



Advocates' Guide to STI Syndromic Management

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STIWatch

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Sexually transmitted infections (STIs) impose an enormous burden on individuals, families, and health systems around the world. Globally, more than a million new curable STI infections occur daily, adding up to an estimated 129 million chlamydia cases, 82 million gonorrhea cases, and 7.1 million syphilis cases, among other infections, each year. If not treated, these infections can lead to serious consequences, including infertility, pregnancy and birth complications, and increased risk for HIV infection.

In high-income settings, STIs are typically diagnosed using tests and then either cured with appropriate antibiotic treatment (e.g., chlamydia, gonorrhea, syphilis) or effectively managed with ongoing care and treatment (e.g., human papillomavirus and genital herpes). This etiologic approach can be used to diagnose, treat and manage patients who seek care for STI symptoms or asymptomatic infections.

In low-resource settings, the laboratory technology and resources to make specific STI diagnoses are often limited. Providers instead assess, treat, and manage patients based on symptoms. This syndromic management approach can help many patients who otherwise might not receive care. While this strategy enables timely treatment where diagnostic testing is unavailable, there are also limitations to this approach. For example, syndromic management can result in health complications and sequelae due to undiagnosed or misdiagnosed infections, antibiotic misuse, and the continued transmission of STIs. Additionally, syndromic management cannot address asymptomatic infections and provides little guidance in case of treatment failure. While calling for better access to affordable, accurate, and effective STI diagnostic, advocates can also press for more immediate enhancements to the syndromic management approach.

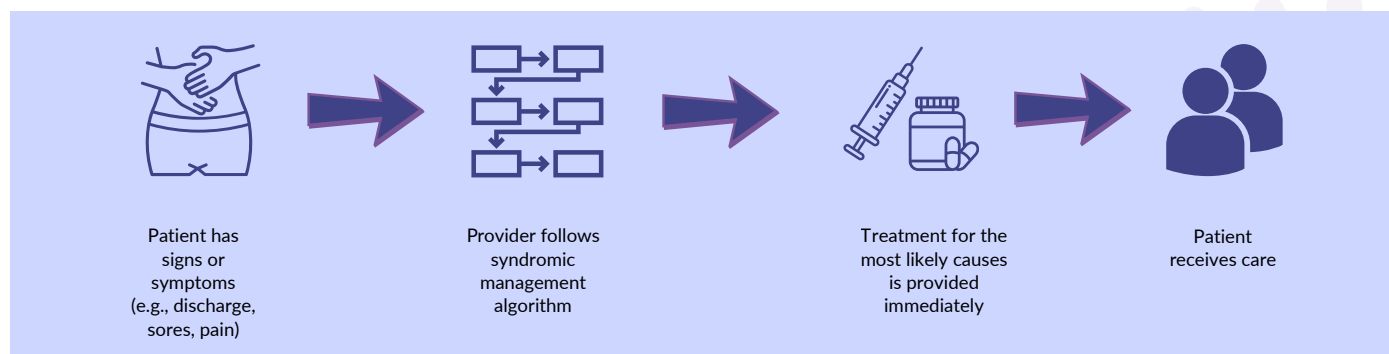
Advocacy Needs

- Understand syndromic management
- Encourage health systems to modernize and enhance syndromic management
- Call for investment in affordable, rapid tests to improve STI diagnosis, treatment, and management
- Promote screening to identify asymptomatic STI cases, especially in priority populations

What is Syndromic Management?

Syndromic management is an approach of diagnosing STIs based on common signs and symptoms and treating based on common causes related to the symptoms. STIs may cause pain, itching, genital sores, or unusual discharge from the vagina or the urethra. However, symptoms do not match clearly to specific STIs; for example, syphilis, genital herpes, and chancroid could all lead to genital sores. Using syndromic management, providers use flowcharts to identify the most common or most serious potential causes of a particular set of symptoms and determine appropriate treatment.

Syndromic Management Process



STI Syndromes, Symptoms, and Treatment Options

Syndrome	Symptoms May Include	Possible Causes	Examples of First-line Treatment Options*
 Genital Ulcer Disease	- Genital sore - Pain or tenderness	- Genital herpes - Lymphogranuloma venereum (LGV) - Syphilis	- Acyclovir (for genital herpes) - Doxycycline (for LGV) - Benzathine penicillin (for syphilis)
 Urethral Discharge Syndrome	- Pain during urination - Frequent urination - Urethral discharge	- Chlamydia - Gonorrhea	- Doxycycline (for chlamydia) - Ceftriaxone (for gonorrhea)
 Vaginal Discharge Syndrome	- Unusual vaginal discharge - Vaginal itching - Pain during vaginal sex - Pain during urination	- Bacterial vaginosis - Candidiasis (yeast infection) - Chlamydia - Gonorrhea - Mycoplasma genitalium (Mgen) - Trichomoniasis	- Metronidazole (for BV, trichomoniasis) - Fluconazole (for candidiasis) - Doxycycline (for chlamydia, Mgen) - Ceftriaxone (for gonorrhea) - Doxycycline followed by Azithromycin (for Mgen where recommended)

*Treatment should follow national guidelines, considering local drug resistance patterns and patient factors (e.g., pregnancy, allergies.)

