

DEFINITION

- Vaginal symptoms occurring in an older girl or teenager after the onset of menarche, breast development or pubic hair
- Symptoms include pain, itching, discharge, and rashes
- Vaginal discharge is the most common
- Excluded: genital injury or vaginal bleeding (see those guidelines)

INITIAL ASSESSMENT QUESTIONS

1. SYMPTOM: "What's the main symptom you're concerned about?" (e.g., discharge, rash, swelling, pain, itching)
2. LOCATION: "Where is the _____ located?"
3. ONSET: "When did _____ begin?"
4. ABDOMINAL PAIN: "Do you have any abdominal pain?" "How bad is the pain?"
5. DISCHARGE: "Is there a vaginal discharge?" If so, ask: "What color is it?" "How much is there?"
6. PREGNANCY: "Could you be pregnant?" "Are you sexually active?" If appropriate, "When was your last menstrual period?"
7. CAUSE: "What do you think is causing the _____?"
8. GYN SPECIALIST: "Do you have a gynecologist?" If so, "Have you attempted to contact your gynecologist?"

- Author's note: IAQ's are intended for training purposes and not meant to be required on every call.

TRIAGE ASSESSMENT QUESTIONS

Call EMS 911 Now

Sounds like a life-threatening emergency to the triager

CA: 50, 4

See More Appropriate Guideline

Before puberty

Go to Guideline: Vaginal Symptoms or Discharge - Before Puberty (Pediatric)

[1] Has an IUD AND [2] abnormal vaginal discharge

Go to Guideline: Contraception - IUD (Pediatric)

[1] Requests emergency contraception AND [2] NO vaginal symptoms

Go to Guideline: Contraception - Emergency (Pediatric)

Pregnant or pregnancy suspected (e.g., missed last period)

Go to Guideline: Pregnancy Questions (Pediatric)

Abdominal pain is the main symptom

Go to Guideline: Abdominal Pain - Female (Pediatric)

Pain or burning with urination

Go to Guideline: Urination Pain - Female (Pediatric)

Vaginal foreign body suspected

Go to Guideline: Vaginal Foreign Body (Pediatric)

Followed an injury to the genital area

Go to Guideline: Genital Injury - Female (Pediatric)

Go to ED Now (or PCP triage)

[1] Vaginal or pelvic pain AND [2] severe

R/O: acute salpingitis or ectopic pregnancy

CA: 52, 4

[1] Monkeypox rash suspected (unexplained rash often starting on the face or genital area, then spreading quickly to the arms and legs) AND [2] known monkeypox exposure in last 21 days (Note: exposure means close contact with person who has a confirmed diagnosis of monkeypox)

CA: 52, 4

Child sounds very sick or weak to the triager

Reason: severe acute illness or serious complication suspected

CA: 52, 4

See HCP (or PCP Triage) Within 4 Hours

[1] Vaginal or pelvic pain is constant AND [2] present > 2 hours

R/O: salpingitis, appendicitis

CA: 53, 15, 4

[1] Genital area looks infected AND [2] fever

R/O: cellulitis

CA: 53, 9, 15, 4

[1] Genital area looks infected AND [2] large red area (> 2 in. or 5 cm)

R/O: cellulitis

CA: 53, 15, 4

[1] Yellow or green vaginal discharge AND [2] fever

R/O: *acute salpingitis, bacteremia*

CA: 53, 9, 15, 4

[1] Can't pass urine AND [2] bladder feels very full

CA: 53, 15, 4

[1] Widespread red rash AND [2] vaginal discharge

R/O: *staph or strep exotoxin rash, retained tampon*

CA: 53, 15, 4

See PCP Within 24 Hours

Blood in vaginal discharge (Exception: normal, regular menstrual period)

R/O: *sharp vaginal FB, severe vaginitis*

CA: 54, 24, 12, 13, 14, 25, 15, 23, 4

[1] Vaginal discharge AND [2] no fever (Exception: physiological vaginal discharge or yeast infection)

R/O: *GC or Chlamydia cervicitis*

CA: 54, 24, 12, 13, 14, 25, 15, 4

Caller is worried about sexually transmitted infection (STI)

