

# STI Counselling

- Counselling has been defined by Burnard (1999) as “ the means by which one person helps another to clarify his or her life situation and to decide further lines of action ”

# Role of counsellor

- Understands the reasons for these symptoms (including past sexual behaviours)
- Understands that only a complete course of treatment will help the situation
- Decides how to avoid future infection
- Decides what to do to protect other people from their symptoms/ illness (e.g., referring the sexual partner for treatment)

## Signs and symptoms of STI in males

- Urethral discharge/ burning or pain during urination/ frequent urination
- Genital itching  
Swelling in groin/ scrotal swelling  
Blisters or ulcers on the genitals, anus, mouth, lips
- Itching or tingling in genital area  
Ano-rectal discharge  
Warts on anal, genital region or surrounding area

# Signs and symptoms of STI in females

- Abnormal vaginal discharge
- Genital itching
- Pain during sexual intercourse
- Lower abdominal pain
- Blisters/ulcers on the genitals, anus or surrounding area, mouth, lips

## Steps of counselling

- 1) Information
- 2) Risk assessment and risk reduction
- 3) Investigation and treatment
- 4) Partner management
- 5) Follow up

# Information

- STI, HIV/AIDS, Opportunistic infections
- Explore any myths and misconceptions and clarify the same
- Repeat and summarise information
- Ask questions to check whether they have understood

## Risk assessment

- Detailed sexual history

- 1 . Greet the patient and introduce yourself
- 2 . Take consent
3. Ask about history of presenting complaint and duration
4. Ask about sexual orientation homo/heterosexual .
5. Ask about marital status
6. Ask about last sexual encounter (date]
  
7. Nature of contact- Marital / non marital
  
8. Type of contact – genitogenital, orogenital, anogenital
9. Type of contraception used and consistency of usage
10. Number of sex partners in the last 3 months- regular/ casual
  
11. Ask if patient has ever paid for sex
  
12. If patient or his partner has been tested for HIV or any other STD in past?

13. If patient or his partner has ever been diagnosed with any STD in past

14. If patient or his partner has any recurring STD complaints

15. If patient's partner has similar complaints currently

16. Ask if patient has ever had sexual contact under influence of alcohol

17. History of use of any drug oral/ IV/ Needle sharing

## High risk sexual behaviour

- Unprotected genitogenital/anogenital/orogenital intercourse except in a long term monogamous relationship
- Having multiple sex partners
- Having a high risk partner ( who has multiple sex partners or other risk factors)
- IV drug users
- Sex trade work

# Risk reduction

- Address each and every high risk behaviour mentioned by the patient
- Give a specific suggestion for how to make it safer
- Strongly recommend use of condom
- Correct misinformation

# Investigations and treatment

- HIV testing ( Pre test and post test counselling )
- VDRL
- HBsAg, Anti HCV antibodies
- Genital ulcers- Tzanck smear/Gram stain/Dark ground illumination
- Discharge (urethral/cervical/vaginal)- Gram stain/KOH mount/Wet mount/Culture/PCR

- Emphasis on completing the treatment
- Suggest abstinence while on treatment
- Follow up visit after completing the course of treatment

## Partner management

- STI re-infection
- Further spread of STI
- Possible long term effects of untreated STI for the partner



# Approaches to partner management

- Referral by index client
  - Referral by STI service provider
- (CONTACT TRACING)

## QUIZ

1) Following occupational (needle stick) exposure, which of the following diseases has the highest risk of transmission?

- a) HIV
- b) HCV
- c) HBV
- d) All of the above

Answer

c) HBV ( 9-30%)

HCV (1-10%)

HIV ( 0.3 %)

2) What is the drug of choice for syphilis infection?

Answer

Penicillin

3) Which of the following types of sexual contact has the highest risk of HIV transmission?

- a) Orogenital
- b) Genitogenital
- c) Anogenital
- d) All have the same risk of transmission

Answer

C) Anogenital

4) In which of the following diseases lymphadenopathy is NOT seen?

