

Sexually Transmitted Infection Screening and Treatment Policy - Standing Order

Purpose:

To screen and treat patients that may have sexually transmitted infections (STI) according to the Centers for Disease Control and Prevention (CDC) guidelines.

Background:

Screening for STIs is necessary to identify patients who have been infected with Chlamydia, Gonorrhea, HIV, Syphilis and/or Hepatitis C. Screening is the first step to appropriately treat and prevent the spread of STIs. There is a high rate of STIs among the American Indian/Alaska Native population, including in the Great Plains Area (CDC, 2020). Undiagnosed STIs have the potential for long term complications and morbidity.

Policy:

Patients who present with any of the following: anyone age 13-64 without STI screening in last 12 months; request STI screening; report exposure to STIs; identified as being at risk; or present for other purpose of visits with nurse or provider will be offered screening for STIs. These will include: Chlamydia (CT), Gonorrhea (GC), human immunodeficiency virus (HIV), syphilis and viral hepatitis C. Positive cases will be offered treatment. This policy serves as a standing order.

Organization Responsibility:

It is the responsibility of nursing staff to complete STI screening as indicated. Medical Staff are responsible for appropriately treating STIs.

Procedure:

Screening

1. The nurse will initiate screening for the following:

- A. patients age 13-64 years who have not had STI screening in last 12 months
- B. patients requesting STI screening
- C. sexually active patients less than 25 years old
- D. patients who have reported exposure to STIs
- E. Patients older than 25 who have increased risk factors such as:
 - 1. multiple partners
 - 2. IV drug users
 - 3. Men who have sex with men (MSM)
- F. Routine screening if patients want to have screening completed

2. The nurse will order the following:

- GC/CT (GC/Chlam, urine; OR, swab if available)
- Syphilis (RPR diag/screen)
- Pregnancy test for any female patient who does not have a permanent form of sterilization of history of menopause
- If patient is MSM: Hepatitis B (HBsAg, HBV core antibody, HBV surface antibody)

1. Review screening criteria (see above) and offer screening if patient is eligible
2. Orders will be placed in EHR for the above tests. If patient seen under urgent care or primary care visit, the order should be placed under the provider seeing the patient. If patient is seen in nurse visit, the order should be placed under their primary care provider. If patient is seen in nurse visit and there is no PCP listed, they will be assigned a PCP. These unassigned patient orders will be placed under the Clinical Director.
3. Patients will be sent to lab for specimen collection.
4. Provide STI education for sexually active persons and enter education into EHR.
5. If the patient has any lesions, abdominal/pelvic pain, or other symptoms, the patient will be scheduled with a provider as soon as possible, but no later than 1 week. Labs can still be drawn.
6. Offer condoms
7. Have the patient complete the contact sheet for the South Dakota Department of Health (SDDOH). It might be a good idea to say to the patient: "Please complete this form we have from the DOH so we can ensure everyone that may have been exposed can receive treatment."

8. Place the completed contact sheet in the designated folder to go to the lab
9. Refer any questions/concerns to the provider
10. Document the above along with any other pertinent information in the electronic health record (EHR)

Treatment

Treatment will be offered for patient with positive results.

1. Orders will be placed in EHR for the indicated medication(s). The medication should be ordered under the ordering lab provider.
2. Patients will complete the contact sheet (SDDOH STD Case Report form, attached) for the State Health Department
3. EPT should be offered to the patient (see EPT below)
4. Place completed contact form (SDDOH STD Case Report form) in the designated folder to go to lab.
5. The patient will be provided with education:
 1. Abstain from sexual intercourse for 7 days after completing treatment.
 2. Partners should be tested and treated as well. IHS will provide EPT to partners if they present with the patient (see below).
 4. If symptoms develop or current symptoms worsen, patient needs to see PCP for further evaluation.
 5. Offer appointment to discuss contraception options.
6. Medication Counseling:
 1. Ask about and document any medication allergies
 2. Review medication sheet from pharmacy with patient.

