fissures.
- Labia and introitus: separate and inspect the labia majora, the inner labia and introitus for warts, herpes lesions, discharge, and inflammation of Bartholin's glands.
- Speculum examination without lubrication, inspecting the vaginal discharge for colour, amount, odour, consistency and density. Examination of the vaginal walls and cervix for warts or ulcers and examination of the cervical os for discharge.

2.1.4.2. Specimen collection

- In vagina: collect vaginal fluid from the posterior fornix using two cotton swabs and avoiding cervical secretions. One swab will be rolled on a microscope slide for Gram stain and air-dried. The other swab will be used for wet preparation.
- In endocervix : one endocervical swab will be rolled in the endocervix for 10 seconds after cleaning of cervix; it will then be rolled on a microscope slide before staining with methylene blue.
- Venous blood : as a routine procedure for 1st time visitors, collect 5cc of venous blood and put in a dry sterile test tube with stopper.

2.1.5. Laboratory Procedures

STI lab examinations are integrated as a part of referral hospital laboratory where STI clinic is located.

2.1.5.1. STI lab examination in laboratory

- In laboratory room, serum will be separated from red blood cells by centrifugation. The serum will then be used for qualitative and quantitative (titre) RPR testing following the standard procedure in use at STI clinic laboratories.
- The laboratory technician, following the routine procedure, will examine the wet preparations for the detection of motile flagellates, Trichomonas vaginalis (TV), as well as for signs of active yeast development (hyphae and budding yeasts).
- Slides for Gram stain will be stained following the routine procedure and examined immediately under the microscope for the detection of yeast infection, or bacterial vaginosis (BV) using the Nugent score.
- Slides for methylene blue staining will be processed following the routine procedure and examined under the microscope for counting of white blood cells (WBC) per high power field. Cells will be counted on 10 adjacent fields before the average is calculated.

The technician will report all results on the standard laboratory form and pass it on to the health care provider for any additional treatment. STI lab results have to be provided in the same day while the clients are in the waiting room, so that they get treated immediately.

2.1.6. Laboratory Quality Control

Standard Operating Procedures (SOPs) are a major component of any quality system. Quality Control related with (QC) from STI sites will be performed by the laboratory of National Clinic for Dermatology and STI (NCDS).

For quality control purposes, each STI site performing RPR testing, Methylene blue stains of cervical and Gram stains vaginal smears will send a sample of them to NCDS for validation. Specimens will be sent according to the following schedule.

a.RPR testing

1. All RPR positive serum specimens should be sent all to NCDS.
2. RPR negative serum specimens:
    i. If the laboratory tests<10 specimens per month, send all to NCDS.

ii. If the laboratory tests between 11 and 50 serum specimens per month, send 30% to NCDS.
iii. If the laboratory tests >50 serum specimens per month, send 20% to NCDS.

b.Cervical and Vaginal Smear

1. Positive smears: All positive smears will be sent to NCDS.
2. Negative smears:
    i. If the laboratory processes less than 10 specimens per month, send all smears to NCDS.
    ii. If the processes between 11- 50 smears per month, send 30 % to NCDS.
    iii. If the processes between are more than 50 smears per month, send 20% to NCDS.

2.1.7. Treatment guidelines

Prompt and effective treatment of STIs breaks the chain of transmission and prevents the development of complications and long-term sequelae.

2.1.7.1. Treatment

All clinicians should manage STI according to the National guidelines for STI management.

2.1.7.2. Medication and allergies

Explore medication and allergies. Ask about current or recent medication and any allergies to medication.

2.1.8. Information, education and counselling

After seeing the doctor, every client receives STI and HIV counselling, condoms and condom demonstration, advice on compliance and advice on contact tracing.

2.1.8.1. Counselling

- Identify and deal with issues that may cause the client anxiety or distress (e.g. informing the partner/spouse about the infection; learning about and coming to terms with complications such as infertility; coping with chronic/incurable infections such as herpes, genital warts; feelings of guilt).
- Help the client recognize barriers to risk reduction.

- Help the patient to identify how to avoid risk behaviour
- Support client-initiated behaviour change.