- a) Syphilis
- b) Herpes genitalis
- c) Donovanosis
- d) Chancroid

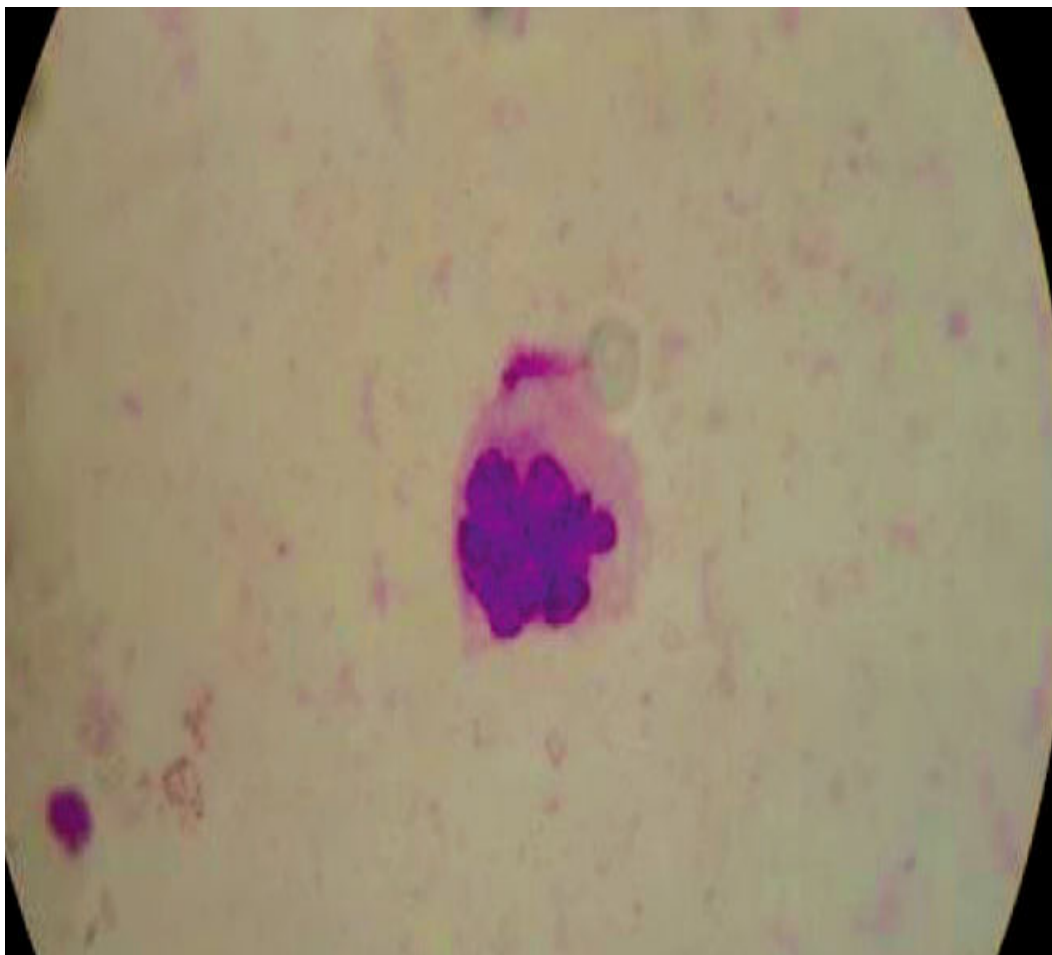
- Answer - Donovanosis

5) On gram staining “ school of fish” appearance is seen in :

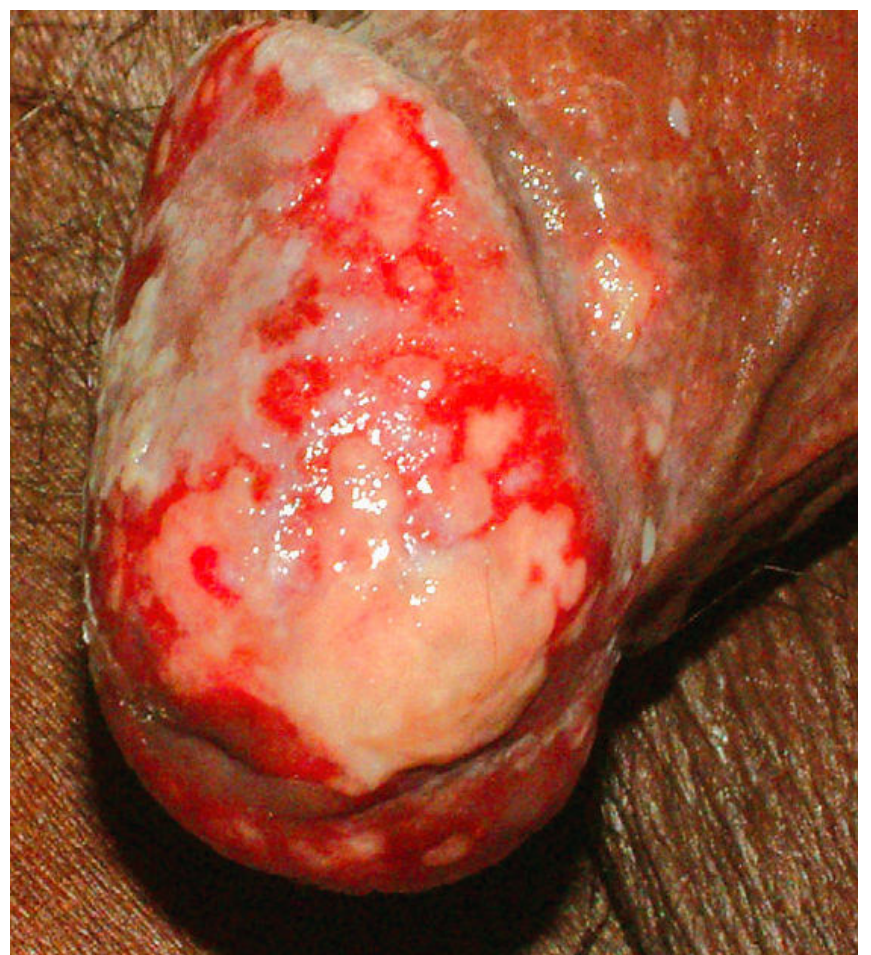
- a) Chancroid
- b) Donovanosis
- c) Lymphogranuloma venerum
- d) None

Answer

- a) Chancroid









Thank you!!

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