Republic of the Philippines
Department of Education
CORDILLERA ADMINISTRATIVE REGION

10 June 2025

REGIONAL MEMORANDUM
NO: 396 . 2025

DISSEMINATION OF THE INTERIM GUIDELINES ON THE MANAGEMENT OF SEXUALLY TRANSMITTED INFECTIONS IN THE PHILIPPINES

To: Assistant Regional Director
Schools Division Superintendent
School Health Personnel Concerned
All Others Concerned

1. This Office through the Education Support Services Division-Health and Nutrition Section (ESSD-HNS) disseminates the Department of Health Memorandum No. 2025-0230 which is the **"Interim Guidelines on the Management of Sexually Transmitted Infections in the Philippines"** dated March 5, 2025.

2. This memorandum is hereby issued to further advocate for increased awareness, education, and preventive measures regarding Sexually Transmitted Infections (STIs) within the region. This initiative aims to promote responsible sexual health practices, reduce the stigma associated with STIs, and encourage early testing and treatment through accurate information and support programs.

3. Attached is the memorandum from the Department of Health for reference.

4. For questions and clarifications, please contact Georgina C. Ducayso, ESSD Chief at cellphone number 0928-781-6074, or Dr. Raymond S. Damoslog, Medical Officer IV through email at raymond.damoslog@deped.gov.ph.

5. Immediate dissemination of and compliance with this Memorandum is directed.

ESTELA P. LEON-CARIÑO EdD, CESO III
Director IV/Regional Director

Enclosure: As Stated
ESSD/GCD/lsan/Dissemination of Interim Guidelines on the Management of STI
June 10, 2025

Address: DepEd-CAR Compound, Wangal, La Trinidad, Benguet, 2601
Telephone No: (074) 422 – 1318
Email Address: car@deped.gov.ph
DepEd Tayo
https://depedcar.p

Republic of the Philippines
DEPARTMENT OF HEALTH
Office of the Secretary

BAGONG PILIPINAS

March 5, 2025

DEPARTMENT MEMORANDUM
No. 2025 - 0230

SUBJECT: Interim Guidelines on the Management of Sexually Transmitted Infections in the Philippines

I. BACKGROUND:

The Philippines continuously experiences a significant increase in Sexually Transmitted Infections (STIs) particularly among key and vulnerable populations contributing to morbidity, reproductive health complications, and increased susceptibility to HIV infection. In the 2020 STI Etiologic Surveillance System, there was a 3.6% reactivity rate of Syphilis, 11.5% for Gonococcal and 8.4% for Non-gonococcal infections respectively. Previous DOH policy issuances have guided the national STI prevention and control efforts, including the Administrative Order No. 5-A series of 2003, which promoted syndromic STI case management and outlined essential referral mechanisms.

Keeping abreast of changes and innovations in managing these infections is an integral component in mitigating the impact of these sexually transmitted infections, as treatment is usually complicated by the susceptibility patterns of pathogens to locally available antimicrobials. In the era of increasing antimicrobial resistance, rational antimicrobial use is another key factor in halting STI transmission with enhanced diagnostic approaches and patient-centered treatment strategies as cornerstones of effective STI infection control.

II. OBJECTIVE:

This department memorandum updates existing STI protocols to ensure alignment with current global and national evidence-based and evidence-informed standards of care while integrating relevant provisions from previous policies, guidelines, and manuals of procedures.

III. SCOPE OF APPLICATION

These guidelines shall apply to:

a. All public and private health facilities providing STI services including but not limited to HIV treatment hubs and Primary HIV care facilities (PHCFs) and Reproductive health and wellness clinics.
b. Local Government Units (LGUs) through Rural Health Units (RHUs), health centers/stations, and local Social Hygiene Clinics.

c. Community-based organizations (CBOs) and Civil Society Organizations (CSOs) involved in STI service delivery.

IV. DEFINITION OF TERMS

A. **Sexually Transmitted Infections (STI)** - An infection that is primarily transmitted through sexual contact, including vaginal, anal, or oral sex. STIs can also be spread via non-sexual means, such as from mother to child such as vertical transmission.

B. **Viral STIs-** Infections caused by viruses, such as HIV, herpes (HSV), human papillomavirus (HPV), and hepatitis. Some viral STIs can be managed with antiviral treatments but may not be fully curable.

