Sexual Health and Your Patients

A Provider's Guide for Screening, Testing and Treatment of Sexually Transmitted Infections

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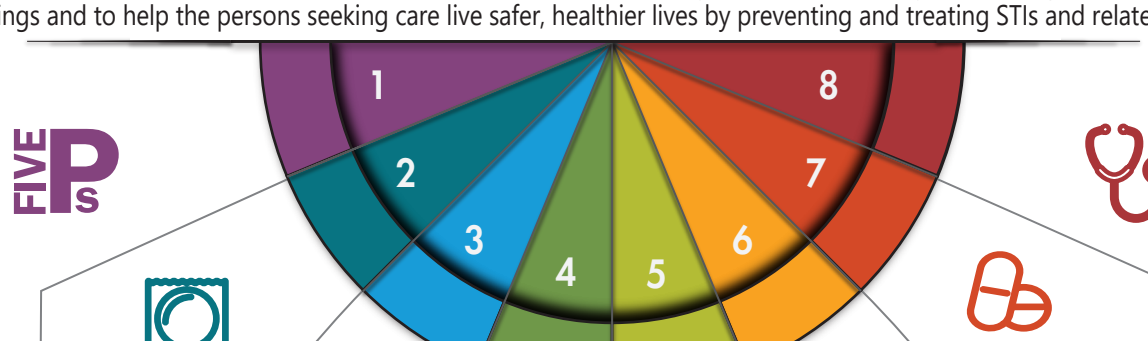
CDC's 8 Sexually Transmitted Diseases Clinical Prevention Recommendations

These recommendations are intended to help health care providers in primary care or STI specialty care settings offer STI services at their clinical settings and to help the persons seeking care live safer, healthier lives by preventing and treating STIs and related complications.



FIVE Ps

Sexual History

Sexual history taking and risk assessment are foundational to providing quality STI care.

Use the 5P's:

- -Partners
- -Practices
- -Protection
- -Past History
- -Prevention

A physical exam includes inspection of the skin, pharynx, lymph nodes, anogenital area and neurologic system. A physical exam allows providers to identify signs of STI of which a patient may not be aware.

Prevention

Services for preventing STIs and related conditions including HIV:

- -Condom provision
- -Vaccines for:
  - -Hepatitis A
  - -Hepatitis B
  - -HPV
- -Emergency contraceptive pills
- -STI/HIV prevention counseling
- -Nonoccupational post-exposure prophylaxis of HIV

Screening

Screening for asymptomatic STIs is essential for early detection.

Screening and assessment for the following STIs should be available:

- -Gonorrhea
- -Chlamydia
- -Syphilis
- -Hepatitis B
- -Hepatitis C
- -HIV
- -Cervical cancer

Partner Services

Treatment of sex partners prevents reinfection and is essential to interrupting transmission of STIs.

The following partner services should be available:

- -Guidance regarding notification and care of sex partners
- -Interactive counseling for partner notification
- -EPT
- -Work with health department to identify and notify sex partners

Evaluation of STI-Related Conditions

Evaluation for the following STI-related conditions should be available:

- -Genital ulcer disease
- -Male urethritis syndrome
- -Vaginal discharge
- -PID
- -Genital warts
- -Proctitis
- -Ectoparasitic infections
- -Pharyngitis
- -Epididymitis
- -Systemic or dermatological conditions compatible with STI etiology

Laboratory

Point-of-care tests, standing orders, specimen panels and reflex testing should be utilized to diagnosis and screen patients for STIs.

The following general services or tests or clinical labs should be available:

- -pH paper
- -Phlebotomy
- -Test for bacterial vaginosis and trichomoniasis
- -Urinalysis
- -Test for HIV and pregnancy
- -NAAT for chlamydia and gonorrhea
- -Test for syphilis
- -HSV culture, PCR or serology

Treatment

All recommended medications for the following should be available by prescription as basic STI care services:

- -EPT for gonorrhea and chlamydia
- -Herpes
- -Trichomoniasis
- -Bacterial vaginosis
- -Vulvovaginal candidiasis
- -UTI
- -PrEP
- -nPEP
- -Emergency contraceptive pills
- -Patient-applied regimens for genital warts

Referral for Complex STI/Related Conditions

Conditions that should be managed through referral to a specialist:

