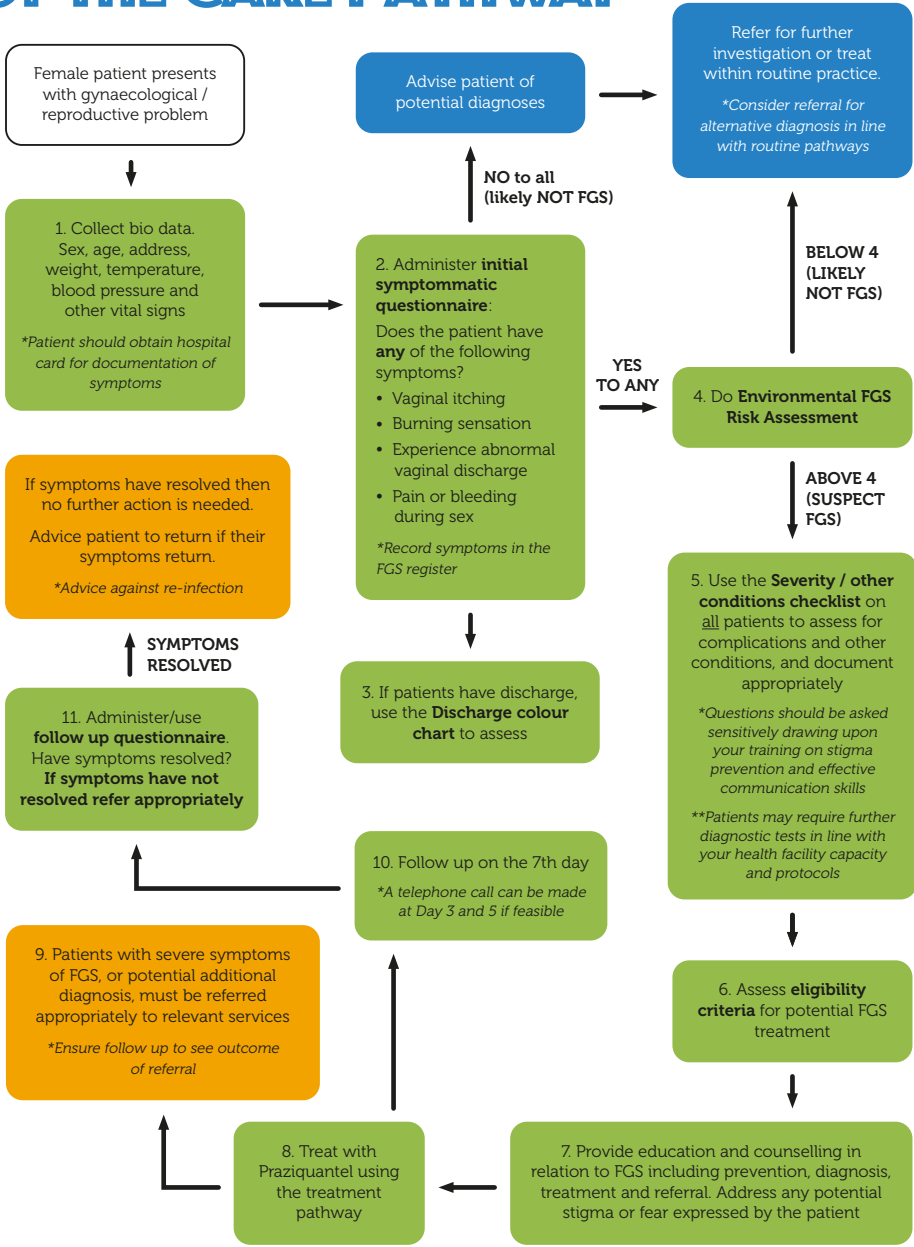


# OVERALL FLOW DIAGRAM OF THE CARE PATHWAY



Key: ● FGS pathway ● Other conditions pathway  
● Potential outcomes for patients with FGS

# CHECK SYMPTOMS AND DOCUMENT

All women of reproductive age (15 years and above), who present with any gynaecological or reproductive complaint, should be asked if they have **any** of the symptoms below:

## INITIAL SYMPTOM QUESTIONNAIRE

QUESTION	CIRCLE THE RESPONSE			
Do you have genital itching or burning?	Yes	No		
If yes, how severe is the itching / burning?	Mild	Moderate	Severe	
Do you have vaginal discharge?	Yes	No		
If yes, how heavy is the discharge?	Mild	Moderate	Severe	
Do you have pain during sex?	N/A	Rarely	Occasionally	All the time
Do you have spotting / bleeding during / after sex?	N/A	Rarely	Occasionally	All the time

 Patients may need referral or further investigations.