C. **Bacterial STIs-** Infections caused by bacteria, such as chlamydia, gonorrhea, and syphilis. They are typically treatable with antibiotics.

D. **Parasitic STIs** - Infections caused by parasites, such as trichomoniasis and pubic lice (crabs). These can often be treated with medications that target the parasites.

E. **Transmission** - The way an STI is passed from one person to another, typically through sexual contact, but some can be spread via sharing needles or from mother to child during childbirth or breastfeeding.

F. **Prevention** - Methods to reduce the risk of getting an STI, including the use of condoms, dental dams, vaccination (e.g., HPV vaccine), and regular testing.

G. **Key Population** - refers to people at increased risk of acquiring STIs due to behaviors and facilitating situations that are associated with high risk of STI transmission.

H. **Asymptomatic** - A condition where a person has an infection but does not show any signs or symptoms of it.

I. **Antibiotic Resistance** - When bacteria evolve to resist the effects of antibiotics, making the infection harder to treat.

J. **Screening** - The process of testing individuals who may not have symptoms but could be at risk of an STI. It helps detect infections early to reduce complications and transmission.

K. **Cure-** Some STIs can be cured with proper treatment, such as bacterial infections, while viral infections like HIV and herpes can be managed but not cured.

L. **Incubation Period** - The period between initial infection and the appearance of symptoms.

M. **Partner Notification** - Informing sexual partners of a diagnosed STI so they can also be tested and treated, helping to prevent re-infection or continued transmission.

N. **Syndromic Case Management** - The management of a patient whereby a syndrome (a management consistent group of symptoms and easily recognized signs) is used as a basis for the treatment of the causative organism

O. **Clinical diagnosis** - Using clinical experience to establish the cause of an infection or disease.

P. **Vesicular lesions** - Small blisters which, when occurring on the genitals, are usually indicative of herpes infection.

Q. **Early Syphilis infection** - refers also to as primary syphilis, is characterized by a painless sore called a chancre that typically appears on the genitals, rectum, or mouth.

This chancre usually appears about three weeks after exposure to the bacteria and may be small and painless

R. **Late Syphilis infection** - refers also to as tertiary syphilis, is a serious complication that can occur years after the initial infection if left untreated. It can damage the heart, brain, and other organs, potentially leading to death.

S. **Gonococcal infection** - is a sexually transmitted infection (STI) caused by the bacterium Neisseria gonorrhoeae. It can infect the urethra, cervix, rectum, throat, or eyes. Transmission occurs through sexual contact (vaginal, oral, or anal) with an infected person, or from a mother to a child during birth.

T. **Non-Gonococcal infection** - is an infection of the urethra, the tube that carries urine from the bladder to the outside of the body, caused by pathogens other than gonorrhea. It is a sexually transmitted infection (STI) that is often caused by Chlamydia trachomatis, but can also be caused by other bacteria, viruses, or protozoa.

V. GENERAL GUIDELINES

A. Information on STI and combination HIV prevention from risk reduction behaviors, correct and consistent condom use with water-based lubricants, and availability and access to pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) shall be included in the package of STI prevention services for key populations (KP) at substantial risk of HIV infection.

B. All health service providers including partners from other government and private health facilities and community-based organizations shall be engaged to improve knowledge and awareness of STI prevention based on the 4Cs of STI management: Compliance, Counselling for prevention, Condom use, and Contact management.

C. STI commodities shall be procured and managed by the Local Government Units (LGUs) and shall be made available in all Social Hygiene Clinics, Reproductive health and wellness clinics, Primary HIV care clinics, HIV treatment hubs, and community-based organizations involved in STI service delivery.

D. Referral of clients screened and treated for STI shall be strongly encouraged to be enrolled in PrEP and other HIV combination prevention services.

E. All health facilities that provide STI services should report ALL cases tested and treated for STI to the OHASIS 2.0 reporting system of the NHSSS - DOH Epidemiology Bureau.

VI. SPECIFIC GUIDELINES

A. Programmatic Requirements for STI Service Provision

1. Human resources to provide risk assessment, screening, counseling, and follow-up monitoring;
2. Access to clinicians for scripting and treatment initiation;
3. Access to laboratory services for STI testing and monitoring;
4. Commodity management procedures to order, handling, and requesting;
5. Partner services for STI services.
6. Monitoring and evaluation systems include documentation, quality assurance, improvement, and reporting.

