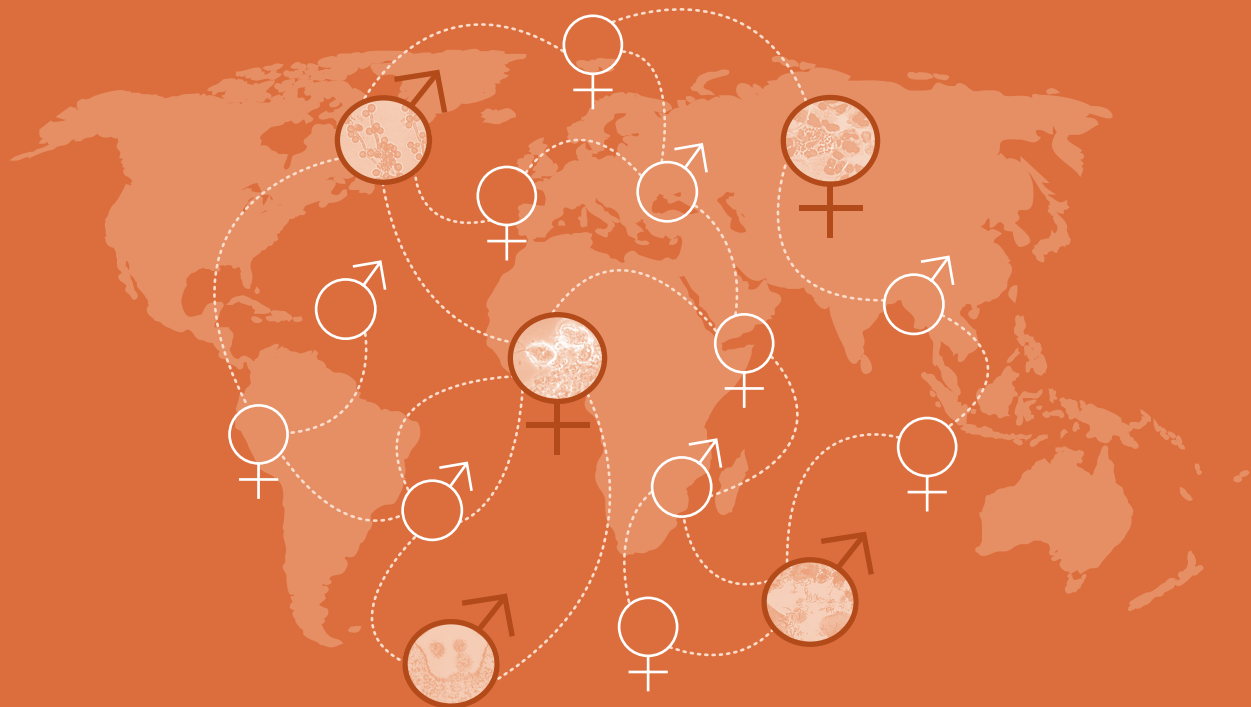


PERIODIC PRESUMPTIVE TREATMENT FOR SEXUALLY TRANSMITTED INFECTIONS

EXPERIENCE FROM THE FIELD
AND RECOMMENDATIONS FOR RESEARCH



World Health
Organization



Population Council

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ABBREVIATIONS

AIDS	acquired immunodeficiency syndrome
HIV	human immunodeficiency virus
HSV-2	herpes simplex virus type 2 (genital herpes)
PCR	polymerase chain reaction
PPT	periodic presumptive treatment
STI	sexually transmitted infection
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
WHO	World Health Organization



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The WHO Department of Reproductive Health and Research including the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP), helps people to lead healthy sexual and reproductive lives. The Department endeavours to strengthen the capacity of countries to enable people to promote and protect their own sexual and reproductive health and that of their partners, and to have access to, and receive, high-quality sexual and reproductive health services when needed. HRP is the main instrument within the United Nations system for research in human reproduction, bringing together health-care providers, policy-makers, scientists, clinicians and consumer and community representatives to identify and address priorities for research aimed at improving sexual and reproductive health.

The Clinical Research Unit, LSHTM, is a WHO Collaborating Centre for Prevention and Control of Sexually Transmitted Infections. The LSHTM is Britain's national school of public health and a leading postgraduate institution in Europe for public health and tropical medicine. It is one of the highest-rated research institutions in the United Kingdom of Great Britain and Northern Ireland with a focus on the health of populations as a framework for its research and training. The Population Council is an international, nonprofit, non-governmental organization that conducts biomedical, social science, and public health research on global issues, including sexual and reproductive health, HIV and AIDS, and population trends. Headquartered in New York City (NY, USA), the Population Council has 19 offices in Africa, Asia, and Latin America and works in 60 countries.

We are grateful to the researchers who shared their experiences from various regions of the world. The technical consultation was also enriched by the attendance of non-health-care community members who had participated in some of the field studies conducted in Africa and Asia.



EXECUTIVE SUMMARY

In any society, sexually transmitted infection (STI) rates are highest among those with frequent change of sexual partner, particularly when they have poor access to health care. For this reason, STI control efforts – while endeavouring to provide basic prevention and treatment services for the general population – must also ensure that they reach sex workers and their clients with effective interventions. Control of transmission in commercial sex networks reduces secondary transmission, and has been shown to have impact at broader population levels.

Successful efforts to achieve STI control among sex workers and their clients range from direct clinical interventions to structural interventions that reduce vulnerability (empowerment models) and increase condom use (100% condom-use policies). Clinical interventions based on syndromic management of STIs work well for sex workers with symptoms but miss the majority of STIs which are asymptomatic. Regular screening visits can help identify asymptomatic infections if sensitive laboratory tests are available, but this is uncommon in low-resource settings.

Another approach to dealing with asymptomatic STIs within these population groups involves providing antibiotic treatment for relevant bacterial STIs on a presumptive basis, either on a one-time basis or repeatedly at predetermined intervals. This is known as one-time or periodic presumptive treatment. Interventions for STIs using this method have been carried out – mainly among sex workers – in

- produce guidelines on the use of periodic presumptive treatment for STIs; and
- make recommendations for further research in this field.

Presumptive treatment is defined as one-time treatment for a presumed infection in a person, or a group of people, at high risk of infection. Presumptive treatment for STIs is often given at repeated intervals, in which case it is known as *periodic presumptive treatment*. Other STI treatment strategies include *syndromic case management*, which treats pathogens known to cause signs and symptoms with which a person presents, and *laboratory-based diagnosis and treatment*.

These approaches are in fact complementary. While syndromic case management depends on signs and symptoms, presumptive treatment addresses the more problematic asymptomatic infections as well as symptomatic infections in persons presumed to be at high risk and with high probability of infection.

This publication describes some experiences using *one-time presumptive treatment* for STIs among sex workers. In the three cases from Cambodia, Madagascar, and the Philippines, presumptive treatment was offered within established STI care services, although one-time presumptive treatment has also on occasion been delivered outside of routine STI services. In some of the cases considered, rapid reductions in prevalence of gonorrhoea and chlamydia

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