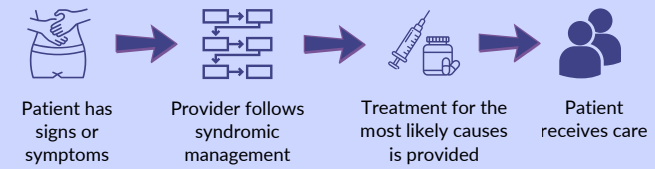
Syndromic Management of STIs

A Quick Guide for Advocates

Improving access. Recognizing limitations. Advancing better STI care for all.

What it Syndromic Management?

Syndromic management is an approach to treating and managing STIs based on symptoms. Healthcare providers use flowcharts to identify the most likely cause of symptoms and provide treatment. This approach is beneficial in settings where diagnostics are limited.



Why this is especially important for women

Syndromic management performs reasonably well for urethral discharge in men and genital ulcer disease, but performs poorly for cervical infections in women, particularly chlamydia and gonorrhea.

This is because:

- Most cervical infections cause few or no symptoms
- Vaginal discharge has many possible causes, many of which are not STIs
- Women may receive unnecessary treatment — or infections may be completely missed

As a result, women are at increased risk of untreated infections that can lead to pelvic inflammatory disease, infertility, ectopic pregnancy, adverse pregnancy outcomes, and continued transmission.

The Benefits

- Provides treatment without waiting for lab results.
- Expands access to STI care where diagnostics are limited.

The Limitations

Overtreatment

Patients may receive antibiotics they do not need, increasing costs, side effects, and antimicrobial resistance.

Missed infections

Many STIs cause similar symptoms; the real infection may be missed or inadequately treated, leading to complications and continued transmission.

Cannot detect asymptomatic infections

Most chlamydia and gonorrhea infections have few or no symptoms and remain undiagnosed and untreated.

Limited surveillance

Without diagnostics, it is difficult to know what STIs are circulating or monitor drug resistance trends.

Common STI Syndromes, Possible Causes and First-line Treatment Options

Syndrome	Symptoms May Include	Possible Causes	Examples of First-line Treatment Options*
Gential 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 genialium (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.)

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 guidlines 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 towrd etiologic (diagnostic-led) STI care

STIWatch
An initiative of AVAC

Learn more about and access the full Advocates' Guide to STI Syndromic Management at **STIWatch.org**