B. Management of Men with Urethral Discharge

1. Risk assessment, STI and HIV screening, and follow-up management of men presenting with urethral discharge shall follow syndromic and/or laboratory-based testing, if available (see Annex B)
2. Screened and confirmed men with urethral discharge shall be co-managed for gonococcal and non-gonococcal infection as follows:
    a. Uncomplicated gonococcal infection with urethra, pharynx, rectum of adolescents and adults: **Ceftriaxone 500 mg IM single dose.**
    b. To manage possible or confirmed concomitant non-gonococcal infection: **Doxycycline, 100mg orally twice daily for 7 days.** Use **Azithromycin 1gm orally as a single dose** in cases of unavailability of doxycycline.
    c. In cases of allergic reaction and unavailability of first-line drugs: **Gentamicin 240mg IM as a single dose plus Azithromycin 2gm orally as a single dose OR Cefixime 800mg orally as a single dose.**
    d. In cases of suspected orophayngeal gonococcal and concomitant non-gonococcal infections where test of cure is not possible: **Cefixime 800 mg, orally as single dose AND Azithromycin 2gm orally as single dose**

C. Management of Women with Vaginal Discharge

1. Risk assessment, STI and HIV screening, and post-treatment monitoring of women presenting with vaginal discharge shall follow syndromic and/or laboratory-based testing, if available (see Annex C)
2. Screened and confirmed women with vaginal discharge shall be managed as follows
    a. Uncomplicated gonococcal infection of the cervix in adolescents and adults: **Ceftriaxone 500 mg IM single dose.**
    b. To manage suspected or confirmed concomitant chlamydial infection: **Doxycycline, 100mg orally twice daily for 7 days.** Use **Azithromycin 1gm orally as a single dose** in cases of unavailability of doxycycline and during pregnancy. In cases of allergic reaction and unavailability of first-line drugs: **Gentamicin 240mg IM as a single dose plus Azithromycin 2gm orally as a single dose OR Cefixime 800mg orally as a single dose.**
    c. In cases of suspected orophayngeal gonococcal and concomitant non-gonococcal infections where test of cure is not possible: **Cefixime 800 mg, orally as single dose AND Azithromycin 2gm orally as single dose**
    d. Suspected or confirmed Trichomoniasis infection in Adults and Adolescents: **Metronidazole 500mg orally twice daily for 7 days.**
    e. Suspected or confirmed Bacterial vaginosis infection: **Metronidazole 500mg orally twice daily for 7 days.**
    f. Suspected or confirmed *Candida albicans* (Candidiasis) infection among Adolescents and Adults: **Fluconazole 150 mg orally as single dose OR Clotrimazole 500 mg intravaginally as a single dose.**
    g. Suspected or Suspected or confirmed *Candida albicans* (Candidiasis) infection among pregnant women: **Clotrimazole 1% cream 1 applicatorful (5g) vaginally at bedtime for 7 days, or Miconazole 2% cream 1 applicatorful (5g) vaginally at bedtime for 7**

days or Nystatin vaginal suppository (100,000 units), 1 suppository vaginally at bedtime for 14 days.

D. Management of Genital Ulcer Disease

1. Risk assessment, STI and HIV screening, and post-treatment monitoring of clients presenting with genital ulcers shall follow syndromic and/or laboratory-based testing, if available (see Annex D)
2. Screened and confirmed clients with genital ulcers shall be managed as follows:
    a. Suspected or confirmed primary Herpes Genitalis infections: **Acyclovir 400 mg, orally, 3 times a day for 10 days.** If not available, use **Valaciclovir 500 mg, twice a day for 10 days.** For pregnant and breastfeeding women and people younger than 16 years old: Use acyclovir only when the benefit outweighs the risks. The dosage is the same as for primary infection in non pregnancy.
    b. For recurrent infections: **Acyclovir 400 mg, orally, 3 times a day for 5 days or Acyclovir 800 mg, orally, twice daily for five days, or if not available, Valaciclovir 500 mg, twice daily for five days.** For pregnant and breastfeeding women and people younger than 16 years old: **Acyclovir 400 mg, orally, 3 times a day for 5 days or Acyclovir 800 mg, orally, twice daily for 5 days.**
    c. For suppressive therapy for recurrent herpes, use **Acyclovir 400 mg, orally, twice daily or Valaciclovir 500 mg, once daily.**
3. Early syphilis infection: **Benzathine penicillin 2.4 million units, intramuscularly in a single dose** or **Doxycycline 100 mg, orally, twice a day for 14 days.** For pregnant and breastfeeding women and people younger than 16 years old: **Benzathine penicillin 2.4 million units, intramuscularly in a single dose** or **Erythromycin 500mg, orally, 4 times a day for 14 days.**
4. Late syphilis infection: **Benzathine penicillin 2.4 million units by intramuscular injection, once weekly for 3 consecutive weeks** or **Procaine penicillin 1.2 million units by intramuscular injection, once daily for 20 consecutive days** or **Doxycycline 100 mg, orally, twice daily for 30 days.** For pregnant and breastfeeding women and people younger than 16 years old: **Erythromycin 500mg, orally, 4 times a day for 30 days.**