If the woman / girl has severe symptoms, is distressed or you clinically suspect other conditions in addition to FGS, then the patient should be referred appropriately immediately for further investigation in line with your routine practice and should be advised about the reasons for her referral.

# CONDUCT RISK ASSESSMENT

If any of the symptoms are present, conduct a Risk Assessment.

The scoring system (1-10): **Above 4 high risk, below 4 low risk.**

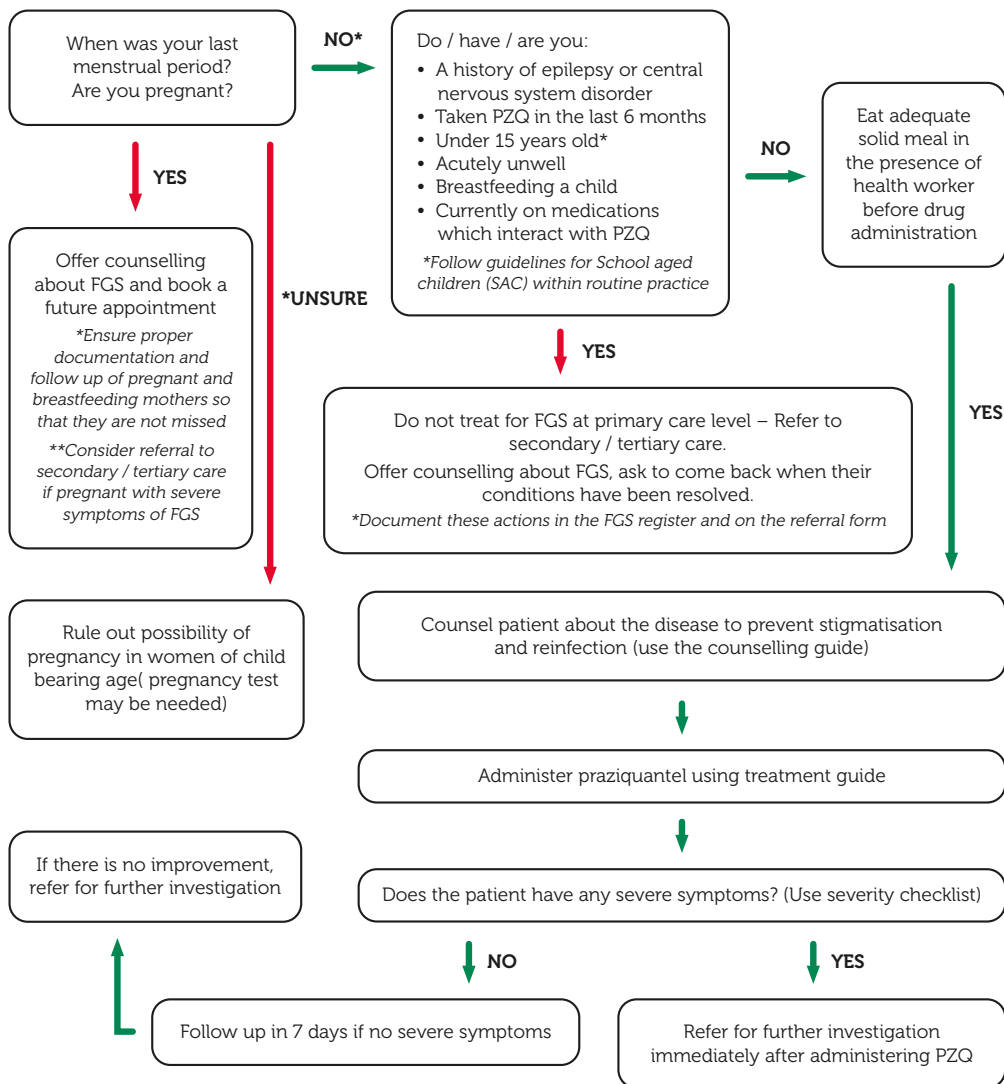
If the woman or girl scores 4 and above in the risk assessment, plus has any of the conditions in step 1, the woman or girl has suspected FGS and will proceed to the treatment guideline to see if she is eligible for treatment.