2.1.8.2. Education

- Describe how to avoid re-infection.
- Explain how to recognize symptoms and the importance of early treatment seeking for STI.
- Give advice on seeking VCT for high-risk clients.
- Provide clinical card with ID number to DSW. The clinical card carries no name of the bearer. It is used as a record of monthly visits to the STI clinic.

2.1.8.3. Compliance

- Emphasize the importance of completing all the treatment, especially in case of PID.
- Ensure the client knows when to return for follow up or check-ups. Men and women should come back only if they remain symptomatic. DSWs are invited to visit the clinic every month.
- Advise the client on the importance of taking the drugs prescribed by the doctor and that medicines prescribed by a traditional healer or pharmacist may not be effective in treating STI.
- Ask the client if they foresee any obstacles to taking the full course of medication/following through with the referral, and work out a solution.

2.1.8.4. Condoms

- Emphasize and explain the importance of condom use for dual protection (prevention of STI/HIV and unintended pregnancy).
- Explain and demonstrate how to use condoms, and ask the client to demonstrate
- Provide some condoms.

2.1.8.5. Follow up consultation

- If treatment or medication is given, ask the patient to come back next week for a follow up consultation.
- SWs should be inviting to come routinely every month; however, she should come back at any time if she has any complaint.

2.1.9. Data management

2.1.9.1. Filing of Standard Medical History

All records are kept in the same place. This ensures that no information is lost and that all information is easily accessible.

SMH for SWs are kept in binders corresponding to brothels.

2.1.9.2. STI Database

All clinic staff should be entered the data direct from clinic register in to computer on time in the week after follows the patient's consultation.

2.1.9.3. Reporting

1. Good reporting practices assist STI clinic services to monitor the programs and permit meaningful evaluation of the programs. A number of reporting forms (see appendix 4).
2. All reporting formats filled out correctly and sent to the Data Management of NCHADS on time (monthly report, quarterly report and annual report).

3. CAPACITY BUILDING OF STI CLINIC STAFF

Strengthening the capacity of STI clinic staff including laboratory is identified as a priority for improving the quality and effectiveness of STI/RTI case management especially the diagnosis and treatment based on laboratory. The STI/RTI case management unit in collaboration closely with the National Clinic for Dermatology and STI for providing the training courses on clinical and laboratory management on STI/RTI to all provincial STI clinic staff.

3.1. Initial training

3.1.1. Initial training for health care providers

Health care providers working at STI clinic are trained in the initial training for two weeks (1 week for theory and 1 week for practice) in the training course on STI/RTI case management including:

- STI/RTI syndromic case management
- STI/RTI lab-based management
- STI/RTI case management in sex workers.

3.1.2. Initial training for STI lab assistants

Lab assistants working for STI laboratory at STI clinic are trained in the initial training for two weeks (1 week for theory and 1 week for practice) in the training course on STI lab examination.

3.2. Refresher training

3.2.1. Refresher training for health care providers

Trained health care providers working at STI clinic are selected to attend the three-day refresher training to gain more skill and updated knowledge on STI/RTI. This course is conducted in two sessions (two groups) every year.

3.2.2. Refresher training for STI lab assistants

Trained lab assistants working for STI laboratory at STI clinic are selected to attend the three-day refresher training to gain more skill and updated knowledge on STI/RTI lab examination. This course is conducted in two sessions (two groups) every year.

3.3. Regional networks

All STI clinics are linked each other as regional networks for providing opportunity to health care workers and lab assistants working at STI clinics to learn and share their clinical and STI lab experiences each other. Four regional networks are set up:

i. Region 1 : Phnom Penh, Kandal, Kampong Chhnaing and Kampong Speu
ii. Region 2 : Kampong Cham, Kampong Thom, Prey Veng and Svay Rieng
iii. Region 3 : Battambang, Banteay Meanchey, Pailin, Oddor Meanchey, Siem Reap and Pursat
iv. Region 4 : Takeo, Kampot, Sihanoukville and Koh Kong
v. Region 5 : Kratie, Steng Treng, Rattanakiri, Mondulkiri and Preah Vihear.

All networks meet each other in the two-day annual coordination workshop of regional networks of STI clinic which is held once a year at alternative province where STI clinic located.