E. Management of Lower Abdominal Pain

1. Risk assessment, STI and HIV screening, and post-treatment monitoring of clients presenting with lower pelvic pain shall follow syndromic and/or laboratory-based testing, if available (see Annex E)
2. Screened and confirmed clients with lower pelvic pain shall be managed as follows: **Ceftriaxone 1g IM as a single dose AND Doxycycline 100mg twice daily for 14 days.**

VII. MONITORING AND EVALUATION

A. Monitoring and evaluation of STI services implementation shall be measured by specific indicators.

B. Supportive supervision and mentorship for STI implementation shall be done semi-annually and on-demand to ensure continuous quality control and improvement (CQI) at the facility and regional level.

C. All facilities offering STI services shall maintain STI reporting forms and submit monthly reports to the Epidemiology Bureau and Regional Epidemiology and Surveillance Unit (RESU).
D. Aligned with FDA regulations, all STI service providers shall report any adverse side effects encountered to the FDA using existing pharmaco-vigilance mechanisms.

VIII. ROLES AND RESPONSIBILITIES

A. Disease Prevention and Control Bureau (DPCB) shall:
    1. Continually review and monitor the STI Guidelines.
    2. Formulate plans and policies to improve STI services implementation.
    3. Forecast and quantify the augmented STI commodities for procurement.
    4. Augment resources that are not yet devolved to LGUs to provide STI services.
    5. Oversight on the stock status of STI commodities.

B. Epidemiology Bureau (EB) shall:
    1. Collect required data from regional and provincial epidemiology and surveillance units, HIV testing sites, and CHDs, and provide the status of the outcome of STI.
    2. Maintain and update the STI Etiologic Survey (SESS) and the One HIV-AIDS and STI Information System (OHASIS).
    3. Validate LGU data (as needed) through the Regional Epidemiology Surveillance Unit (RESU). Provide quarterly updates on STI surveillance to the National HIV, AIDS, and STI Prevention and Control Program (NASPCP).

C. Health Promotion Bureau (HPB) shall:
    1. Implement demand generation activities and other promotional strategies regarding STIs.

D. Supply Chain Management Service (SCMS) shall:
    1. Warehousing of procured and donated STI commodities
    2. Timely delivery of allocated STI commodities

E. DOH Centers for Health Development (CHDs) and Ministry of Health Bangsamoro Autonomous Region in Muslim Mindanao (MOH-BARMM) shall:
    1. Collaborate with LGUs and other partner clinics to ensure implementation of these guidelines.
    2. Facilitate capacity-building activities to implement the guidelines.
    3. Provide mentorship and supervision in the implementation of STI.
    4. Warehousing of augmented STI commodities from the central office.
    5. Distribution of augmented STI commodities from the regional warehouse to LGUs.
    6. Ensure adequate and timely reporting of STI commodities in the appropriate reporting platforms.
    7. Forecast the need and allocate equitably the augmented STI commodities.

8. Monitor the stock status of STI commodities to ensure no stock-out and wastage due to expiration
9. Facilitate realignment of STI commodities (as needed) to ensure no stock-out and wastage
10. Strengthen the service delivery network for STI and regularly update its directory.
11. Ensure testing sites' compliance with certification and licensing requirements.
12. Ensure facilities' compliance with accreditation requirements.
13. Submit STI-related reports to the Central Office.

F. Office for Health Laboratories (OHL)
   1. Establishment of a network of health laboratories offering STI testing services including public health labs, and other government and private clinical laboratories.