- -Complex chlamydia or gonorrhea infections
- -Complex syphilis
- -Complex vaginal discharge, trichomoniasis, and candidiasis
- -Complex PID
- -Complex herpes
- -Viral hepatitis
- -Complex warts
- -Cervical intra-epithelial neoplasia or cervical cancer
- -Complex ectoparasitic infections
- -Sexual assault
- -HIV infection

*Barrow RY, Ahmed F, Bolan GA, Workowski KA. Recommendations for Providing Quality Sexually Transmitted Diseases Clinical Services, 2020. MMWR Recomm Rep 2020;68(No. RR-5):1–20. DOI: http://dx.doi.org/10.15585/mmwr.rr6805a1

Possible STI Consequences

- Untreated syphilis is associated with visual impairment, hearing loss, and neurological problems.
- Untreated chlamydia (CT) and gonorrhea (GC) in women can lead to pelvic inflammatory disease, chronic pelvic pain, ectopic pregnancy, and infertility.
- Pregnant women who are infected with syphilis can pass it to the fetus, causing potential miscarriage, stillbirth, and severe illness in surviving infants.

ONE IN TWO

Sexually Active People Will Get an STI by the Age of 25

A Thorough Sexual Health History

A comprehensive sexual health history should be obtained at least annually for sexual active adults and adolescents.

A comprehensive sexual health history includes inquiring about the five Ps (partners, practices, protection, past history of STIs, and pregnancy intention. The sexual health history and risk assessment should be obtained as part of an initial comprehensive or annual visit; a visit for reproductive, genital, or urologic issues; and a visit for STI-related symptoms, STI-related concerns, or concerns about preventing or achieving pregnancy. The sexual health history and risk assessment might be provided during an HIV, PrEP, or acute care visit.

- A thorough sexual health history helps identify patients who may need:
  - **STI screening**
  - **Empiric STI treatment**
  - **Contraceptive counseling**
  - **HIV pre-exposure prophylaxis (PrEP) or post-exposure prophylaxis (PEP)**
- Remind patients that a sexual health history is part of routine healthcare and is confidential.
- If limited to a few questions, ask: "What is the gender(s) of your partner(s)?" and "What kind of sexual activity do you have or have you had?" to assess potential risk for STIs and determine appropriate exposure site screening.

5 Ps: A Stragey for Taking a Sexual Health History

Partners

- In the past 12 months, how many sexual partners have you had?
- What is the gender(s) of your partner(s)?
- Do you or your current partner have other partners?

Practices

- In the past 12 months, have you had vaginal sex? Oral sex? Anal sex?
- Have you had receptive anal intercourse?
- Do you have anonymous partners?
- Have you or any of your partners ever injected drugs?

Protection from STIs, including HIV

- Do you and your partner(s) discuss getting STI and HIV testing?
- Do you use condoms or other barrier methods consistently?
- Have you heard of HIV pre-exposure prophylaxis (PrEP)?

Past History of STIs, HIV

- Have you or your partner ever been diagnosed with an STI, HIV or hepatitis C? When?
- Have you had any recurring symptoms or STI diagnoses?
- When was your last STI or HIV test?

Pregnancy Intention

- Do you think you would like to have (more) children in the future?
- How important is it to you to prevent pregnancy (until then)?
- Are you or your partner using contraception or practicing any form of birth control?
- Do you need any information or referral for birth control or fertility services?

STI Screening

Screening for asymptomatic STIs is essential for early detection and prevention of STI sequeale. Because many STIs are asymptomatic, testing is the only method to diagnose these infections.

- **Physical Exam**: Although most STIs are asymptomatic, a physical exam should be performed on every patient. An exam should include inspection of the skin, pharynx, lymph nodes, anogenital area, and neurologic system. An exam allows providers to identify signs of STI that the patient might not be aware of, especially in cases of primary syphilis.
- **Chlamydia and gonorrhea screening should be based on the site of exposure.** Routinely ask patients about the type of sex (oral, anal, or vaginal) they have to ensure they are appropriately screened.
- **Screen all sexually active women < 25 years old for chlamydia and gonorrhea annually.**
- Sexually active women aged 25 and older and men who have sex with women (MSW) should be screened annually if at increased risk of infection.
- Syphilis rates have been increasing in North Dakota over the last five years. **Screen all men who have sex with men (MSM) for syphilis at least annually and every 3 to 6 months if at increased risk.** Women at risk may also need syphilis screening.
- Individuals at risk or increased risk of STIs include those diagnosed with a STI, those who have illicit drug use, those who have multiple sex partners, and women who have sex with men who have sex with men.
- **Perform an HIV test on all patients diagnosed with chlamydia, gonorrhea or syphilis.**
- MSM should be screened for CT, GC, syphilis, and HIV at least annually and consider screening every 3 to 6 months if at increased risk.

