



Syndromic management of anogenital discharges and ulcers during the COVID-19 outbreak, New York City, 2020

This table offers guidance for presumptive treatment of common syndromes associated with sexually transmitted infections (STIs) (for example, male urethral discharge, anogenital ulcers, vaginal discharge, lower abdominal/pelvic pain and anorectal pain), and links to a two-page document summarizing treatment recommendations from the Centers for Disease Control and Prevention (CDC) for specific STI pathogens: nycptc.org/x/STD_TreatmentTable_4_11_2017.pdf. For oral gonorrhea treatment regimens, local providers should use New York City (NYC)-specific guidance: nyc.gov/assets/doh/downloads/pdf/imm/presumptive-oral-gonorrhea-guidelines.pdf. For further information on common STI syndromes, management of syndromes not included here and provisions for special populations (e.g., pregnant or lactating people), please consult the 2015 CDC Sexually Transmitted Diseases (STD) Treatment Guidelines at cdc.gov/std/tg2015/default.htm. Consultation on STI management is also available through the NYC Health Department by calling 347-396-7959 between 9 a.m. and 3:30 p.m., Monday to Friday.

Syndrome/ condition	Ask patient about:	Patient response:	Presumptive diagnosis	Management by health care provider	Counsel patient to:
Male urethral discomfort or discharge (new onset)	Dysuria	Dysuria or internal urethral itching	Chlamydia or other non-gonococcal urethritis	Treat for chlamydia.	<p>Abstain from sex until 7 days after partner(s) completes treatment.</p> <p>Notify sex partner(s): Patient should notify partner(s) over the last month of presumptive diagnosis and need for treatment.</p> <p>Give expedited partner therapy to <i>current</i> sex partner(s) and tell them to read the “Information for People Exposed to a Sexually</p>
	Discharge	None, or scant clear discharge		<p>See <i>Summary CDC treatment guidelines</i>, available at nycptc.org/x/STD_TreatmentTable_4_11_2017.pdf.</p> <p>Partner treatment Give patient expedited partner therapy for chlamydia to treat <i>current</i> sex partner(s).</p>	
	Onset	Gradual or intermittent		Direct patient to provide their sex partner(s) with the link to “Information for People Exposed to	

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				a Sexually Transmitted Infection”: nyc.gov/assets/doh/downloads/pdf/imm/ept-partner-guidance.pdf .	Transmitted Infection” document before taking the medication. Return to telemedicine services if symptoms have not improved after 7 days.
	Dysuria Discharge Onset	Dysuria Profuse, purulent (yellow/ green) Abrupt	Gonorrhea	Treat for both gonorrhea and chlamydia. <i>See NYC-specific gonorrhea treatment recommendations,</i> available at nyc.gov/assets/doh/downloads/pdf/imm/presumptive-oral-gonorrhea-guidelines.pdf . Partner treatment: Give patient expedited partner therapy for gonorrhea and chlamydia to treat current sex partner(s). Direct patient to provide their sex partner(s) with the link to “Information for People Exposed to a Sexually Transmitted Infection”: nyc.gov/assets/doh/downloads/pdf/imm/ept-partner-guidance.pdf .	Abstain from sex until 7 days after partner(s) completes treatment. Notify sex partners: Patient should notify partner(s) over the last month of presumptive diagnosis and need for treatment. Give expedited partner therapy to <i>current</i> sex partner(s) and tell them to read the “Information for People Exposed to a Sexually Transmitted Infection” document before taking the medication. Return to telemedicine services if symptoms have not improved after 3 days.
Male urethral discomfort or	History	Recently treated	Persistent urethritis due	Men who have sex with men: treat for <i>Mycoplasma genitalium</i> .	Avoid alcohol consumption during treatment and for 24