FGS RISK ASSESSMENT QUESTIONS	YES	NOT SURE	NO
<p><b>Have you had direct (active) or indirect (passive) contact with river / stream water now or in the past?</b></p> <p><input type="checkbox"/> Fishing</p> <p><input type="checkbox"/> Washing cloth</p> <p><input type="checkbox"/> Bathing*</p> <p><input type="checkbox"/> Walking through / crossing</p> <p><input type="checkbox"/> Swimming</p> <p><input type="checkbox"/> Defecating</p>	4	2	0
<p><b>Have you had painful urination or bloody / cloudy urine in the past?</b></p>	2	1	0
<p><b>Is there anybody in the family or anyone you lived with that has history of blood in urine or reported cloudy urine?</b></p>	2	1	0
<p><b>Is there anybody in the community suffering from this?</b></p>	2	1	0

*NB: The most important question is contact with water.*

*\*Active contact is having direct contact with stream / river water while passive contact is having contact with water fetched from the stream / river by someone else but not direct contact with stream / river water.*

# TREATMENT PATHWAY FOR PATIENT AT RISK OF FGS



*\*Pregnancy tests are required prior to administration of praziquantel, current FMOH guidelines excludes pregnant women. If a woman / girl is unable to give you a pregnancy test but has symptoms of FGS please ensure she is appropriately counselled, supported and referred to an appropriate facility.*



# CHECK SEVERITY OR NEED FOR FURTHER INVESTIGATION

Go through the following questions on the '**Severity or other conditions checklist**', and if she answers yes to any, document this and then refer her appropriately. Consider if any further tests should be done in line with your health facility capacity and protocols.

If in the **initial symptom questionnaire**, she answered that any of her symptoms were severe or if she had multiple symptoms which were either moderate or severe, then she may need further investigation. If one of these symptoms is abnormal discharge, then present the colour discharge chart, and ask what colour her discharge is. This should be documented on any referral forms for further investigations.



If you are unsure if the patient should be referred, then please discuss with your supervisor.

## SEVERITY OR OTHER CONDITIONS CHECKLIST

**Complicated symptoms associated with FGS or other potential conditions that should be referred to a secondary / tertiary health care facility. Ask the following questions with all women presenting with initial FGS symptoms. If yes to any of Q1-8 then record and refer to secondary care for further investigations. Make sure you counsel the women on the need for referral.**

1. Do you involuntarily pass urine? (Passing urine when you do not intend to?)  
*E.g. when laughing, coughing, or carrying any heavy object? If yes, ask and document when it occurs (is it all the time or during coughing, laughing, or carrying heavy objects?)*
2. Do you find it difficult to get pregnant?
3. Any previous pregnancy loss?
4. Do you have any sores or ulcers in your genitals?
5. Do the ulcers bleed?
6. Do you have any genital swelling?
7. Using the symptomatic questionnaire, does the girl / woman score 'Moderate' or 'Severe' symptoms on multiple symptoms or 'severe' on one symptom?

*\*If it is within your scope of practice, and the health facility has adequate facilities and resources, consider vaginal examination or other investigations.*

# COLOUR DISCHARGE CHART

## a) Discharge (normal / abnormal)



1



2



3



4



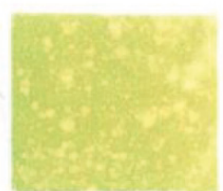
5



6



7



8

## b) Discharge (traces of blood)



1



2



3



4



5



6

# FOLLOW UP

If the woman or girl does not have additional symptoms which needs referral, then make an appointment with her to come back to the health facility in 7 days for follow up. Advise the woman or girl about the importance of the follow up appointment.

When the woman or girl comes back for follow up with you, ask about any improvement in symptoms using questions below.