Reason: *to relieve fear or prevent spread of STI*

CA: 54, 24, 12, 13, 14, 25, 15, 23, 4

Rash is painful

R/O: *herpes simplex*

CA: 54, 24, 16, 13, 14, 25, 15, 4

[1] Rash is tiny water blisters AND [2] 3 or more

R/O: *herpes simplex, pustules*

CA: 54, 24, 16, 13, 14, 25, 15, 4

Fever

R/O: *secondary UTI, early PID*

CA: 54, 24, 9, 12, 15, 4

[1] Genital area looks infected (e.g. draining sore, red lump, spreading redness) AND [2] no fever

CA: 54, 24, 10, 12, 13, 14, 15, 4

[1] Severe itching (interferes with normal activities) AND [2] after 24 hours of steroid cream

R/O: *candidal vaginitis, pubic lice, poison ivy, contact dermatitis*

CA: 54, 24, 6, 7, 8, 4

Call PCP Within 24 Hours

[1] Vaginal symptoms followed recent intercourse (within 5 days) AND [2] sex was unprotected AND [3] requests prescription for emergency contraception

Reason: ECP's are available OTC ; however, some patients want a prescription to get it covered by

CA: 60, 24, 11, 27, 6, 7, 26, 23, 4

[1] Monkeypox rash suspected by triager (unexplained rash often starting on the face or genital area, then spreading quickly to the arms and legs) AND [2] no known monkeypox exposure in last 21 days (Exception: hives, insect bites, etc.)

CA: 60, 29, 30, 31, 15, 4

See PCP Within 3 Days

[1] Vaginal or pelvic pain AND [2] not severe

R/O: herpes simplex, vaginal FB

CA: 55, 24, 21, 13, 14, 25, 22, 23, 4

[1] Rash of genital area AND [2] present > 48 hours

R/O: herpes, pubic lice, genital warts

CA: 55, 24, 6, 7, 13, 14, 25, 2, 8, 23, 4

Lump near vaginal opening and on one side

R/O: Bartholin cyst (not painful) or abscess (painful)

CA: 55, 24, 21, 13, 14, 25, 22, 23, 4

Call PCP When Office is Open

Vaginal yeast infection suspected (white thick discharge, itchy, not foul smelling)

R/O: PCP will decide whether or not should see in office or not

CA: 61, 24, 17, 18, 19, 25, 20, 4

Home Care

[1] Mild vaginal symptoms followed recent intercourse (within 5 days) AND [2] sex was unprotected

Reason: emergency contraceptive pills are OTC without age restrictions (US and Canada)

CA: 58, 25, 27, 6, 7, 26, 23, 4

[1] Clear or whitish discharge AND [2] after puberty AND [3] no sexual activity

Reason: probably physiological discharge

CA: 58, 1, 3, 4

[1] Mild rash or itching of genital area AND [2] present < 48 hours

Reason: probably mild contact dermatitis

CA: 58, 5, 6, 7, 2, 26, 4

CARE ADVICE (CA) -

1. **Reassurance and Education - Normal Vaginal Discharge:**
 - A physiological discharge usually begins in girls with the onset of puberty (1 or 2 years before menarche).
 - It is due to increased estrogen levels.
 - The discharge is clear, white, or light yellow, liquid consistency and small in amount. These secretions are the equivalent of tears in the eyes or saliva in the mouth.
 - They have a cleansing/protective purpose and are completely normal.
 - **Caution:** Although many girls with physiological vaginal discharge can be reassured on the telephone, some will require an office visit for confirmation that this symptom is normal.
2. **Prevention of Rashes:**
 - Encourage your teen to wash her hands before touching her genital area.
 - Avoid staying in wet clothing (e.g., bathing suits).
3. **Call Back If:**
 - Yellow or green discharge
 - Foul smelling discharge
 - Discharge causes pain, itching or a rash
4. **Care Advice** given per Vaginal Symptoms or Discharge - After Puberty (Pediatric) guideline.
5. **Reassurance and Education - Mild Rash or Itching:**
 - Most rashes or itching in the genital area are due to irritants transferred there by the hand (e.g., animal saliva or plant substance).
 - These symptoms are safe to treat at home.
6. **Clean the Area:**
 - Wash the area once with warm water to remove any irritant or allergic substance. Do not use soap.
7. **Hydrocortisone Cream for Itching:**
 - For itchy rashes, apply 1% hydrocortisone cream OTC 3 times per day.
 - **Caution:** Avoid if suspect genital herpes.
8. **Call Back If**
 - Rash spreads or becomes worse
 - Fever occurs
 - Your child becomes worse
9. **Fever Medicine and Treatment:**
 - For fever above 102 F (39 C), you may use acetaminophen OR ibuprofen (See Dosage table).
 - For fevers 100-102 F (37.8 to 39 C), fever medicines are not needed. Reason: Fever turns on your body's immune system. Fever helps fight the infection.
 - Exception: If your child also has definite pain, treat it.
 - **Fluids.** Encourage cool fluids in unlimited amounts. Reason: prevent dehydration.
 - **Clothing.** For all children, dress in 1 layer of clothing, unless shivering. For shivering, use a blanket until it stops.
10. **Antibiotic Ointment:**
 - For any cuts, sores or scabs that look infected, apply an antibiotic ointment (OTC) 3 times per day.

