

AUVDT recommendations for management of gonorrhoea and genital ulcers in Africa

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<http://hinari-gw.who.int/whalecomwww.ncbi.nlm.nih.gov/whalecom0/pubmed/12340186>

<http://erepository.uonbi.ac.ke:8080/xmlui/handle/123456789/31254>

Date: 1984-03

Abstract:

PIP: The African Union Against Venereal Diseases and Treponematoses (AUVDT), inaugurated in 1979, held its 3rd biannual conference in Nairobi in March 1983 with local participants and participants from 15 English and French speaking countries as well as from Europe, USA and Canada. The conference was devoted to high level training and discussion, workshops on genital ulcer diseases (GUD) and scientific sessions during which many papers were read and discussed. Resolutions and recommendations were made concerning STD in Africa and later passed on to relevant health authorities for necessary action. It was agreed that all African governments who have not already done so should set their own STD control committees as soon as possible. The establishment of microbiological laboratories was strongly urged as well as specific training of health workers. It was felt that gonorrhoea and genital ulcer disease were the most frequent sexually transmitted diseases and so management recommendations were made. The efficacy of current regimens using penicillin is increasingly dropping and trimethoprim sulfamethoxazole should be substituted. Failure rates of over 10% would indicate the need to review the accepted regimen. The ideal drug should be effective, orally administered as a single dose, without harmful side-effects and preferably not masking syphilis. National programs can purchase drugs through WHO's and UNICEF's purchasing channels at very low prices and governments should utilize these channels. Monitoring of antimicrobial sensitivities should be encouraged and assistance should be sought from university departments of microbiology whenever possible. Genital Ulcer Disease (GUD) is an important public health problem in Africa. Chancroid is the most frequently diagnosed and etiologically proven GUD in eastern, central and southern Africa, accounting for 3-60% of GUD cases. Syphilis, herpetic ulceration, lymphogranuloma venereum and donovanosis are other GUDs found in Africa. Consideration of efficacy, availability, and compliance should be given to treatment. Recent studies have shown that single doses or short-term therapy regimens are as efficient for both ulcers and bubos. Syphilis may be treated with benzathine penicillin im or aqueous procaine penicillin G. No current curative therapy is available for herpes. Local management includes keeping lesions clean and dry; symptomatic treatment involves giving analgesics.