Syndrome/ condition	Ask patient about:	Patient response:	Presumptive diagnosis	Management by health care provider	Counsel patient to:
discharge (persistent)	<p>Re-exposure or interim sex</p> <p>Symptoms</p>	<p>No interim sex</p> <p>Did not resolve or worsening</p>	<p>to trichomonas or <i>Mycoplasma genitalium</i></p> <p>Consider the diagnosis of herpes or drug-resistant gonorrhea.</p>	<p>Men who have sex with women only: treat for trichomonas and <i>Mycoplasma genitalium</i>.</p> <p>See <i>Summary CDC treatment guidelines for persistent or recurrent urethritis</i>, available at nycptc.org/x/STD_TreatmentTable_4_11_2017.pdf.</p> <p>If symptoms do not improve after treatment above, call the NYC Health Department for clinical consultation at 347-396-7959.</p> <p>Give expedited partner therapy for current sex partner(s) as appropriate for presumptive diagnosis in the index patient (permissible under New York State (NYS) law for chlamydia, gonorrhea and trichomonas).</p> <p>Direct patient to provide their sex partner(s) with the link to “Information for People Exposed to a Sexually Transmitted Infection”: nyc.gov/assets/doh/downloads/pdf/imm/ept-partner-guidance.pdf.</p>	<p>hours after completion of metronidazole or 72 hours after completion of tinidazole.</p> <p>Abstain from sex until 7 days after partner(s) completes treatment.</p> <p>Partner treatment: Patient should notify partner(s) over the last month of presumptive diagnosis and need for treatment.</p> <p>Give expedited partner therapy to <i>current</i> sex partner(s) and tell them to read the “Information for People Exposed to a Sexually Transmitted Infection” document before taking the medication.</p> <p>Return to telemedicine services if symptoms have not improved after 3 days.</p>

Syndrome/ condition	Ask patient about:	Patient response:	Presumptive diagnosis	Management by health care provider	Counsel patient to:
Male urethral discomfort or discharge (recurrent)	History	Recently treated	Recurrent urethritis	Repeat initial treatment for gonorrhea and chlamydia.	Abstain from sex until 7 days after partner(s) completes treatment.
	Re- exposure or interim sex	Interim sex within 7 days of starting treatment		Give expedited partner therapy for gonorrhea and chlamydia for current sex partner(s).	Partner treatment: Patient should notify partner(s) over the last month of presumptive diagnosis and need for treatment.
	Symptoms	Recurring after initial improvement		Direct patient to provide their sex partners with the link to “Information for People Exposed to a Sexually Transmitted Infection”: nyc.gov/assets/doh/downloads/pdf/ imm/ept-partner-guidance.pdf .	Give expedited partner therapy to <i>current</i> sex partner(s) and tell them to read the “Information for People Exposed to a Sexually Transmitted Infection” document before taking the medication. Return to telemedicine services if symptoms have not improved after 3 days.
Anogenital ulcers	Number and size of ulcers	One or two large (≥ 1 -2 cm diameter) ulcers at a site of sexual exposure, including mouth	Syphilis	Treat for primary syphilis. Injectable benzathine penicillin is the <u>only</u> treatment for syphilis in people who are pregnant or could become pregnant, unless effective contraception can be assured. If injectable treatment for syphilis is needed, call the NYC Health	Partner treatment: Patient should notify partners over the last month of presumptive diagnosis and need for treatment. Partners can call the NYC Health Department at 347- 396-7959 between 9 a.m. and

Syndrome/ condition	Ask patient about:	Patient response:	Presumptive diagnosis	Management by health care provider	Counsel patient to:
	Pain	Non-tender		Department to arrange for treatment at 347-396-7959.	3:30 p.m., Monday to Friday, to request treatment for syphilis exposure.
	Appearance	“Open sore”		Consider concurrent treatment for herpes. See <i>Summary CDC treatment guidelines</i> for primary syphilis and herpes infection, available at nycptc.org/x/STD_TreatmentTable_4_11_2017.pdf .	Return to telemedicine services if ulcer(s) do not improve after 7 to 10 days.
	Number and size of ulcers	Clusters of small ulcers	Herpes	Treat for herpes, first episode or recurrent. See <i>Summary CDC treatment guidelines</i> for herpes infection, available at nycptc.org/x/STD_TreatmentTable_4_11_2017.pdf .	Partner treatment: Patient should notify partner(s) over the last month of presumptive diagnosis and need for treatment.
	Pain	Tender			
	Appearance	Blisters or open, sores/ erosions			Return to telemedicine services if symptoms have not improved after 3 to 5 days.
Vaginal discharge	Discharge	Thick, white, curd-like, with itching or burning on vulva	Yeast infection	Treat for candidiasis (agents and regimens differ according to pregnancy status and immune status). CDC recommendations for treatment regimens can be found at cdc.gov/std/tg2015/candidiasis.htm .	Return to telemedicine services if symptoms have not improved after 3 days.