11. **ECP:**
 - Emergency (morning-after) contraceptive pills (ECPs) work well to prevent pregnancy. They work best if taken right away after unprotected sex, but can be taken up to 5 days after.
 - US: ECPs are available without a prescription for anyone without age restrictions (2013). Plan B One-Step is on the shelf in the family planning section. Other generic products may also be available on the shelf (only if you are 17 or older; younger women require a prescription for these). There are other forms of ECP that are available by prescription. ECP's may also be covered by your insurance.
 - CANADA: ECPs are OTC for all young women. If you cannot find Plan B on the shelf, ask the pharmacist for assistance.
 - Follow the directions on the package.
 - ECP's do not prevent STI's.
 - Do not use if you are already pregnant.
12. **Vaginal Discharge Care:**
 - Unless the discharge is profuse, don't wash the inner genital area (vulva) before coming in.
 - Definitely don't have your daughter douche, because the doctor may need to collect a sample of the discharge for culture.
13. **STD Prevention:**
 - If known to be sexually active, avoid sex or be sure the partner uses a condom until the problem has been diagnosed and treated.
 - If a STD is strongly suspected, notify the sexual partner to also seek evaluation.
14. **STD Referral:**
 - Telephone numbers that are helpful if the patient doesn't have a PCP:
 - STD clinic within local public health department: XXX-XXXX
 - Planned Parenthood clinic: XXX-XXXX
15. **Call Back If:**
 - Your teen becomes worse
16. **Painful Rash Treatment:**
 - For painful rash, cover with petroleum jelly.
 - Also give acetaminophen every 4 hours **Or** ibuprofen every 6 hours. (See Dosage table.)
17. **Reassurance and Education - Vaginal Yeast Infection:**
 - Your symptoms are probably caused by a yeast infection of the vagina.
 - OTC medications usually can help your symptoms until you talk with your doctor.
18. **OTC Anti-Yeast Meds:**
 - There are a number of OTC creams or suppositories for treatment of vaginal yeast infections.
 - Examples include: Femstat, Gyne-Lotrimin, Mycelex in U.S.
 - **Canada:** Canesten vaginal cream
 - Read and follow the package instructions closely.
 - 7-day treatments are best (not the 1 or 3 day vaginal suppositories).
 - If you are pregnant, call your doctor before using.
19. **Prevention of Vaginal Symptoms:**
 - Keep the genital area dry.
 - Wear cotton underpants.
 - Avoid wet clothing (e.g., bathing suits), bubble baths, douches.

