



2.7.2 SEXUALLY TRANSMITTED INFECTION (STI) TESTING AND TREATMENT

POLICY:

Subrecipients should provide STI screening and treatment services to prevent tubal infertility and improve the health of women, men, and infants. CDC published STI Treatment Guideline recommendations are intended to be a source for clinical guidance. Health care providers in Title X settings are encouraged to utilize these recommendations to ensure accessible, equitable, and high-quality service delivery.

PROCEDURE:

The need for STI services should be considered at every visit. Many clients requesting contraceptive services also might meet the criteria for being at risk of one or more STIs. Screening for chlamydia and gonorrhea is especially important in family planning because these STIs contribute to tubal infertility if left untreated. STI services are also necessary to maximize preconception health.

When a healthcare provider or clinician is not on site, RNs may utilize the ND DHHS ND FPP-approved standing orders:

- Laboratory Testing for Chlamydia and Gonorrhea
- Laboratory Testing for Syphilis
- Treatment of Chlamydia
- Treatment of Gonorrhea

The above-approved standing orders will be reviewed annually and updated as needed. The review process will include collaboration with the ND DHHS STD Program staff, ND DHHS SHO and/or directed by the ND DHHS SHO. A copy of the approved standing orders will be electronically shared with the ND BON.

ND FPP Standing Orders must be signed by the subrecipient clinical services provider or medical director.

ND FPP standing orders **cannot** be modified by the subrecipient and/or the agency medical director.

The RN must document the client's treatment in the client's medical record and be signed off by the provider with prescriptive authority.

The health professional carrying out the standing order is responsible and accountable to seek clarification if the order seems inappropriate, inaccurate, noneffective or contraindicated for a specific circumstance.



Specimen collection:

Specimen collection should be completed according to testing instructions and universal precautions/infection control policies.

Self-swab for vaginal, rectal, and oropharyngeal specimens should follow the manufacturer's instructions. The client chart should document the site of the specimen.

For Chlamydia and Gonorrhea urine specimens, the ND State lab recommends the following:

- Patient must not urinate for at least 1 hour prior to sampling
- Collect 20 to 30 mls of a first-catch urine
- Use the transfer pipette provided to fill the collection tube to a volume within the two black lines on the side of the tube

Laboratory Services | Department of Health (nd.gov) has instructions on specimen collection, storage, and usual results return time around for all tests.

HIV AND HEPATITIS C COUNSELING, TESTING AND REFERRAL SITES (CTR) must follow CTR policies regarding required and recommended CTR Activities, required reporting, screening for HIV and HCV, counseling, and staff development and training.

*<https://www.hhs.nd.gov/sites/www/files/documents/DOH%20Legacy/HIV/CTRManual.pdf>
(2021 manual)

Syphilis testing may be done on high-risk patients as recommended by CDC guidelines or by the NDDHHS Disease Control for high prevalence areas or high-risk patient history.

Herpes testing may be done using viral testing procedure used by the ND State Laboratory. The clinical decision to obtain serology HSV testing should follow the ND FPP Protocol for HSV.

Reporting:

Healthcare providers are required by law to report cases to the NDDHHS. (North Dakota Administrative Code 33-06, North Dakota Century Code 23-07)

The following STIs require reporting to the state Department of Health:

- HIV/AIDS
- Hepatitis
- Chlamydia
- Gonorrhea
- Syphilis

Information on reporting, case management, and reporting forms is available at [Reporting to the Division of Sexually Transmitted and Bloodborne Diseases | Health and Human Services North Dakota](#)



Treatment and referral:

A client with a STI and his/her partner(s) should be treated promptly to prevent complications, re-infection, and further spread of the infection in the community per CDC's STI Treatment Guidelines.

Clinicians (APP's and Physicians) should refer to ND FPP Protocol Manual, Reproductive Disease Section for treatment options for all STI's and Expedited Partner Treatment.

Clients with HIV or any Hepatitis infection should be referred for appropriate care and treatment.

Agencies may provide PrEP therapy or referral for clients at risk. Refer to ND FPP Protocol Manual: RD-17 PrEP.

Contact tracing:

Contact tracing for positive chlamydia or gonorrhea results may be completed by agency staff or referred to the area field epidemiology case worker. Clients should be counseled about the need to evaluate and treat all partner(s) from the last 3 months.

https://www.hhs.nd.gov/sites/www/files/documents/DOH%20Legacy/HIV/61114_STDReportForm_Providers_0221.pdf

Contact tracing for other reportable diseases may be completed by agency staff or referred to the area field epidemiology case worker. To obtain contact information for your local field epidemiologist, contact the Division of Sexually Transmitted and Bloodborne Diseases at 701.328.2378.

Client Counseling and education:

If the client is at risk for or has an STI, high-risk behavioral counseling should be provided in accordance with the CDC STI Treatment Guidelines. STI Prevention counseling includes but is not limited to:

- Risk reduction counseling
- Pre-exposure vaccination: HPV, Hepatitis A and B
- Barrier methods: single-use internal condoms or external condoms
- Retest after STI treatment to check for re-infection (e.g., 3 months after treatment for Chlamydia or Gonorrhea)
- Abstinence or SRA and reduction of the number of sex partners

RESOURCES:

ND FPP website under References, links to Standing Orders <https://www.hhs.nd.gov/cfs/family-planning/grantees>

Centers for Disease Control and Prevention, STI Treatment Guidelines, 2021 [Sexually Transmitted Infections Treatment Guidelines, 2021 \(cdc.gov\)](https://www.cdc.gov/std/treatment-guidelines)

HIV PrEP:

<https://www.hhs.nd.gov/health/diseases-conditions-and-immunization/HIV/Prevention/Prep>

Effective Date: September 2025

Last Reviewed: August 2025, August 2024, July 2023

Next Scheduled Review: August 2026



Contract Tracing Form:

https://www.hhs.nd.gov/sites/www/files/documents/DOH%20Legacy/HIV/61114_STDReportForm_Providers_0221.pdf

Syphilis Report:

https://www.hhs.nd.gov/sites/www/files/documents/DOH%20Legacy/HIV/61082_SyphilisReportForm_Providers_022021.pdf

Epi Contacts:

Division of Sexually Transmitted and Bloodborne Diseases at 701.328.2378.

NDFPP Protocol Manual:

[For Grantees | Health and Human Services North Dakota](#)

CTR 2021 manual:

<https://www.hhs.nd.gov/sites/www/files/documents/DOH%20Legacy/HIV/CTRManual.pdf>

HIV, STI, TB & Viral Hepatitis Epidemiologic Profile, October 2024:

[Microsoft Word - 2023 HIV.STI.TB.Viral Hepatitis Epidemiologic Profile FINAL.docx](#)

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