Sexually Transmitted Infections
Care Guide
March 2021

Information contained in the Care Guide is not a substitute for a health care professional’s clinical judgment. Evaluation and treatment should be tailored to the individual patient and the clinical circumstances. Furthermore, using this information will not guarantee a specific outcome for each patient.
SUMMARY

GOALS
✓ Assess all patients for sexually transmitted infections (STIs) by obtaining a thorough sexual history and appropriate lab testing based on the patient’s risk
✓ Treat patients with identified STIs and contacts, if known
✓ Ensure appropriate reporting of STIs to health departments
✓ Counsel patients on safer sexual practices and offer prophylaxis (or condoms) to patients

ALERTS
• Syphilis can cause irreversible neurologic damage, which can include blindness and deafness
• Pregnant patients are of special concern as STIs can lead to complications including fetal morbidity or mortality
• In the community, patients aged 15 to 24 years are at highest risk for STIs; however, in correctional settings, the age range is older

DIAGNOSTIC CRITERIA/EVALUATION

The terms STI and sexually transmitted disease (STD) are frequently used interchangeably. While all patients are “infected,” not every patient is symptomatic, or demonstrates “disease,” so some sources use the term STI. These guidelines are based on the Centers for Disease Control and Prevention (CDC) Sexually Transmitted Disease Guidelines where the term STD is used, however, recently the CDC has shifted to preferred usage of STI, as will be utilized in this care guide and their upcoming guidelines in 2021.

Risk factors for STIs: Condom-less sex, sexual contact with multiple partners, history of STI, forced sex, and commercial sex.

Diagnosis: Typically by targeted lab testing based on symptoms/history or screening in high risk patients.

Screening: In the absence of symptoms, screening should be done on the following patients:
• All pregnant people
• Adults with risk factors
• Men who have sex with men (MSM) and transgender women
• Persons living with Human Immunodeficiency Virus (HIV) (PLWH)
• Current or past history of STIs
• Individuals with a new partner

ASSESSMENT
• Thorough sexual history: The CDC recommends the “Five Ps”: Partners, Practices, Protection, Past History, and Prevention of Pregnancy. (See page 3)
• Physical examination: Components based on the patient’s complaints and risks based on sexual history – see individual STI. Referral to Dental for oral examination.
• Lab/Diagnostic: Specific tests are indicated and may vary by the patient’s complaints and risks based on the “Five Ps.”
  • CDCR Reception Center Opt-Out Testing includes: gonorrhea/chlamydia via urine; serology for rapid plasma reagin (RPR) test for Syphilis, HIV, Hepatitis C (HCV), and serum pregnancy for women < 60 years old.
  • Three-site testing refers to collecting three separate specimens at three sites for gonorrhea/chlamydia testing if clinically indicated, based on specific sexual practices: pharynx (swab), anus (swab), and urethra (urine or swab; for females).
  • Biopsy and microscopic examination or oral lesions.

TREATMENT

Treatment of STIs is specific to the infection identified and the extent of disease, if any. (See pages 7-14). Typically, STI treatment administration is observed by health care staff, prolonged treatment may be Keep-On-Person (KOP). This Care Guide will cover the following most common STIs found in our patients:
• Syphilis: Intramuscular benzathine penicillin G, specific dosing and duration based on stage (Pages 7-9)
• Chlamydia: Oral azithromycin or doxycycline (See page 10)
• Gonorrhea: Dual therapy with intramuscular ceftriaxone and oral azithromycin is required; drug
resistance is a problem (Pages 11-12)
- Genital Lesions (Herpes): Acyclovir (Pages 12-13)
- Human Papillomavirus Virus (HPV): Topical Podofilox (Page 14)

For information regarding HIV, HCV and Hepatitis B virus (HBV) treatments, please see their respective CCHCS Care Guides.

For additional details on these STIs and others covered in the CDC STD Guidelines visit the CDC website at: https://www.cdc.gov/std/tg2015/default.htm.

**MONITORING POST TREATMENT**

- After treatment, repeat testing is recommended for chlamydia and gonorrhea at three months to screen for infection.
- Syphilis titers should be followed at an interval based on stage of disease.
- For all STIs, sex partners need to be informed so they can get tested and treated based on their exposure.
- Provide ongoing prevention counseling and education.