[WHO Consolidated Operational Handbook on Sexually Transmitted Infections](#)
[Guidelines for the Management of Symptomatic Sexually Transmitted Infections](#)
[CDC Sexually Transmitted Infections Treatment Guidelines, 2021](#)
[PAHO, Syndromic Management of Sexually Transmitted Infections](#)

Benefits of Syndromic Management

Syndromic management helps providers care for patients experiencing STI symptoms in settings that lack the infrastructure to support laboratory (etiologic) diagnosis. It also allows patients to begin treatment right away, rather than waiting a day or more for test results to come back from the laboratory. This can shorten the duration of infection, offer quick relief from symptoms, and reduce the risk of STI transmission. Finally, syndromic management can standardize management protocols for improved training, supervision, and stock management.



What can advocates champion?

Syndromic management remain essential where diagnostic testing is unavailable — but it can be strengthened today while countries work toward broader access to etiologic diagnosis.



Update national syndromic management guidelines regularly



Train healthcare providers on current recommendations



Integrate affordable rapid/point-of-care diagnostics where feasible



Expand targeted screening for priority and high-risk populations



Strengthen partner notification and treatment services



Improve STI surveillance and antimicrobial resistance monitoring



Invest in gradual transition toward etiologic (diagnostic-led) STI care

Shortcomings of Syndromic Management

Since many STIs tend to cause similar symptoms, the diagnostic accuracy of syndromic management is low. Non-specific diagnoses can drive some important negative outcomes, including:

➤ Overdiagnosis

Syndromic management flowcharts typically recommend that providers offer antibiotic treatment for all the possible STI drivers of a patient's symptoms. This increases the likelihood that the actual infection is cured, but it also can cause patients to receive unneeded and ineffective medications, burdening health systems and patients with unnecessary costs, and potentially driving antimicrobial resistance. Additionally, it can also result in adverse drug reaction and alteration in the vaginal flora.

Over time, overuse and misuse of antibiotics has caused some pathogens to become resistant to commonly used medications. Gonorrhea is of particular concern, having acquired resistance to nearly every class of available antibiotics, including those that remain effective against other STIs.

➤ Underdiagnosis

When providers use syndromic management flowcharts to assess the most likely drivers of a patient's symptoms, they may inadvertently overlook other potential causes. For example, vaginal discharge may result from several different STIs, a yeast infection, or hormonal changes, among other possibilities. If the actual cause of a patient's symptom does not match the cause identified on the syndromic management flowchart, the recommended treatment may be ineffective.

Patients who receive ineffective treatment remain vulnerable to potential long-term sexual and reproductive health complications. Underdiagnosis and inadequate treatment also do nothing to stop STI transmission. Additionally, a patient who leaves the clinic with unresolved symptoms may lose confidence in the medical system and decide not to seek care from the clinic in the future.

➤ Failure to address asymptomatic infections

A syndromic management approach can only identify and treat people with symptoms. Yet most STIs cause only minor immediate symptoms, or none at all. When left undiagnosed and untreated, however, these hidden infections can silently drive long-term individual health consequences. They increase the risk of acquiring an HIV infection and they can be unknowingly transmitted to others, so that syndromic management may not be effective at reducing overall STI rates in a population.

This challenge is particularly pronounced for extragenital infections, including rectal and oral (or throat) infections. These infections are frequently asymptomatic and therefore rarely identified through symptom-based approaches alone. As a result, they can remain untreated, contribute to ongoing transmission, and serve as reservoirs for antimicrobial-resistant infections.

Syndromic management works better for management of urethral discharge in men and genital ulcer disease. However, the syndromic management approach does not perform well for managing cervical infections in women, especially for chlamydia and gonorrhea infections, as a majority of cases are often asymptomatic and have little to no symptoms.

Missed asymptomatic infections are not a failure of syndromic management, since it is an intentionally symptom-based approach to diagnose and treat infections and provide STI care in settings where widespread screening is unavailable. But this points to a need to supplement syndromic management with additional interventions such as point of care diagnostics or laboratory testing where feasible.