Screening Guide

	Persons with a Vagina			Persons with a Penis		Persons with HIV
	<25	25+	Pregnant	MSW	MSM	
Chlamydia & Gonorrhea	Annually	If At Risk*	1st Visit 3rd Trimester Delivery	If At Risk*	Every 12 Months Site Specific	1st HIV Eval Every 12 Months More Frequent If At Risk*
Syphilis	If At Risk*	If At Risk*	1st Visit 3rd Trimester Delivery	If At Risk*	Every 12 Months Site Specific	1st HIV Eval Every 12 Months More Frequent If At Risk*
HIV	1 Lifetime Test & Every STI Evaluation	1 Lifetime Test & Every STI Evaluation	1st Visit 3rd Trimester Delivery	1 Lifetime Test & Every STI Evaluation	1 Lifetime Test & Every STI Evaluation	Annually or more frequently until virally suppressed

*Test every 3-6 months people with multiple sex partners, who have anonymous sex partners, with inconsistent condom use when not in a mutually monogamous relationship, who have sex with men who have sex with men, with history of STI infections, who exchange sex for drugs or money, who have sex while drunk or high, who have ever injected drugs and/or received tattoos and/or body piercings in an unlicensed setting.

Testing

Testing for STIs should be based on risk behavior and occur at anatomic exposure site(s) as recommended.

Laboratory tests for identifying STIs are important for screening and diagnostic purposes. Screening tests are the only method for identifying asymptomatic infections.

Improve Screening Rates

- Utilizing Standing Orders
- Express Visit
- Specimen Panels - Ex. STI Panel Includes CT, GC, HIV, Syphilis

Reflex Testing for Syphilis and HIV

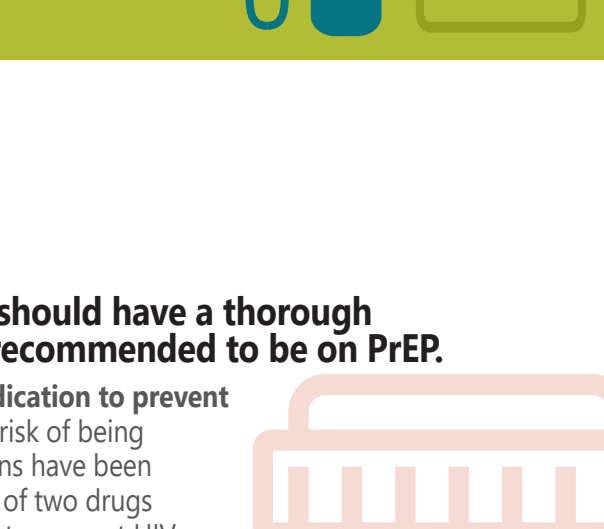
- Ensure all screening tests such as rapid syphilis and HIV tests, initial serologic tests for syphilis and HIV antibody tests should be confirmed with confirmatory tests. Reflex testing should be a standard of care for initial positive syphilis and HIV screening tests.

Optimal specimen types for CT screening using NAAT methodology include first catch urine in men and vaginal swabs in women

- Persons engaging in vaginal, receptive anal or oral intercourse can be diagnosed by using self or physician collected vaginal, rectal, or pharyngeal swabs, respectively. Self-collected swabs are comparable in sensitivity and specificity to those collected by a clinican.

Tests performed at the NORTH DAKOTA PUBLIC HEALTH LAB IN 2020

show that for those that were tested for rectal or oral **chlamydia/gonorrhea, 66%** of those infections would have been **MISSED** if only urine had been screened.



HIV PrEP

All sexually active patients and patients who inject drugs should have a thorough sexual health history and those at risk for HIV should be recommended to be on PrEP.

PrEP is short for pre-exposure prophylaxis. **It is the use of antiretroviral medication to prevent acquisition of HIV infection.** PrEP is used by people without HIV who are at risk of being exposed to HIV thorough sexual contact or injection drug use. Two medications have been approved for use as PrEP by the FDA, Truvada® and Descovy®. Each consists of two drugs combined in a single oral tablet taken daily. These medications are approved to prevent HIV infection in adults and adolescents weighing at least 35 kg (77 lbs).