G. National Reference Laboratory- STD AIDS Cooperative Central Laboratory (NRL-SACCL) shall:
   1. Improve national STI laboratory referral network.
   2. Conduct regular reviews of the national testing algorithm.
   3. Mentor STI facilities on the development of site SOPs and job aids.

H. STI, HIV TH, PHCC, and HIV Testing Facilities shall:
   1. Integrate STI services in all relevant departments through the coordination of HACT.
   2. Ensure compliance to recording and reporting on STI. Conduct internal monitoring and supervision to ensure the provision of quality STI services.

I. Local Government Units shall:
   1. Implement STI services in various departments in hospitals, targeted communities, health centers, RHU, RWHC, PHCC, TH, and other STI facilities.
   2. Ensure that the infrastructure of the facilities implementing STI services is fully functional.
   3. Support and allocate funds for the implementation of quality control and participation in EQAS.
   4. Allocate budget for the procurement of devolved STI commodities
   5. Forecast and quantify STI commodities for procurement
   6. Provide proper storage for procured and downloaded STI commodities
   7. Ensure inventory management of procured and downloaded STI commodities.
   8. Ensure adequate and timely submission of inventory and consumption reports of STI commodities.
   9. Provide appropriate resources to implement the guidelines.
   10. Employ monitoring and supervision mechanisms to ensure adherence to guidelines.

J. Non-government /Community-based / Civil Society Organizations shall:

1. Actively engage in the development and implementation of STI guidelines. Assist in the dissemination of this policy.
2. Collaborate and coordinate with LGUs in the implementation of STI guidelines.
3. Ensure immediate linkage of STI clients to appropriate services.
4. Provide feedback to LGU and CBOs on the quality of STI they provide. Coordinate with local authorities for appropriate delivery of STI services.

K. Development Partners shall be encouraged to:

1. Provide technical support for the development of STI-related resources and materials to aid service providers in the implementation of the guidelines.
2. Assist in monitoring and evaluation and mentorship and supervision to ensure delivery of quality STI service.

IX. SEPARABILITY CLAUSE

If any clause, sentence, or provision of this Order shall be declared invalid or unconstitutional, the other provisions not affected thereby shall remain valid and effective.

X. EFFECTIVITY

This Order shall take effect after fifteen (15) days following its publication in a newspaper of general circulation.

By authority of the
For the Secretary of Health,

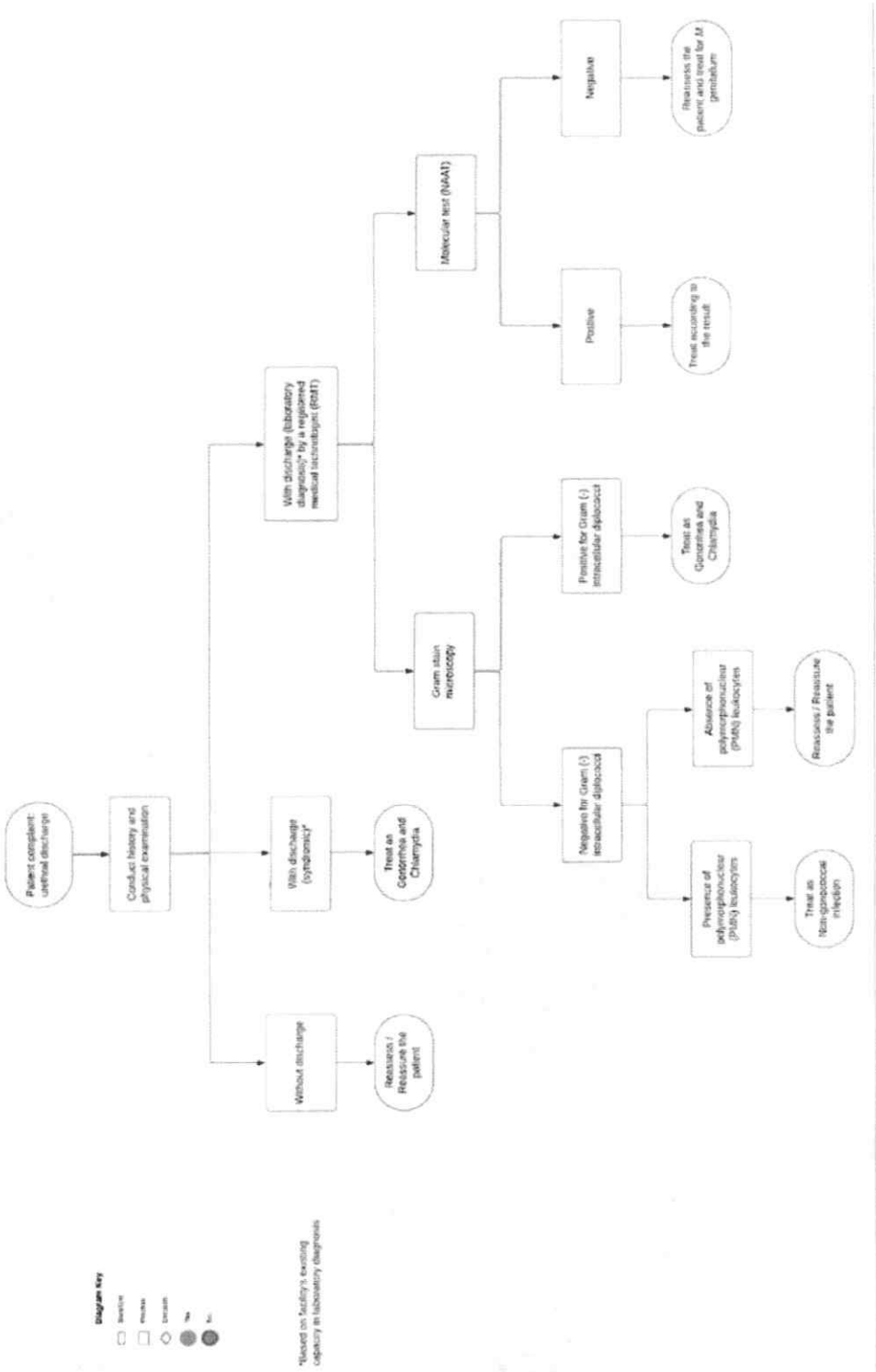
MARY ANN P. MAESTRAL, MD, MBA-HA, FPPS, CHA, FPCHA
Undersecretary of Health
Public Health Service Cluster