Syndrome/ condition	Ask patient about:	Patient response:	Presumptive diagnosis	Management by health care provider	Counsel patient to:
	Discharge	Thin, white or yellow discharge, with one or more of the following: - bad odor - itching - burning on vulva - post coital bleeding	Bacterial vaginosis or <i>Trichomonas vaginalis</i>	<p>Treat for both bacterial vaginosis and trichomonas (can be done with single regimen).</p> <p>See <i>Summary CDC treatment guidelines</i> for treatment of bacterial vaginosis and trichomonas.</p> <p>Partner treatment: Give patient expedited partner therapy for trichomonas for current sex partner(s).</p> <p>Direct patient to provide their sex partner(s) with the link to “Information for People Exposed to a Sexually Transmitted Infection”: nyc.gov/assets/doh/downloads/pdf/imm/ept-partner-guidance.pdf.</p>	<p>Avoid alcohol consumption during treatment, and for 24 hours after completion, of metronidazole or 72 hours after completion of tinidazole.</p> <p>If breastfeeding, pump and discard breast milk for 24 hours after taking metronidazole, 2 grams in a single oral dose. Not necessary if taking metronidazole 400 mg TID for 7 days.</p> <p>Partner treatment: Patient should notify partner(s) over the last month of presumptive diagnosis and need for treatment.</p> <p>Give expedited partner therapy for current sex partner(s) and tell them to read the “Information for People Exposed to a Sexually Transmitted Infection” document before taking the medication.</p>

Syndrome/ condition	Ask patient about:	Patient response:	Presumptive diagnosis	Management by health care provider	Counsel patient to:
					Return to telemedicine services if symptoms have not improved after 7 days.
Lower abdominal pain/pelvic pain (women or transgender men)	Onset	New onset	Ectopic pregnancy	Immediate referral to Emergency Room to rule out ectopic pregnancy.	Emergency, potentially life-threatening
	Distribution	Unilateral			
	Last menstrual period	>28 days ago (missed period)			
	Pregnancy test	Negative pregnancy test cannot be demonstrated			
	Onset	New onset	Pelvic inflammatory disease	Treat with oral regimen for pelvic inflammatory disease. Actively follow up with patient by phone within 72 hours to assess resolution of symptoms. See <i>Summary CDC treatment guidelines</i> for pelvic inflammatory disease, available at nycptc.org/x/STD_TreatmentTable_4_11_2017.pdf . Call the NYC Health Department for clinical consultation and referral for	Partner treatment: Patient should notify partner(s) over the last month of presumptive diagnosis of chlamydia and gonorrhea and need for treatment. Give expedited partner therapy to current sex partner(s), and tell them to read the “Information for People Exposed to a Sexually Transmitted Infection” document before taking the medication.
	Distribution	Bilateral or diffuse			
	Last menstrual period	No missed period			
	Pregnancy test	If done, home pregnancy test is negative			

Syndrome/ condition	Ask patient about:	Patient response:	Presumptive diagnosis	Management by health care provider	Counsel patient to:
	Fever, vaginal discharge, post-coital bleeding	One or more present		gynecological evaluation at a Sexual Health Clinic at 347-396-7959. Partner treatment: Give patient expedited partner therapy for gonorrhea and chlamydia for current sex partner(s). Direct patient to provide their sex partners with the link to “Information for People Exposed to a Sexually Transmitted Infection”: nyc.gov/assets/doh/downloads/pdf/ imm/ept-partner-guidance.pdf .	Follow-up with telemedicine services in 72 hours, or sooner, if symptoms worsen.
	Onset Distribution Last menstrual period Fever, vaginal discharge,	Regularly recurrent Bilateral or diffuse No missed period Not present	Possible endometri- osis, pelvic adhesive disease	Non-urgent gynecologic referral	Return to telemedicine services if pain persists longer than usual, or changes in character.

Syndrome/ condition	Ask patient about:	Patient response:	Presumptive diagnosis	Management by health care provider	Counsel patient to:
	post-coital bleeding Pain with penetration during intercourse, painful menses	May be present			
Anorectal pain (new onset)	History Rectal discharge Abdominal pain	Condomless anal receptive sex within past 60 days Present, non- bloody None	Proctitis, acute, bacterial	Treat for gonorrhea and chlamydia. See <i>NYC-specific gonorrhea treatment recommendations</i> , available at nyc.gov/assets/doh/downloads/pdf/ imm/presumptive-oral-gonorrhea- guidelines.pdf . See <i>Summary CDC treatment guidelines for Acute Proctitis</i> , available at nycptc.org/x/STD TreatmentTable 4_11_2017.pdf . Partner treatment: Give expedited partner therapy for chlamydia and gonorrhea for current sex partner(s). Direct patient to provide their sex partner(s) with the link to	Abstain from sex until 7 days after partner(s) completes treatment. Partner treatment: Patient should notify partner(s) over the last month of presumptive diagnosis and need for treatment. Give expedited partner therapy to <i>current</i> sex partner(s) and tell them to read the “Information for People Exposed to a Sexually Transmitted Infection” document before taking the medication. Return to telemedicine services if symptoms worsen,