PrEP REDUCES HIV SEXUAL TRANSMISSION RISK BY NEARLY 100%

People at risk who may be **recommended for PrEP** include:

- **Sexually active adults and adolescents who:**
  - Have had anal or vaginal in the past 6 months; **and**
  - Have an HIV-positive sexual partner (especially if partner has unknown or detectable viral load); **or**
  - Have had a recent bacterial STI; **or**
  - Have history of inconsistent or no condom use with sexual partner(s)
- **Persons who inject drugs who:**
  - Have an HIV-positive injecting partner; **or**
  - Shares drug preparation or injection equipment

Prior to initiating PrEP, providers should ensure patients are HIV negative, have no signs of acute HIV infection, have normal renal function, and are on no contraindicated medications. Comprehensive guidelines for prescribing PrEP have been published by the Centers for Disease Control and Prevention (CDC) in *A Clinical Practice Guideline*, available at www.cdc.gov/HIV/Clinicians/Prevention/PrEP.html.

PrEP should be considered part of a comprehensive prevention plan that includes a discussion about adherence to PrEP, condom use, other sexually transmitted infections (STIs), and other risk reduction methods.

STI Treatment. Prevent Complications and Reinfection.

The NDDoH recommends utilization of the CDC's Sexually Transmitted Infection 2021 Treatment Guidelines for current evidence-based prevention, diagnostic and treatment recommendation for clinical guidance.

Patients with STI-related conditions and for sex partners of patients diagnosed with a STI, treatment should not be delayed while awaiting diagnostic test results. Delays in treatment may increase complications and contribute to infection in the community. Table 1 highlights the STI treatment recommendations for chlamydia, gonorrhea and syphilis. Table 2 highlights syndromic management of STIs. Refer to the CDC STI Treatment Guidelines for a full list of STI treatment recommendations.

Table 1. STI Treatment Recommendations

Primary, Secondary and Early Latent Syphilis	**Benzathine penicillin G (Bicillin L-A®), 2.4 million units IM** Alternative if Penicillin Allergy: Doxycycline 100 mg PO BID x 14 days
Latent Syphilis or Syphlis of Unknown Duration	**Benzathine penicillin G (Bicillin L-A®), 7.2 million units, administered as 3 doses of 2.4 million units IM each, at 1-week intervals** Alternative if Penicillin Allergy: Doxycycline 100 mg PO BID x 28 days
Chlamydia (any site)	**Doxycycline 100 mg orally 2 times/day for 7 days** Alternative regimen: Azithromycin 1g orally in a single dose or Levofloxacin 500 mg orally once daily for 7 days Note: Doxycycline is likely more efficacious for rectal and oropharyngeal chlamydia. To maximize adherence with recommended therapies, on-site, directly observed single-dose therapy with azithromycin should always be available. Recommended regimen during pregnancy: Azithromycin 1 g orally in a single dose
Gonorrhea (any site)	**Ceftriaxone 500 mg* IM in a single dose for persons weighing < 150 kg** If chlamydial infection has not been excluded, treat for chlamydia with doxycycline 100 mg orally 2 times/day for 7 days. *For persons weighing ≥ 150 kg, 1 g ceftriaxone should be administered. Alternative regimen^: Gentamicin 240 mg IM in a single dose PLUS Azithromycin 2 g orally in a single dose ^There are no reliable alternative treatments for pharyngeal gonorrhea.

Patients diagnosed with CT or GC are recommended to abstain from sexual activity for 7 days after treatment is completed. To reduce treatment delays, testing and treatment should be offered for those patients with STI-related conditions and sex partners of patients diagnosed with a STI.

Table 2. Syndromic Management of STIs

Syndrome	Sign/Symptom	Immediate Next Steps
Cervicitis	Purulent or mucopurulent endocervical exudate and/or endocervical bleeding	• Test for CT/GC and empirically treat for CT. Consider empiric treatment for GC if at risk or in high prevalance area. • Test for trichomoniasis and bacterial vaginosis (BV). • Assess for pelvic inflammatory disease (PID).
Urethritis	Discharge or dysuria	• Test and empirically treat for CT/GC.
Proctitits	Ulcer, discharge or pain, bleeding	• Test and empirically treat for CT/GC. • Test for syphilis and consider HIV testing. • HSV PCR testing/treatment of suspicious ulcerative lesions. • For enteritis, test for LGV, empirically treat for LGV if severe symptoms present. • Consider referral for HIV PrEP.
Early Syphilis	Chancre, rash, mucocutaneous lesions, lymphadenopathy	• Test and empirically treat for syphilis. • Screen for CT/GC and HIV/acute HIV. May refer for HIV PrEP. • Test and empirically treat for syphilis.
Uveitis	Blurry vision, red eye, or eye pain	• Test for syphilis and HIV. • Immediately refer to opthalmology. • Refer for lumbar puncture if high suspicion of ocular syphilis.