Annex A: Syndromic Assessment of Sexually Transmitted Infections (STIs)

Syndrome	Symptoms	Signs	Most common probable causes
Genital ulcer disease (GUD)	Genital sore	Genital ulcers	Chancroid Genital Herpes (HSV-1 &2) Syphilis
Urethral discharge	Dysuria (pain during urination) Frequent urination Urethral discharge	Urethral discharge (if necessary, ask the patient to milk the urethra)	Chlamydia Gonorrhea
Vaginal discharge	Dyspareunia (pain during sexual intercourse) Dysuria (pain during urination) Unusual vaginal discharge Vaginal itching	Abnormal vaginal discharge	Candidiasis Chlamydia Gonorrhea Trichomoniasis Bacterial vaginosis
Lower abdominal pain	Lower abdominal pain, Dyspareunia	Vaginal discharge Lower abdominal tenderness on palpation Temperature >38°	Gonorrhea Chlamydia Mixed anaerobes
Scrotal swelling	Scrotal pain and swelling	Scrotal swelling	Gonorrhea Chlamydia
Inguinal bubo	Painful enlarged inguinal lymph nodes	Enlarged inguinal lymph nodes Fluctuation Abscesses or fistula	Lymphogranuloma Venereum Chancroid

Neonatal conjunctivitis	Swollen eyelids with discharge Baby cannot open eyes	Edema of the eyelids Purulent discharge	Gonorrhea Chlamydia

Annex B: Management of Men with Urethral Discharge



Summary of Medications Used for Gonococcal, Non-Gonococcal, Trichomonas and Candidiasis Infections

Gonococcal Infections	Non-Gonococcal Infections
Primary: **Ceftriaxone 500 mg IM Single Dose**	Primary: **Doxycycline 100 mg, orally, twice a day for 7 days**
	Alternate and for Pregnant: **Azythromycin 1gm, orally as a single dose**
If with allergy: **Gentamicin 240mg IM Single Dose**	If with allergy: **Azithromycin 2gm orally as single dose**
Cefixime 800mg, orally as a single dose	

Trichomonas / BV	Candidiasis
Primary: **Metronidazole 500mg, orally, twice a day for 7 days.**	Primary: **Fluconazole 150m, orally as single dose**
	Alternate: **Clotrimazole 500mg intravaginally as a single dose**
	For pregnant women: **Clotrimazole 1% cream 1 applicatorful (5g) vaginally at bedtime for 7 days, or Miconazole 2% cream 1 applicatorful (5g) vaginally at bedtime for 7 days or Nystatin vaginal suppository (100,000 units), 1 suppository vaginally at bedtime for 14 days.**