## FOLLOW UP QUESTIONNAIRE

QUESTION	CIRCLE THE RESPONSE		
Do you still have genital itching or burning?	Yes	No	N/a
If yes, how severe is the itching / burning?	Mild	Moderate	Severe
Has this reduced since taking PZQ?	Yes	No	
Do you still have vaginal discharge?	Yes	No	N/a
If yes, how heavy is the discharge?	Mild	Moderate	Severe
Has this reduced since taking PZQ?	Yes	No	
Do you still have pain during sex?	N/A	Yes	No
Do you still have spotting / bleeding during / after sex?	N/A	Yes	No

If any answers are **RED** please consider if further investigations/tests for other conditions are needed, or if the woman/girl should be referred immediately for further care of FGS or other conditions.



If symptoms have not improved, then refer her for further investigation. Document that she has received Praziquantel with no improvement in her referral form.

If she has improved and symptoms resolved, then no further action is needed. Advise her to return if symptoms come back and to take precautions against re-infection.

# ELIGIBILITY CRITERIA

## INCLUSION (TREAT):

- ✓ Woman / girl 15 years and older
- ✓ Consented to treatment
- ✓ Has not taken praziquantel during last 6 months
- ✓ Has symptoms of FGS and has FGS environmental risk assessment score of 4 and above
- ✓ Has eaten food in the presence of the health worker

## EXCLUSION (DO NOT TREAT):

- ✗ Is pregnant or currently breastfeeding
- ✗ Has a history of epilepsy, central nervous system disorders or sickle cell anaemia
- ✗ Is taking a medication which may interfere with treatment  
*\*See FGS Training Guide Annex page 39*
- ✗ Is currently unwell or sick
- ✗ Does not consent to treatment



# STEPS TO FGS CASE MANAGEMENT

1

**COLLECT BIO-DATA, INCLUDING WEIGHT AND VITAL SIGNS  
(BLOOD PRESSURE AND TEMPERATURE)**

*\* Patients should have a hospital card for recording details and symptoms*

2

**ADMINISTER THE INITIAL SYMPTOMS QUESTIONNAIRE AND RECORD  
SYMPTOMS IN FGS REGISTER. IF PATIENT ANSWERS YES TO HAVING VAGINAL  
DISCHARGE, USE VAGINAL DISCHARGE COLOUR CHART**

4

**CONDUCT THE ENVIRONMENTAL RISK ASSESSMENT**

*\*\*If the score is below 4, refer for further investigation within routine practices,  
if above 4, treat for FGS*

5

**USE THE SEVERITY / OTHER CONDITION CHECKLIST ON ALL PATIENTS AND  
DOCUMENT AS APPROPRIATE**

*\*\*\*Questions should be asked sensitively drawing on your training on stigma prevention  
and effective communications skills. \*\*\*\* Patients may require further diagnostic tests in  
line with your health facility capacity and protocols*

6

**CHECK ELIGIBILITY CRITERIA FOR POTENTIAL FGS TREATMENT  
USING INCLUSION / EXCLUSION CRITERIA**

7

**PROVIDE EDUCATION AND COUNSELLING IN RELATION TO FGS INCLUDING  
PREVENTION, DIAGNOSIS, TREATMENT AND REFERRAL. ADDRESS ANY  
POTENTIAL STIGMA OR FEAR EXPRESSED BY THE PATIENT**

8

**ADMINISTER PRAZICQUANTEL USING THE TREATMENT PATHWAY,  
AFTER OBSERVING THAT FOOD HAS BEEN CONSUMED**

9

**PATIENTS WITH SEVERE SYMPTOMS OF FGS, OR POTENTIAL ADDITIONAL DIAGNOSIS  
MUST BE REFERRED APPROPRIATELY. FOLLOW UP TO SEE THE OUTCOME OF REFERRAL**

10

**FOLLOW UP ON THE 7<sup>TH</sup> DAY**

*\*\*\*\*\* Follow up calls should be at the discretion of the Health Worker and are not mandatory,  
however if the patient's symptoms become worse before the follow up visit, she should be  
encouraged to come to the health facility, and she should be referred appropriately*

11

**CONDUCT FOLLOW UP QUESTIONNAIRE. HAVE SYMPTOMS RESOLVED?  
IF THE SYMPTOMS DO NOT RESOLVE, REFER APPROPRIATELY**