

What Do I Need to Know?

STD Screening, Testing and Treatment

Prevention and Control of STDs are Based on the Following 5 Major Strategies:

- Accurate risk assessment and education and counseling of person at risk.
- Pre-exposure vaccination.
- Identify asymptomatic infected persons and persons with symptoms associated with STDs.
- Effective diagnosis, treatment, counseling and follow up of infected persons.
- Evaluation, treatment and counseling of sex partners of persons who are infected with STDs.

Screening Guidelines

Chlamydia

- Annual Screening for Sexually Active Women Aged <25 years.
- Women Age ≥25 at increased risk of infection:
 - Have new sex partner.
 - More than one sex partner.
 - Sex partner with concurrent partners.
 - Sex partner diagnosed with STD.

Gonorrhea

- Annual Screening for Sexually Active Women Aged <25 years.
- Women Age ≥ 25 at increased risk of infection.

Syphilis

- Pregnant Women. *High risk: At first prenatal visit, during third trimester and at delivery.*
- Men who have sex with men (MSM).
- Persons with HIV.

HIV

- All individuals 13-64 years.
- Those being evaluated for a STD.
- Pregnant Women.
- MSM.

High-Risk Individuals

- High-risk: multiple sex partners, previous or current STD infections, using illicit drugs during sex and exchanging sex for money or drugs.
- Screen for above STDs every 3 to 6 months.

Men Who Have Sex with Men (MSM)

- Annual screening: chlamydia, gonorrhea, HIV, hepatitis C & syphilis.
- Screen for chlamydia and gonorrhea based on site of sexual exposure – urethral, rectal and/or pharyngeal testing.

Screening Reminder

All patients being screened for STDs should also be screened for HIV.

Recommended Treatment*

Chlamydia

Azithromycin 1 g orally in a single dose **or** Doxycycline 100 mg orally BID for 7 days

Gonorrhea

Ceftriaxone 250 mg IM in a single dose **PLUS** Azithromycin 1 g orally in a single dose

Syphilis

Depends on stage of syphilis diagnosed. Refer to 2015 CDC STD Treatment Guidelines.

**See complete guidelines for alternative regimens.*

Treatment Reminder

Following chlamydia or gonorrhea treatment, patients need to abstain from all forms of sexual activity for 7 days after treatment of both the case and their partner(s).

Test of Cure vs. Re-Testing

Re-Testing

All patients should be retested for chlamydia and/or gonorrhea 3 months after treatment. Patients with syphilis should have clinical and serologic evaluations at 6 and 12 months after treatment.

Test-Of-Cure

Recommended to occur 3-4 weeks after treatment only if therapeutic adherence is in question, symptoms persist, reinfection is suspected or patients were treated with alternative gonorrhea treatment regimens.

Management of Sex Partners

Test and Treat

All sex partners during the 60 days preceding symptom onset or diagnosis should be tested and/or treated.

- NDDoH Field Epidemiologists assist with **syphilis, gonorrhea and pregnant chlamydia** partner notifications.
- Consider Expedited Partner Therapy (EPT) for chlamydia and gonorrhea cases who are not going to go to a clinic for testing and treatment.

Reference: 2015 Sexually Transmitted Disease Guidelines, CDC.

<http://www.cdc.gov/std/tg2015>