20. **Call Back If**
 - Discharge becomes yellow or green
 - Discharge becomes foul smelling
 - Fever or abdominal pain occur
 - Your teen becomes worse
21. **Pain Medicine:**
 - For pain relief, give acetaminophen every 4 hours **Or** ibuprofen every 6 hours as needed. (See Dosage table.)
22. **Call Back If**
 - Vaginal pain becomes severe
 - Fever occurs
 - Your child becomes worse
23. **Note to Triager - See Additional Guideline:**
 - If symptoms could be from sexual abuse or sexual assault, after using this guideline to treat symptoms, go to **Sexual Abuse or Sexual Assault** guideline.
24. **Alternate Disposition - GYN:**
 - If the patient has a Gynecologist, tell the caller to try to contact the Gyn specialist **First**.
 - Follow the same timeline as given for contacting the PCP.
25. **Emergency (Morning-after) Contraceptive Pills (ECPs) for Unprotected Sex:**
 - Emergency (morning-after) contraceptive pills (ECPs) work well to prevent pregnancy. They work best if taken right away after unprotected sex, but can be taken up to 5 days after.
 - Indications for ECPs: Sexual assault, unprotected sexual intercourse, condom breakage or missed dosages of oral/vaginal/injectable contraceptives.
 - **US:** ECPs are available without a prescription for anyone without age restrictions (2013). **Plan B One-Step** is on the shelf in the family planning section. Other generic products may also be available on the shelf (only if you are 17 or older; younger women require a prescription for these).
 - **CANADA:** ECPs are OTC for all young women. If you cannot find **Plan B** on the shelf, ask the pharmacist for assistance in finding them.
 - Contact your local drug store to determine if they have Plan B products or a generic alternative in stock. If you have trouble finding or buying this product, give us a call back. (Reason: Prescriptions are available as well for ECP's and may be covered by insurance).
 - Follow the directions on the package.
 - ECP's do not prevent STI's.
 - Do not use if you are already pregnant.
26. **Call Back If:**
 - Rash lasts over 48 hours
 - Abnormal vaginal discharge occurs
 - Fever occurs
 - Vaginal or pelvic pain occurs
 - Your teen becomes worse

27. **ECP - Side Effects:**
- Nausea: 30-60% of women
 - Vomiting: 5-20% of women
 - Stomach pain: 10-20% of women
 - Fatigue and headache: 10-20% of women
 - Change in periods: 50% of women
28. **Call Back if:**
- Pregnancy suspected
 - You or your teen have more questions
 - Your teen develops symptoms
29. **Reassurance and Education - Monkeypox in Children:**
- Monkeypox is extremely rare in children.
 - Of all cases in the US, only 1 per 1000 has occurred under age 17 years. Even less common in younger children.
 - Children mainly get monkeypox if someone in their home has monkeypox.
 - Most worries about children catching monkeypox are not warranted.
30. **Monkeypox Rash Appearance:**
- Initial symptoms are fever, headache, muscle ache and swollen lymph nodes. These symptoms last 1 to 5 days. Small sores may appear in the mouth.
 - A rash appears about 1 to 3 days after the start of the fever. Sometimes people get the rash first and afterwards other symptoms.
 - The rash usually starts on the face, sometimes on the genital area. It spreads quickly within 24 hours to the arms and legs, even the palms and soles.
 - Each monkeypox sore is about 0.5 cm to 1 cm wide. Each sore progresses through the following stages: small red spot (macule), small red bump (papule), small water blister (vesicle), small cloudy blister (pustule). Then, the sore crusts over and the scab falls off. The entire process takes about 2 weeks.
 - The rash is usually the same size and at the same stage on different areas of the body, unlike chickenpox.
31. **Monkeypox Disease - Basics:**
- Monkeypox is a rare disease caused by the monkeypox virus.
 - **Diagnosis:** Suspected by appearance of rash and monkeypox contact. Diagnosis confirmed by lab test on fluid from monkeypox sore. Most testing done through public health department.
 - **Incubation period:** Symptoms usually start between 1 to 2 weeks after exposure. Range is from 4 to 21 days.
 - **Contagious period:** A person can spread monkeypox from the time symptoms start until all the monkeypox sores have crusted over and fallen off (usually 7 to 14 days).
 - **Spread:** Monkeypox spreads from person-to-person by direct skin contact. For example, spread can occur during intimate contact and sex. Most current cases occur in adult men who have sex with other men.
 - **Isolation is Needed:** To protect others, stay at home (isolate) until all of the scabs have fallen off the monkeypox spots and the skin is healing. Avoid close contact with others in your home.
 - **Treatment:** Symptoms are treated with home remedies and OTC meds. Prescription medicines are not needed for most healthy people.
 - **Outcome:** Most healthy people do not develop any complications.