Syndrome/ condition	Ask patient about:	Patient response:	Presumptive diagnosis	Management by health care provider	Counsel patient to:
				<p>“Information for People Exposed to a Sexually Transmitted Infection”: nyc.gov/assets/doh/downloads/pdf/imm/ept-partner-guidance.pdf.</p>	<p>or have not improved after 7 days.</p>
	<p>History</p> <p>Rectal discharge</p> <p>Abdominal pain</p>	<p>Condomless anal receptive sex within past 60 days</p> <p>Present, bloody</p> <p>Abdominal pain present</p>	<p>Proctocolitis, bacterial</p>	<p>Treat for both gonorrhea and lymphogranuloma venereum, and</p> <p>See <i>NYC-specific gonorrhea treatment recommendations</i>, available at nyc.gov/assets/doh/downloads/pdf/imm/presumptive-oral-gonorrhea-guidelines.pdf.</p> <p>See <i>Summary CDC treatment guidelines</i> for lymphogranuloma venereum, available at nycptc.org/x/STD_TreatmentTable_4_11_2017.pdf.</p> <p>Partner treatment: Give expedited partner therapy for chlamydia and gonorrhea for current sex partner(s).</p> <p>Direct patient to provide their sex partners with the link to “Information for People Exposed to a Sexually Transmitted Infection”: nyc.gov/assets/doh/downloads/pdf/imm/ept-partner-guidance.pdf.</p>	<p>Abstain from sex until 7 days after partner(s) completes treatment.</p> <p>Partner treatment: Patient should notify partner(s) over the last month of presumptive diagnosis and need for treatment.</p> <p>Give expedited partner therapy to <i>current</i> sex partner(s) and tell them to read the “Information for People Exposed to a Sexually Transmitted Infection” document before taking the medication.</p> <p>Return to telemedicine services if symptoms worsen or have not improved after 7 days.</p>

Syndrome/ condition	Ask patient about:	Patient response:	Presumptive diagnosis	Management by health care provider	Counsel patient to:
Anorectal pain and anal rash	Rash	Anal rash suggestive of herpes	Proctitis, herpetic	Treat for herpes. See <i>Summary CDC treatment guidelines</i> for herpes infection, available at nycptc.org/x/STD_TreatmentTable_4_11_2017.pdf .	Abstain from sex until 7 days after symptoms resolve. Partner treatment: Patient should notify partner(s) over the last month of presumptive diagnosis. Return to telemedicine services if symptoms worsen or have not improved after 7 days.
	Rectal discharge	Present			
	Abdominal pain	None			
Anorectal pain (persistent)	History	Treated for proctitis	Proctitis, persistent	Consider treating for lymphogranuloma venereum. Call the NYC Health Department for clinical consultation and referral at 347-396-7959.	Abstain from sex until 7 days after symptoms resolve. Partner treatment: Patient should notify partner(s) over last month of presumptive diagnosis and need for treatment. Return to telemedicine services if symptoms have not improved after 7 days.
	Symptoms	Symptoms that do not resolve or worsen within 7 days			
	Interim sex	No interim sex			
Anorectal pain (recurrent)	History	Treated for proctitis	Proctitis, recurrent	Re-treat for gonorrhea and chlamydia. See <i>NYC-specific gonorrhea treatment recommendations</i> , available at nyc.gov/assets/doh/downloads/pdf/	Abstain from sex until 7 days after symptoms resolve. Partner treatment: Patient should notify partner(s) over last month of
	Symptoms	Initial improvement			

Syndrome/ condition	Ask patient about:	Patient response:	Presumptive diagnosis	Management by health care provider	Counsel patient to:
	Interim sex	Had interim sex within 7 days of starting treatment, or within 7 days of existing sex partner starting treatment		<p>imm/presumptive-oral-gonorrhea-guidelines.pdf.</p> <p>See <i>Summary CDC treatment guidelines</i> for Acute Proctitis, available at nycptc.org/x/STD_TreatmentTable_4_11_2017.pdf.</p> <p>Partner treatment: Expedited partner therapy for chlamydia and gonorrhea for current sex partner(s).</p> <p>Direct patient to provide their sex partner(s) with the link to “Information for People Exposed to a Sexually Transmitted Infection”: nyc.gov/assets/doh/downloads/pdf/imm/ept-partner-guidance.pdf.</p>	<p>presumptive diagnosis and need for treatment.</p> <p>Give expedited partner therapy to <i>current</i> sex partner(s) and tell them to read the “Information for People Exposed to a Sexually Transmitted Infection” document before taking the medication.</p> <p>Return to telemedicine services if symptoms have not improved after 7 days.</p>

The NYC Health Department may change recommendations as the situation evolves.

4.19.20