STI/RTI case management unit has to estimate annual budget and conduct the workshop in collaboration with the National Clinic for Dermatology and STI.

Seen and Approved
Minister for Health

Dr. NUTH SOKHOM

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Annex 1 : *History and Reason for consultation*

Explore symptoms described by the client that may indicate the presence of an STI and their duration, including:

1. **In female patients:**
    - Vaginal discharge
    - Lower abdominal pain
    - Painful intercourse
    - Lesion
    - Dysuria
    - Fever
    - Itching
    - Other specify…….
    - No symptoms
2. **In male patients:**
    - Urethral discharge
    - Genital ulcer
    - Genital warts
    - Scrotal pain/swelling
    - Dysuria
    - Skin rash
    - Adenopathy
    - Anal discharge
    - No symptoms
    - Other specify……..

Annex 2 : ***Family Planning history for all women***

STI/RTI prevention and concerns should be discussed with all family planning clients at each visit as the following:

- Using contraceptives such as injection, pill, condom, implant, IUD
- Number of pregnancy, number of living children
- Number of abortions, induced or spontaneous
- Last menstruation period

Annex 3 : ***Risk behaviours***

Explore risk behaviours to find out about factors that may affect the client's sexual health, including:

1. **For women:**
    - Does the patient know how to use a condom?
    - How many regular clients/boyfriends in last 3 months?
    - The type of sexual behaviour commonly practiced with clients/boyfriend (eg. vaginal, oral or anal sex?)
    - Whether the patient used a condom, last time had sex with regular partner or boyfriend.
    - Ask about the type of addictive drug used by the patient (if any)
2. **For men:**
    - How many sex regular partners have you had in the last year?
    - Did you use condom at the last sex?
    - Any contact with casual partner in the past month?
    - Did patient have STIs in the past?
    - Does patient use any addictive drugs now ?
3. **More questions if male is MSM**
    - Do you have sex with men, women or both?
    - Do you commonly have anal or oral sex?
    - Do you have receptive or insertive sex?
4. **Risk Assessment**

For cervicitis, risk the assessment is important to assess which women presenting with vaginal discharge are most likely to have cervicitis and vaginitis as opposed to those with vaginitis alone. It is also an important tool to screen women with asymptomatic STI in the absence of laboratory diagnosis capability.

4.1. Risk assessment for female sex workers (DSW or ISWs)

Explore risk assessment for cervicitis for sex workers are based on:

1. Thick yellow discharge
2. Lower abdominal pain during intercourse (deep pain as exposed to pain related with friction)
3. More than 5 clients per day on average
4. Unprotected sex with new clients

If answer is yes to two or more questions, treat for cervicitis. Do the pelvic examination anyway. The rational, for using a risk assessment with female sex workers (DSW or IDWs) is explained in the guideline for STI management.

4.2. Risk assessment for general population

Few women from non high-risk groups (such as housewives) are expected to visit the STI clinic most prefers going to health centers. However, health care providers should of course attend women from the general population whenever they visit STI clinics. When facing a patient with complaints of vaginal discharge, the health care provider should make the risk assessment as shown below:

- Patient complaints of lower abdominal pain or
- Partner has symptoms of STI or
- Patient has a positive risk assessment:
    - *Patient younger than 25 years old*
    - *Patient unmarried and sexually active*
    - *Patient had sex with more than one person in the last 3 months*
    - *Patient had sex with a new partner in the last 3 months*

The rational for using a risk assessment with women from the general population is explained in the guideline for STI management.

Annex 4 :

INVENTORY FORMS FOR ESSENTIAL DRUGS AND OTHER CONSUMABLES

These materials have to be ordered periodically. By using the following or similar form, you can keep track of inventories and predict how much you need to order of each item.

INVENTORY FORM FOR DRUGS

Drug Name	Quantity in stock	Quantity required	Quantity ordered	Date ordered	Date received
Azithromycin 500mg					
Cefixime 200mg					
Cetriaxone 1g IM					
Spectinomycin 2g IM					
Benzathine PNC 2,4UI IM					
Metronidazole 250mg					
Clotrimazole 500mg					
Nystatine 20000UI					
Erythromycin 250mg					
Doxycycline 100mg					
Cotrimoxazole 960mg					
Podophyllin 25% solution					
Ciprofloxacine 500mg					
Acyclovir 200mg					
Gentian violet solution					
Other medicines.....					