➤ Data gaps

Health systems rely on epidemiological data to understand a country's health landscape and design appropriate policies, programs, and even new prevention and treatment tools, including diagnostics. Because the syndromic management approach does not diagnose specific STIs, little information about the prevalence and incidence of STIs is available in populations where this approach is readily used. This information is also needed to inform the syndromic flowcharts themselves. Without identifying specific infections, health systems cannot accurately track which STIs are most common, how they are changing over time, or whether current treatments remain effective.

➤ Implementation challenges in clinical practice

Syndromic management depends on a thorough clinical assessment that is often difficult to carry out in routine practice. In many healthcare settings, providers face constraints such as limited consultation time, lack of private examination space, inadequate lighting, shortages of essential equipment such as speculums, and high patient volume. These challenges can make it difficult to conduct a comprehensive genital examination.

As result, providers may rely more heavily on patients' self-reported symptoms rather than clinical findings. This introduces another layer of uncertainty because patients may not recognize symptoms as abnormal, may have difficulty describing them, or may choose not to disclose them due to stigma, embarrassment, or concerns about confidentiality. Consequently, infection may be missed, symptoms may be misclassified, and patients may receive inappropriate or incomplete treatment. These real-world implementation challenges further reduce the effectiveness of syndromic management beyond the inherent limitations of symptom-based diagnosis alone.

Syndromic Management Is Not Enough for Women

Women are less likely than men to experience symptoms when they have an STI. Further, one symptom experienced by women – vaginal discharge – has proven to be especially difficult to diagnose using syndromic management. Vaginal discharge is often due to vaginal infections, including bacterial vaginosis and trichomoniasis, and other non-STI causes, and less likely due to chlamydia or gonorrhea infections, as these are often asymptomatic. As a result, STIs among women are too often undiagnosed, misdiagnosed, or untreated.

Untreated STIs can have particularly severe consequences for women. They may cause infertility, long-term pain, pelvic inflammatory disease, and life-threatening ectopic pregnancy. Additionally, STIs can be transmitted to the fetus during pregnancy and childbirth, causing miscarriages, stillbirths, and serious health consequences for infants, such as low birth weight, developmental delays, and blindness.

The difficulty of identifying women's infections using syndromic management, combined with the gravity of the potential outcomes, indicates an urgent need to supplement syndromic management with broader screening efforts. At a minimum, screening to identify asymptomatic STIs should be incorporated into pregnancy care and programs for women at particular risk for STI exposure, including sex workers.

Enhancing Syndromic Management

Even in the absence of laboratory testing capabilities, there are opportunities to close some of the gaps in syndromic management, ensure more people receive prompt, effective treatment that can prevent long-term health problems, and reduce overall STI prevalence. Steps that advocates can amplify include:

➤ Routinely review and update syndromic management guidelines

Health officials should periodically review and adapt recommendations to address environmental and technological developments. These may include changes in treatment recommendations due to evolving resistance, increases or decreases in the incidence of particular symptom-causing STIs, or a shift in STI epidemiology to affect new populations.

Although STI epidemiology data can be difficult to obtain in settings using syndromic management, a sentinel surveillance system, where more complete diagnostic information is collected at designated sites, could be set up to help provide this information.

National programs could also routinely explore and test alternative flowcharts that have the potential to improve diagnostic accuracy and treatment effectiveness. Additional antimicrobial resistance monitoring could be done to inform treatment recommendations.

➤ Train providers

Although syndromic management guidelines are designed to be easy to follow, additional and specific training can help providers better assess specific STI symptoms and provide the best care. Focused training also helps ensure providers have access to and understand the latest updates when syndromic management guidelines change.

➤ Leverage new diagnostic tools

In recent years, inexpensive rapid STI tests that can significantly improve the accuracy of the syndromic management approach have become increasingly available. Options include:

- Small, point-of-care molecular assays that typically use a compact piece of equipment to test a single sample for chlamydia, gonorrhea, and in some cases additional infections including trichomoniasis. Results are often available in 30 minutes or less. Samples (for example, a vaginal swab or a urine sample) may be self-collected by the patient, streamlining care and potentially improving acceptability, and then tested on-site at the health facility.
- Even smaller, faster, and less expensive lateral flow tests that diagnose syphilis, or both HIV and syphilis, using a finger-prick blood sample. These tests can be performed in the clinic or by a patient self-testing.
- Lateral flow tests are also available for chlamydia, gonorrhea, and trichomoniasis diagnosis, although some of these are currently less accurate than other types of tests for these infections.