All patients positive for CT/GC should be retested approximately 3 months after treatment.

Expedited Partner Therapy (EPT)

EPT is a harm-reduction strategy used to treat sex partners who are unable or unlikely to seek timely treatment, by providing medications or prescriptions to the patient.

EPT is defined as the treatment of partners without an intervening personal assessment by a health care provider. **EPT is a useful option to facilitate partner managment.** EPT may be an important stratgey when a patient presents with re-infection(s). It is an accepted method of treatment for sexually transmitted chlamydia and gonorrhea infections in North Dakota. (ND Administrative Code, Chapters 50-05-01-01, 54-05-03.1-10 (8) and 61-04-04-01 (21)). EPT may be implemented by any of several methods, but predominately is done by patient-delivered partner therapy (PDPT). **With EPT, clinicians can provide the patient with medications from their practice to take to sex partners, or a prescription can be written in the partners' names.**

- Gonorrhea infections. The recommended treatment for gonorrhea by EPT is 800 mg cefixime in a single dose. If partners are at risk for pharyngeal infection, they should be informed that the EPT regimen may not cure this infection, and they should seek care from a medical provider.
- MSM with chlamydia or gonorrhea may have high risk for coexisitng infections among their partners and partners who could benefit from HIV PrEP. Shared clinical decision-making for EPT with MSM is recommended.

Partner Services

Partner services includes the notification of partners of those diagnosed with STIs. Efforts to ensure treatment of patients' sex partners can reduce the risk for reinfection and potentially reduce transmission of STIs.

Partner services refers to a continuum of clinical evaluation, counseling, diagnostic testing and treatment designed to increase the number of infected persons brought to treatment and to reduce transmission among sexual networks. Public health partner services refers to efforts by the NDDoH to identify the sex and needle-sharing partners of infected persons to ensure their medical evaluation and treatment.

NDDoH will work with your office and your patients to provide partner services to patients diagnosed with gonorrhea, syphilis and HIV. Partner services for persons with chlamydia are the responsibility of the diagnosing provider unless arrangements are made with the local field epidemiologist.

Let your patients know that NDDoH will be contacting them for partner services and that the free service is there to protect their heath. All referrals for partner services are confidential and the patient's name is not disclosed when contacting partners. If you are having trouble following up with a patient who has not been treated, a field epidemiologist can assist you in contacting them. For more information on reporting and partner services, please contact the Division of Sexually Transmitted and Bloodborne Diseases by calling 800.472.2180 or contacting your local epidemiologist.

Disease Reporting

Providers are required to report clinical information such as treatment, symptoms, and co-infection screening on reportable STIs.

ND Century Code (23-07) requires that physicians or other health providers report diseases that are determined under administrative code (33-06) to be reportable to the North Dakota Department of Health.

NDDoH uses this information to track local epidemiological trends and direct services where needed.

Use the Disease Specific Reporting Form or the online report card to report the condition you have diagnosed. These forms can be found at www.health.nd.gov/HIV/Report.

Conditions that are IMMEDIATELY reportable:

- Hepatitis A
- Hepatitis B, acute
- Pregnancy in a HIV positive individual
- Pregnancy in a Hepatitis B positive individual
- Tuberculosis, active

Conditions to be reported within 7 DAYS OF DIAGNOSIS:

- Chlamydia
- Gonorrhea
- Hepatitis B, chronic
- Hepatitis C
- HIV/AIDS - All CD4+ counts and all HIV viral load tests
- Syphilis
- Tuberculosis, latent

RESOURCES

- **ND Health STI:** www.health.nd.gov/STI
- **STI Treatment Guidelines:** www.cdc.gov/STD/treatment-guidelines
- **Expedited Partner Therapy:** www.cdc.gov/STD/ept
- **Free online CME, self-study STI modules:** www.std.uw.edu
- **National STD Curriculum:** www.nnptc.org/
- **National LGBT Health Education Center:** www.lgbtqiahealtheducation.org/
- **National STI Curriculum:** www.std.uw.edu/
- **Free STI Clinical Consultation for Providers:** www.stdccn.org/

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