The nurse may initiate treatment for the following:

Gonorrhea

Recommended regimen:

- Ceftriaxone 500 mg in a single intramuscular dose (if <150kg)
 - If chlamydia has not been excluded, ADD Azithromycin 1gm orally in a single dose
 - If providing EPT to partner who is not present for treatment, give:
 - Cefixime 800 mg orally in a single dose; ADD Azithromycin 1gm orally in a single dose if chlamydia has not been excluded

Alternative regimens (If Ceftriaxone not available):

- Gentamicin 240 mg IM in a single dose

- Azithromycin 2 gm orally in a single dose
- Cefixime 800 mg orally in a single dose; If chlamydia has not been excluded, ADD Azithromycin 1 gm orally in a single dose

Chlamydia

Recommended regimen:

- Azithromycin 1 gm orally in a single dose

Alternative regimen:

- Doxycycline 100 mg orally twice daily for 7 days (contraindicated in pregnancy)
- OR Levofloxacin 500 mg orally once daily for 7 days

Syphilis

Recommended regimen:

- Benzathine penicillin G 2.4 million units IM in a single dose
 - Do not delay first dose of Benzathine penicillin if stage unknown. Give dose as above upon positive syphilis test.
 - If patient has not been evaluated by a provider, arrange follow-up for staging within one week of dose. Additional doses may be indicated if patient diagnosed with late latent syphilis, tertiary syphilis, has unknown stage.
diagnosed discuss further treatment with provider.
 - If patient is pregnant and has penicillin allergy, refer to provider for ordering and recommendation.

Alternative regimen:

- Doxycycline 100 mg orally twice daily for 14 days (contraindicated in pregnancy)
- Tetracycline 500 mg orally four times a day for 14 days (contraindicated in pregnancy)

Expedited Partner Therapy (EPT)

When treatment of chlamydia, gonorrhea, or syphilis is provided, the person receiving EPT will complete the STD Case Report & Interview Form (attached).

- All patients that present for treatment of Chlamydia, Gonorrhea, or Syphilis will be offered EPT for their current partner(s). Partners may only be treated with EPT if they present with the IHS-eligible patient or the IHS-eligible patient takes oral medications to their partner(s). Both IHS-eligible and non-eligible partners can be treated to support the health of the patient and in the interest of decreasing the incidence of STIs.
- Any IHS-eligible patient that presents stating that they were exposed to Chlamydia, Gonorrhea, or Syphilis will be offered treatment at the time of presentation as EPT. Testing will also be performed at the time of presentation as outlined above.

- C. If the SDDOH alerts IHS that an IHS-eligible patient has been exposed to Chlamydia, Gonorrhea, or Syphilis, treatment will be offered to the patient as EPT. Testing will also be offered at the time of presentation as outlined above.
- D. Documentation:
1. If the partner has a chart at IHS, document medication prescription in the partner's chart under the provider who ordered the original lab test above.
 2. If the partner is not eligible for services at IHS or does not have a medical record:
 - a. For oral medications: Order medications in the infected patient's chart under the provider who ordered the original lab test above. Document the partner's name, date of birth, any allergies, and contact information, if possible.
 - b. For injectable medications: Create a chart. If not eligible for services, indicate "non Indian/non ben" information in the relevant "Indian Tribe/Indian Fields" as necessary. Document any allergies. Order medication from this new chart under the provider who order the original lab test above.
- E. Medications may be administered in the clinic or ordered through pharmacy.
- F. Condoms and information sheets will be provided with the medications:
- STI information sheets (below)

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Documentation and follow-up

1. Counseling: No sex for 7 days after treatment; provide condoms; ask if patient would like to discuss contraception with a provider
2. Patients who test positive may need to follow-up for repeat testing. The ordering provider will determine and order any follow-up testing.
3. Documentation of treatment, education, forms completed, etc. will be completed in EHR
4. If needed, place a consult to PHN to facilitate appropriate follow-up.

Other STIs:

Refer the patient to the provider to be seen for other suspected STIs, including symptoms of rash, lesions, pelvic pain or scrotal pain. Screening can be initiated before the provider is seen if the patient meets the criteria (as above).

Public Health Nursing:

PHNs can follow the above orders outside of clinical setting. Public health nurses may draw labs in the field once they have documented competency and approved by lab. Public health nurses may

transport and administer prescriptions to patients and/or partner(s) who are eligible for IHS services to improve rates of treatment and outcomes. Partners who are not eligible for services at IHS must receive their medications from their partner or come in to IHS with their partner.

References

CDC (2020). Centers for Disease Control and Prevention: American Indians/Alaska Natives Health Disparities Retrieved 3/14/2023 from: [REDACTED]

CDC (2011). Centers for Disease Control EPT Legal Toolkit. Retrieved from: [REDACTED]

CDC (2021). Workowski KA, Bachmann LH, Chan PA, et al. Sexually Transmitted Infections Treatment Guidelines, 2021. MMWR Recomm Rep 2021;70(No. RR-4):1–187. DOI: [REDACTED].

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