50. **Call EMS 911 Now:**
- Your child needs immediate medical attention. You need to hang up and call 911 (or an ambulance).
 - Triager Discretion: I'll call you back in a few minutes to be sure you were able to reach them.
51. **Go To ED Now:**
- Your child needs to be seen in the Emergency Department immediately.
 - Go to the ED at _____ Hospital.
 - Leave now. Drive carefully.
52. **Go To ED Now (or PCP Triage):**
- **If No PCP (Primary Care Provider) Second-Level Triage:** Your child needs to be seen within the next hour. Go to the ED/UCC at _____ Hospital. Leave as soon as you can.
 - **If PCP Second-Level Triage Required:** Your child may need to be seen. Your doctor (or NP/PA) will want to talk with you to decide what's best. I'll page the on-call provider now. If you haven't heard from the provider (or me) within 30 minutes, go directly to the ED/UCC at _____ Hospital.
53. **See HCP Within 4 Hours (or PCP triage):**
- **If Office Will Be Open:** Your child needs to be seen within the next 3 or 4 hours. Call your doctor's (or NP/PA) office as soon as it opens.
 - **If Office Will Be Closed and No PCP (Primary Care Provider) Second-Level Triage:** Your child needs to be seen within the next 3 or 4 hours. A nearby Urgent Care Center (UCC) is often a good source of care. Another choice is to go to the ED. Go sooner if your child becomes worse.
 - **If Office Will Be Closed and PCP Second-Level Triage Required:** Your child may need to be seen. Your doctor (or NP/PA) will want to talk with you to decide what's best. I'll page the on-call provider now. If you haven't heard from the provider (or me) within 30 minutes, call again. **Note:** If on-call provider can't be reached, send to UCC or ED.
- Note to Triager:**
- Use nurse judgment to select the most appropriate source of care.
 - Consider both the urgency of the patient's symptoms AND what resources may be needed to evaluate and manage the patient.
- Sources of Care:**
- **ED:** Patients who may need surgery or hospital admission need to be sent to an ED. So do most patients with serious symptoms or complex medical problems.
 - **UCC:** Some UCCs can manage patients who are stable and have less serious symptoms (e.g., minor illnesses and injuries). The triager must know the UCC capabilities before sending a patient there. If unsure, call ahead.
 - **OFFICE:** If patient sounds stable and not seriously ill, consult PCP (or follow your office policy) to see if patient can be seen NOW in office.

54. **See PCP Within 24 Hours:**
- **If Office Will Be Open:** Your child needs to be examined within the next 24 hours. Call your child's doctor (or NP/PA) when the office opens and make an appointment.
 - **If Office Will Be Closed:** Your child needs to be examined within the next 24 hours. A clinic or an urgent care center is often a good source of care if your doctor's office is closed or you can't get an appointment.
 - **If Patient Has No PCP:** Refer patient to a clinic or urgent care center. Also try to help caller find a PCP (medical home) for future care.
- Note to Triager:**
- Use nurse judgment to select the most appropriate source of care.
 - Consider both the urgency of the patient's symptoms AND what resources may be needed to evaluate and manage the patient.
55. **See PCP Within 3 Days:**
- Your child needs to be examined within 2 or 3 days.
 - **PCP Visit:** Call your doctor (or NP/PA) during regular office hours and make an appointment. A clinic or urgent care center are good places to go for care if your doctor's office is closed or you can't get an appointment. **Note:** If office will be open tomorrow, tell caller to call then, not in 3 days.
 - **If Patient Has No PCP (Primary Care Provider):** Try to help caller find a PCP for future care (e.g., use a physician referral line). Having a PCP or "medical home" means better long-term care.
56. **See PCP Within 2 Weeks:**
- Your child needs an evaluation for this ongoing problem within the next 2 weeks.
 - **PCP Visit:** Call your child's doctor (or NP/PA) during regular office hours and make an appointment.
 - **If Patient Has No PCP (Primary Care Provider):** A primary care clinic is where you need to be seen for chronic health problems. **Note:** Try to help caller find a PCP (e.g., use a physician referral line). Having a PCP or 'medical home' means better long-term care.
58. **Home Care:**
- You should be able to treat this at home.
59. **Call PCP Now:**
- You need to discuss this with your child's doctor (or NP/PA).
 - I'll page the on-call provider now. If you haven't heard from the provider (or me) within 30 minutes, call again.
60. **Call PCP Within 24 Hours:**
- You need to discuss this with your child's doctor (or NP/PA) within the next 24 hours.
 - **If Office Will Be Open:** Call the office when it opens tomorrow morning.
 - **If Office Will Be Closed:** I'll page the on-call provider now. Exception: From 9 pm to 9 am. Since this isn't urgent, we'll hold the page until morning.
61. **Call PCP When Office Is Open:**
- You need to discuss this with your child's doctor (or NP/PA) within the next few days.
 - Call the office when it is open.