Additional options for both point-of-care testing and self-testing are being developed and may soon offer even quicker, cheaper, and/or more accurate options. Advocates should continue to press for investment in these essential tools.

Where point-of-care tests are available now, they should be incorporated into syndromic management guidelines for routine use, especially for women, pregnant people, and other priority populations. This will require initial investment, especially for the most accurate tests that require desktop equipment. However, the tests may ultimately be cost saving because they cut back on overtreatment, reduce complications that require medical follow-up, and prevent onward transmission of infection. In addition, they can strengthen STI surveillance by improving case reporting and generating more accurate data to inform STI programming, policy, and the development of evidence-based national STI management and treatment guidelines.

➤ Emphasize partner notification and treatment

Organization's syndromic management guidelines urge notifying sexual partners about an STI diagnosis, so that people who have been exposed to infection can be diagnosed and treated, even if they are not experiencing symptoms. When partners are not treated, infection is likely to continue to spread, including reinfection to the original patient.

The most common approach is patient referral in which patients are encouraged to inform their sexual partners of their potential exposure and are often provided with a partner notification slip or referral card to give to them when seeking care. While this approach is simple and inexpensive, its effectiveness depends on patients notifying their partners and partners subsequently accessing healthcare.

Some health systems also offer STI patients an extra course of antibiotic medication to provide to their primary partner, a strategy called expedited partner therapy (EPT). This approach is controversial because providers do not typically prescribe medication to a third party that they have not had a consultation with. However, it has been shown to reduce the risk of STI reinfection and is worth considering in some settings.

Another approach, provider-assisted partner notification, involves healthcare providers confidentially contacting partners to inform them of their potential exposures and encourage testing and treatment while protecting the identity of the original patient. This strategy has also been shown to be effective and may be more appropriate than patient referral in some settings, particularly where stigma, concerns about disclosure, or barriers to healthcare may limit partner notification.

➤ Supplement with targeted routine screening

Routine STI screening protocols allow providers to diagnose and treat the vast majority of STIs that are asymptomatic. Even in settings where population-wide screening is not feasible, offering these routine tests to groups at elevated risk, such as pregnant women, sex workers, men who have sex with men, and young people and adolescents, can help interrupt chains of transmission and reduce STI incidence.

Providers can collect information on sexual history including age, number of sex partners, prior STI history, partner symptoms, and gender of sexual partners to improve the accuracy of identifying likely causes of symptoms before treatment is provided. The WHO enhanced approach to vaginal discharge management incorporates these types of assessments to improve identification of women who may have cervical infections and require additional testing and treatment. By combining symptom assessment, sexual history taking, and targeted screening, providers can deliver more individualized, accurate and effective STI care.

Additionally, the successful introduction of dual HIV/syphilis rapid tests in many low- and middle-income countries, particularly through antenatal care program, demonstrates the value and feasibility of integrated screening approaches. Expanding access to dual HIV/syphilis testing, especially in communities where HIV and syphilis status are unknown, can facilitate earlier diagnosis, linkage to care and treatment, reducing transmission and improving health outcomes.

Overall, syndromic management has played an essential role in STI care for decades and remains a critical tool in many settings, particularly where access to laboratory diagnostics is limited. For many health systems, it continues to provide the only practical means of diagnosing and treating symptomatic patients. While diagnostic technologies continue to evolve, there is an urgent need to optimize existing syndromic management approaches. By strengthening clinical guidelines, improving healthcare worker training, ensuring consistent implementation, supporting partner management, and integrating targeted screening and diagnostic testing where feasible, countries can improve the quality and impact of STI care today.

Looking ahead, countries have an opportunity to build on, not replace, the foundations of syndromic management. As affordable diagnostic technologies become more widely available, health systems can gradually expand access to etiologic diagnosis, allowing providers to identify the specific cause of infection, offer more targeted treatment, improve antimicrobial stewardship, and detect asymptomatic infections that syndromic management cannot identify. By investing in diagnostics alongside stronger health systems, countries can move toward more accurate, equitable, and effective STI care.

About STIWatch and AVAC

STIWatch is an initiative of AVAC, an international non-profit organization that leverages its independent voice and global partnerships to accelerate ethical development and equitable delivery of effective HIV prevention options, as part of a comprehensive and integrated pathway to global health equity. Through STIWatch, AVAC works alongside advocates, researchers, healthcare providers, policymakers, and community leaders to advance locally driven and evidence-based advocacy that reflects national priorities and strengthens sexual health systems. Learn more at www.stiwatch.org and www.avac.org.

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