INVENTORY FORM FOR CLINICAL CONSUMABLES

Consumable Name	Quantity in stock	Quantity required	Quantity ordered	Date ordered	Date received
Gloves surgical sterile disposable (size: 6.5 Pair)					
Syringe disposable 10ml					
Needle disposable, 21Gx1/2”					
Cotton wool (roll of 500g)					
Alcohol 70^{oc}					
Antiseptic					
Sterile cotton swab					
Disposable tongue depressor					
Soap					
Tissue box					
Sharp safe bin					
Standard medical history					
Condoms					
SHMs women (1st visitors)					
SMHs women (follow-up)					
Clinical card					
Laboratory bulletin form					
Clinical register					
Laboratory register					
Torch					

Annex 5 :

LIST OF CLINICAL EQUIPMENT AND MATERIALS

This list helps you keep track of equipment and materials you have in your clinic. These items only need to be ordered once, when setting up of clinic, unless they break or become too old.

Clinical equipment & materials	Quantity
Gynecological examination table folding 2 sections with pad -1,8 long, 60 cm wide, 75 cm high, folding table with top in two sections, removable and adjustable, plastic covered and polyurethane field pad , pair chrome-plated large bierhoff knee crutches	01
Revolving stool adjustable high -Steel enameled finish, 36 cm diameter Seat adjustable from 48 to 66cm	01
Carriage dressing -Carriage, dressing, knock-down construction: with 2 shelves approx 90x 45cm), Stainless steel	01
Sterilize hot air - Internal size approx 70 cm long x50cm deep x 70cm high - Power: 220 volts-50Hz	01
Clinical thermometer oral dual CELS/FAHR scale - Prismatic type, lens front, cylindrical bulb	02
Stethoscope -Stethoscope binaural complete for adult	01
Sphygmomanometer - Sphygmomanometer aneroid 300mm with cuff & pouch	01
Tray instrument covered -Stainless SLEEL approx: 31x20x6cm	02
Drum sterilizing cylindrical -Stainless steel construction, diameter 24cmx16cm high -Stainless steel construction, diameter 12cmx9cm high	02
Speculum vaginal bivalves -Glaives small (Duckbill vaginal speculum): 75x25mm	20

Speculum vaginal bivalves -Glaives small (Duckbill vaginal speculum): 90x30mm	30
Forceps -Uterine dressing Bozeman 260mm	40
Forceps -Uterine holding, straight 200mm	10
Forceps jar -Jar forceps 180mm long polypropylene	02
Scissors -Curved dissection scissors "MAYO"145mm, stainless steel	05
Scissors -Scissors surgical straight 145mm stainless steel	05
Solution cup -180ml stainless steel: top diameter 83mm, bottom51mm high	05
Tray cafeteria -Type 350x450mm, polypropylene	03
Kidney basin -475ml stainless steel	05
Kidney basin -825ml stainless steel	05
Electro-cauterization "ELECTOTOM 505" -voltage: 110-120v 60Hz, Dimension: 86mm, 250mml,235mmP, weight: 3.8kg	01
Light operating stain mobile 220volt	02
Cryotherapy (liquid nitrogen) ** *(alternative option of electro-cauterization)*	01

Annex 6 :

INVENTORY FORM FOR LABORATORY EQUIPMENT AND CONSUMABLE

Laboratory equipment & consumable	Quantity
Microscope binoculars 701 -Electric & solar light -Binocular head with 45^{o} tilt and 360^{o} rotation -Inter pupillary distance: 52-72mm -Dioptric adjustment of +/_ 5 dp in both eye pieces -Total magnification: 1600x -Condenser Abbe of 1.25 A.N -Power 200 volts-50Hz	01 set
Fridge -Capacity: 260 liters -Shelves: 4 -Height/width/depth (external): approx 130x60x60 cm -Power: 220 volts-50Hz	01
Bench centrifuge -Max, number of tube:10x10ml -Height/width/depth (external)cm: approx: 30x40x40	01
Vortex mixer for laboratory tubes -Diameter of tube: 7-30mm -Adjustable speed -Power: 220 volts-50Hz	01
RPR shaker -Macro-Vue card test with lid -Power: 220 volts-50Hz	01
Timer alarm "Relavis" -Time setting from 0 to 60 minutes in 01 minute interval	01
Slide forceps -Dissecting straight forceps round tips -Total length 180 mm	01