BACKGROUND INFORMATION

Vaginal Discharge in Teens: Normal versus Abnormal

- A clear or whitish discharge is usually normal.
- Yellow or green vaginal discharge usually means an infection.
- A foul-smelling discharge is also abnormal.
- An abnormal discharge can also cause a secondary genital rash, itching or pain.

Causes of Abnormal Vaginal Discharge in Teens

- **Sexually Transmitted Infections (STIs).** Infections that can be passed from either the female or male partner to the other. Gonorrhea (GC) and Chlamydia are the most well known. Symptoms include yellow or green vaginal discharge, pain with passing urine, pelvic pain, and bleeding. Another STI is Trichomoniasis. It causes a foamy, yellow-green foul-smelling discharge. Both partners need to be treated with antibiotics to prevent a recurrence.
- **Yeast Vulvovaginitis.** Vaginal discharge with vulval itching in teens is usually a Yeast infection. Symptoms are a thick, white, cottage cheese-like, non-odorous discharge. Bacterial vaginosis gives a white-gray discharge, fishy odor discharge. Both only occur in females and are not STI.
- **Pelvic inflammatory disease (PID).** An infection of the tubes connecting the ovaries to the uterus. PID is a serious infection which requires hospital admission and antibiotics by vein. The symptoms of PID include lower abdominal or pelvic pain, fever, and vaginal discharge.
- **Vaginal Foreign Objects** (such as a forgotten tampon) can cause a vaginal infection and discharge.

Emergency Contraceptive Pills (ECPs)

- Following unprotected sex, some young women call for help with preventing an unwanted pregnancy.
- Indications for ECPs: Sexual assault, unprotected sexual intercourse, condom breakage or missed dosages of birth control pills.
- They must be taken within 5 days (120 hours) of intercourse, but the earlier the better. ECPs should be taken as soon as possible after sex to be most effective at preventing pregnancy.
- ECPs prevent 75-85% of pregnancies. The only contraindication is if the patient is already pregnant.
- In the US, Plan B One-Step is available without a prescription (OTC) to anyone. It is found on the shelves where condoms are sold in drug stores. It costs around \$40-50. Other generics (My Way and Next Choice One Dose) may also be available on shelves. These products cost a little less (\$35-45). Two-pill generics (Levonorgestrel Tablets) are still available. They are stocked behind the pharmacy counter and available after showing the pharmacist an ID (e.g., driver's license) that proves your age (17 and older). They are available by prescription for those under 17.
- A second type of ECP is also available by prescription only. It contains ulipristal acetate. It is sold under the brand name ella (US) and ellaOne (Europe). It may be more effective than the OTC products, especially when used between 72 to 120 hours after sex.
- ECP Side Effects: nausea, vomiting, stomach pain, fatigue, headache, changes in periods
- ECP's may soon be covered by health insurance. Check with your insurance company.
- History (U.S.): In 2006, the FDA approved selling ECPs without a prescription (OTC) to those over age 18. In 2009, the FDA approved sales to anyone over age 17. The FDA in 2013 approved the sale of Plan B One-Step emergency contraceptive pill to all women of child-bearing age without a prescription. It's produced by Teva Pharmaceutical Industries. The move is in line with a federal court order in April 2013 to make the contraceptive available as an over-the-counter product without age or point-of-sale limitations. In 2014, the FDA approved generic one-pill EC products for unrestricted sale on the shelf.
- Availability in Canada: On April 19, 2005 the Canadian Ministry of Health approved the sale of Plan B without a prescription in pharmacies in Canada for all young women.

