STI Case Definitions for Surveillance
National STD/AIDS Control Programme, Ministry of Health, Sri Lanka

1.HIV infection	Demonstration of antibodies to HIV 1 or 2 by a screening test, **and** confirmed with a Western blot **or** other confirmatory assay.
2. Infectious syphilis	*Includes primary syphilis, secondary syphilis and early latent syphilis. Both probable and confirmed cases should be included.*
	a) Primary and secondary syphilis Probable: An illness with ulcers (primary) or mucocutaeous lesions (secondary) clinically suggestive of syphilis **and** a reactive serologic test for syphilis (non-treponemal or treponemal). Confirmed: Demonstration of *Treponema pallidum* in clinical specimens by darkfield microscopy or other methods.
	b) Early latent syphilis No clinical signs or symptoms of syphilis with historical/ documented evidence that the infection was acquired within the previous 24 months, **and** 1) a reactive non-treponemal and treponemal test in a patient with no prior syphilis diagnosis, **or** 2) a non-treponemal test titer demonstrating fourfold or greater increase from the last non-treponemal test in a patient with a prior syphilis diagnosis.
3.Late syphilis	*Includes late latent syphilis, tertiary syphilis, and quaternary syphilis*
	a) Late latent syphilis No clinical signs or symptoms of syphilis, with evidence that the infection was acquired more than 24 months ago or of unknown duration, **and** a non-treponemal test which is reactive or non-reactive and a treponemal test which is reactive in a patient with no prior syphilis diagnosis.
	b) Tertiary syphilis / quaternary syphilis A diagnosis of cardiovascular, neuro or gummatous syphilis, **and** 1) there is evidence that the infection was acquired more than 24 months ago or of unknown duration , **and** 2) a non-treponemal test which is reactive or non-reactive and a treponemal test which is reactive

4. Early congenital syphilis	*Early congenital syphilis is diagnosed in children who are **less than 2 years of age**. Both probable and confirmed cases should be included.*
	Probable: 1. An infant whose mother had untreated or inadequately treated syphilis during pregnancy (includes an infant whose mother treated with non-penicillin regimens and was treated for syphilis less than 4 weeks prior to delivery and regardless of signs in the infant and), **or** 2. An infant or child with a reactive treponemal test, **and,** any one of the following a) Evidence of congenital syphilis on physical examination b) Long bone X-rays compatible with congenital syphilis c) Reactive non-treponemal test, which is 4 four fold greater than the mother. d) A reactive CSF- VDRL or an elevated cell count and protein in CSF (without other cause) e) A reactive syphilis specific Ig M antibody test f) A persistently reactive treponemal test for more than 18 months of age. 2. Stillbirth: A foetal death that occurs after 20 weeks gestation or in which the foetus weighs >500 g and the mother had untreated or inadequately treated syphilis at delivery. Confirmed: Demonstration of *T. pallidum* by darkfield microscopy, fluorescent antibody in specimens from lesions, placenta, umbilical cord or autopsy material.
5. Late congenital syphilis	*Late congenital syphilis is diagnosed in persons who are older than 2 yrs.*
	1. A child with, a reactive treponemal test, whose mother had untreated or inadequately treated syphilis during pregnancy (regardless of signs in the child), **or** 2. A child with a reactive treponemal test and any one of the following a. Evidence of congenital syphilis on physical examination b. Long bone X-rays compatible with congenital syphilis
6.1 Gonorrhoea	*Both probable or confirmed cases should be included*
	Probable: 1. Male with a purulent urethral discharge who has a history of recent sexual exposure, **or** 2. Observation of gram-negative intracellular diplococci in a urethral smear obtained from a man, **or** 3. Observation of gram-negative intracellular diplococci in a cervical smear obtained from a woman, **or** 4. Sexual contact of a case of gonorrhoea (probable or confirmed) who has been treated for gonorrhoea but tested negative or not tested for gonorrhoea Confirmed: Isolation of typical gram-negative, oxidase-positive diplococci from a gonococcal culture of a clinical specimen.

7. Ophthalmia neonatorum	*Both probable or confirmed cases should be included*	
	Probable:	Unilateral or bilateral conjunctivitis in a newborn occurring within four weeks of delivery.
	Confirmed:	Conjunctivitis in a new-born (within four weeks of delivery), with an ocular specimen that is positive for *N. gonorrhoea* or *C. trachomatis*
8.1 NGU (Non-gonococcal urethritis)		A male with symptoms or signs of urethritis, **and** a urethral smear or culture is negative for gonococcus, **and** Gram-stained urethral smear with ≥ 5 pus cells per high power field (x1000), **or** Gram-stained deposits of first passed urine (centrifuged) with ≥ 10 pus cells per high power field (x1000), **or** first void centrifuged urine with ≥ 15 pus cells per high power field (x 400)
8.2 NGC (Non-gonococcal cervicitis) / **MPC** (muco purulent cervicitis)		A female with symptoms or signs of cervicitis, **and** a cervical smear or culture is negative for gonococcus, **and** Gram-stained cervical smear with ≥ 30 pus cells per field (x1000)
9. Chlamydia	Probable:	Contact of a case of chlamydia **and** tested negative or not tested
	Confirmed:	A positive antigen detection test, culture or nucleic acid-based test for *C. trachomatis* on a clinical specimen from a symptomatic or asymptomatic person.
10. Genital herpes	Laboratory evidence of herpes simplex virus (type I or II) from a clinical specimen form a lesion in the anogenital area (HSV ELISA, HSV culture), **or** A clinically compatible illness in the anogenital area with or without detecting giant cells. **Note:** Do not include serologically diagnosed cases who never had signs or symptoms of herpes in anogenital area.	
11. Genital warts	An illness with obvious genital or anal warts on physical examination. **Note:** Should not include koilocytic atypia on the Pap smear or areas with positive "Aceto-white" test.	

12. Chancroid	*Both probable or confirmed cases should be included* Probable: A person with genital or anal ulcers clinically suggestive of chancroid, **and** 1) No evidence of *T. pallidum* infection by darkfield examination **or** by a serologic test for syphilis performed more than 7 days after ulcer onset, **and** 2) A negative test for HSV on ulcer exudates or clinical exclusion of HSV. Confirmed: Identification of *Haemophilus ducreyi* by culture or nucleic acid test in ulcer exudates.
13. Trichomoniasis	Vaginal smear, urine deposit or pap smear is positive for *Trichomonasis vaginalis* in a person who may or may not have symptoms or signs.
14. Candidiasis	Refers to Candida vulvo-vaginitis in females and Candida balanitis in males. **Note:** Diagnosed only if the client has symptoms or signs, **and** a positive smear or culture for candida. It should not be a laboratory diagnosis alone.
15. Bacterial vaginosis	A woman with symptoms or signs **and** a vaginal smear suggestive of Bacterial vaginosis (presence of Clue cells, absence of lactobacilli, presence of mixed bacterial flora etc) . It should not be a laboratory diagnosis alone.
16. Other STI	Refers to all other STIs not listed above such as LGV, Granuloma inguinale, Molluscum in genital area, PID, prostatitis, genital scabies etc
17. Non STI	Refers to a non-STI illness such as dermatitis, seborrhoeic warts, sebacaeous cysts, UTI, Inguinal hernia etc
18. Uncertain diagnosis	If the diagnosis is uncertain at the time of completing quarterly returns, count the case as 'uncertain diagnosis'. This can be changed later with more evidence.
19. No illness	Refers to persons who come for testing but physical examination and laboratory investigations are negative.