Annex C: Management of Women with Vaginal Discharge

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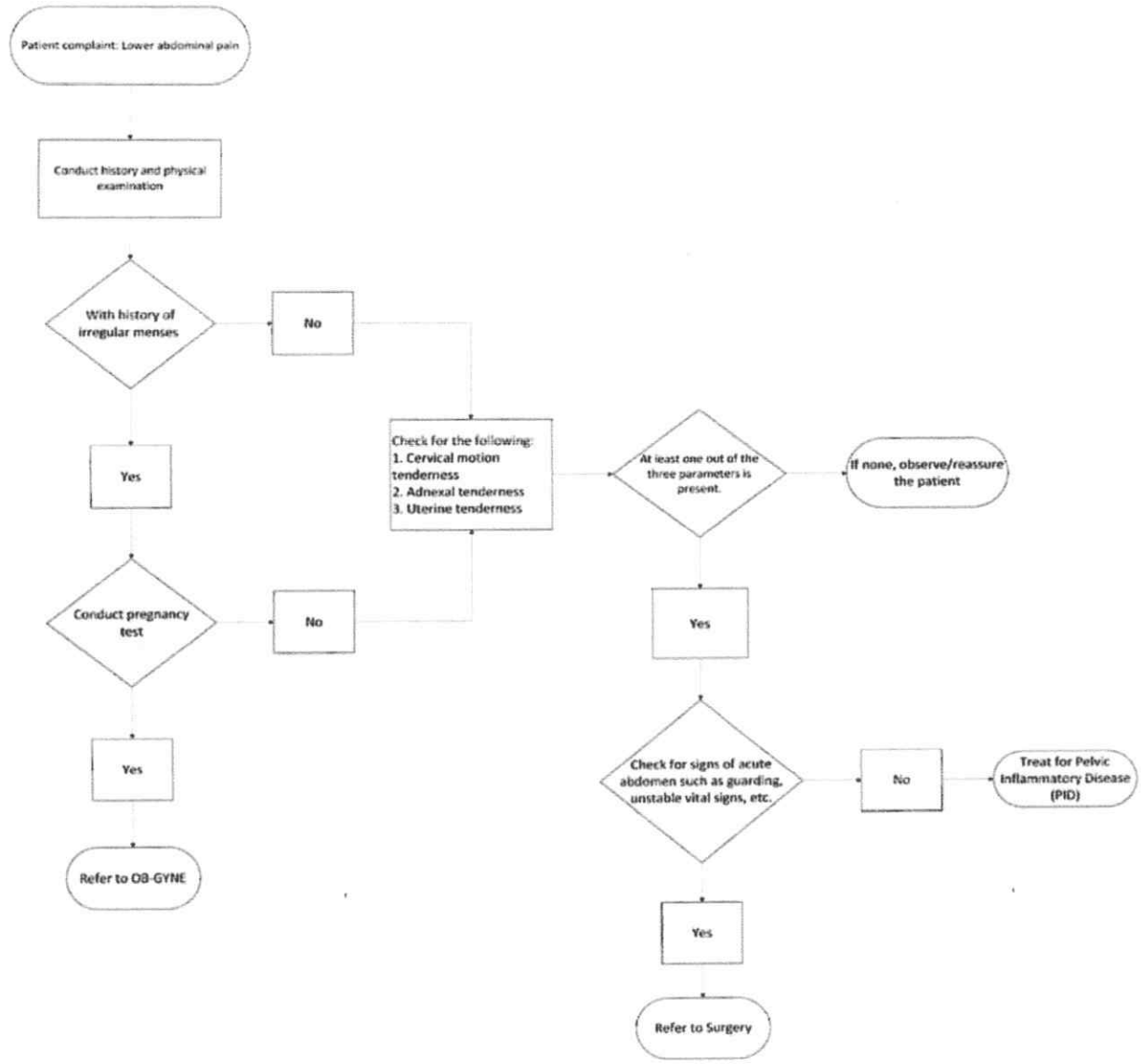
ANNEX D: Management of lower abdominal pain



ANNEX E: Management of genital ulcers