- ECPs can be recommended by phone to healthy adult women who request them. Follow-up is necessary only if 3 weeks pass without a normal menstrual period (missed period). However, doing the same for teenagers (especially young teenagers who are not emancipated minors) is a more complex issue. Therefore, these sexually-active young teens should be encouraged to have routine check-ups to receive screenings for STI's, advice regarding birth control options and guidance regarding sexual activities.

Expedited Partner Therapy (EPT)

- **Definition:** For patients diagnosed with a STD, the treatment of sexual partners without medical evaluation.
- **Method:** Give the patient the extra antibiotic to pass on or write the extra prescription.
- **Purpose:** Prevent re-infections and transmission to others.
- **Main indication:** The patient believes the sexual partner will not come in for evaluation and treatment. Mainly used for Chlamydia and GC infections.
- **Endorsed by:** AAP, ACOG, AMA and Society for Adolescent Health and Medicine.
- **Laws:** Allowed in 45 States in 2020. First law was passed in California in 2001.
- **Resource:** www.cdc.gov/std/ept

Monkeypox Rash Appearance

- Initial symptoms are fever, headache, muscle ache and swollen lymph nodes. These symptoms last 1 to 5 days. Small sores may appear in the mouth.
- A rash appears about 1 to 3 days after the start of the fever. Sometimes people get the rash first and afterwards other symptoms.
- The rash usually starts on the face, sometimes on the genital area. It spreads quickly within 24 hours to the arms and legs, even the palms and soles.
- Each monkeypox sore is about 0.5 cm to 1 cm wide. Each sore progresses through the following stages: small red spot (macule), small red bump (papule), small water blister (vesicle), small cloudy blister (pustule). Then, the sore crusts over and the scab falls off. The entire process takes about 2 weeks.
- The rash is usually the same size and at the same stage on different areas of the body, unlike chickenpox.

Monkeypox Disease: Basics

- Monkeypox is a rare disease caused by the monkeypox virus.
- **Diagnosis:** Suspected by appearance of rash and monkeypox contact. Diagnosis confirmed by lab test on fluid from monkeypox sore. Most testing done through public health department.
- **Incubation period:** Symptoms usually start between 1 to 2 weeks after exposure. Range is from 4 to 21 days.
- **Contagious period:** A person can spread monkeypox from the time symptoms start until all the monkeypox sores have crusted over and fallen off (usually 7 to 14 days).
- **Spread:** Monkeypox spreads from person-to-person by direct skin contact. For example, spread can occur during intimate contact and sex. Most current cases occur in adult men who have sex with other men.
- **Isolation is Needed:** To protect others, stay at home (isolate) until all of the scabs have fallen off the monkeypox spots and the skin is healing. Avoid close contact with others in your home.
- **Treatment:** Symptoms are treated with home remedies and OTC meds. Prescription medicines are not needed for most healthy people.
- **Outcome:** Most healthy people do not develop any complications. Death rate is less than 1 percent.

Expert Reviewer

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- The author is extremely grateful for this critical review.

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SEARCH WORDS

ADOLESCENTS
BAD ODOR
BLISTERS
DISCHARGE
DISCHARGES
FOUL SMELLING DISCHARGE
GENITAL AREA
GENITAL SORES
GENITAL ULCERS
GREEN DISCHARGE
GROIN PAIN
ITCHING
ITCHY
MONKEYPOX

ODOR
PAIN
PELVIC PAIN
PHYSIOLOGICAL DISCHARGE
PID
RASH
SEXUAL ABUSE
STDS
SWELLING
TEENAGERS
TEENS
ULCERS
VAGINA
VAGINAL BLISTERS
VAGINAL DISCHARGE
VAGINAL IRRITATION
VAGINAL ITCHING
VAGINAL PAIN
VAGINAL RASH
VAGINAL SORES
VAGINAL SWELLING
VAGINAL SYMPTOM
VAGINAL SYMPTOMS
VAGINAL SYMPTOMS AFTER PUBERTY
VAGINAL ULCERS
VAGINAL WATER BLISTERS
VAGINAL YEAST
VAGINAL YEAST INFECTION
VAGINITIS
VULVA
VULVAR ITCHING
VULVAR PAIN
VULVAR RASH OR SORE
VULVAR SWELLING
VULVITIS
WATER BLISTERS
WHITISH DISCHARGE
YEAST
YEAST INFECTION
YELLOW DISCHARGE

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