Scissor -Mini safety scissors -Total length 95 mm	01
Lamp Alcohol -Alcohol burner -Screw cap jar with wick	01
Rack for tube -Number of tube: 24 (8x3) -Tube diameter: 12mm	01
Wash bottle -Plastic bottle -Natural polyethylene -Curved tube -volume 250ml	01
Slide staining stand -Capacity 12-14 slides -stainless steel	01
Light bulb for microscope -Spare part for microscopic binocular 701 (3 light bulbs/microscope) -Halogen lamp 6V/20W	03

INVENTORY FORM FOR LABORATORY CONSUMABLE

Pipette Pasteur disposable -Glass pipette Pasteur disposable -Volume 3ml, 150 mm length	100 (box)
RPR-nosticon -Macro-Vue RPR card test for detection of Syphillis -100 test/kits	01 kits
Immersion oil -Immersion oil microscopic 100ml	01 bottle
Potassium hydroxide (KOH) - Potassium hydroxide (250g)	01 bottle
Glass slides -Thin section slides of 26x76x1.5mm, Qty box of 100 slides	03 boxes
Cover slips -Cover slip of 18x18mm, Qty box of 100	02 boxes
Swab -Sterile cotton tipped applicators	200
Xylene -Cleaning solution	01 bottle
Methylene blue -Solution for staining of smears, volume: 100ml	03 bottles
Reagents for Gram Stain -Gram stains kit with reagents ready for use -Refill bottle for Gram stain (R1-R4) “Bio-Mérieux”	01 box
Vacutainer tube -Vacutainer tube 10ml (sterile) -Dry, for serum, qty box 0f 100	01 box
Vacutainer Needle -Vacutainer Needle: 21Gx1.5, 0.8x38mm (sterile) -Qty box 0f 100	01 box
Vagina pH paper test	01 box

Appendix 4: QUARTERLY STI REPORT FROM SPECIALIZED STI CLINIC

Month: ..... **No of Quarter:.....** **Year: 200…**

Name of Clinic:..... **OD:.....** **Province:.....**

	Month 1	**Month 2**	**Month 3**
Total number of male patients			
Total number of low risk female patients			
Total number of first visits for IDSWs			
Total number of follow up visits for IDSWs			
Total number of first visits for DSWs			
Total number of follow up visits for DSWs			
Total number of DSWs identified by 100% CUWG			
Total number of IDSWs identified by 100% CUWG			

		Age group			Total
	Syndrome	**<15**	**15-49**	**≥ 50**	
Men (new cases)					
	Urethral discharge				
	Genital Ulcer				
	Genital warts				
	Others				
	Total new cases men				
Low risk women (new cases)					
	Vaginal discharge				
	Vaginitis				
	cervicitis				
	Vaginitis + cervicitis				
	Pelvic Inflammatory Disease (PID)				
	Genital ulcer				
	Genital warts				
	Others				
	subtotal				

High-risk Women (new cases)									
		<15		**15-49**		**> 50**		Total	
		DSW	IDSW	DSW	IDSW	DSW	IDSW	DSW	IDSW
First visit	Vaginal discharge								
	Vaginitis								
	cervicitis								
	Vaginitis + cervicitis								
	Pelvic Inflammatory Disease (PID)								
	Genital ulcer								
	Genital warts								
	RPR +								
	Others								
	Subtotal new cases of first visit								
Follow up visit	Vaginal discharge								
	Vaginitis								
	cervicitis								
	Vaginitis + cervicitis								
	Pelvic Inflammatory Disease (PID)								
	Genital ulcer								
	Genital warts								
	Others								
	Subtotal new cases of follow up visit								

Date Reported	/ /	
Report Completed by	(name)	(signature)
Report Approved by	(name)	(signature)

Note :

DSW : Direct Sex Worker

IDSW: Indirect Sex Worker

PID: Pelvic Inflammatory Disease