

Sexually Transmitted Infections Care Guide



CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

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

- ✓ Prevent sexually transmitted infections (STIs) through counseling patients on safer sexual practices and offering prophylaxis (condoms) to patients as well as other interventions
- ✓ Assess all patients for 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

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
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- 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 Infections Treatment Guidelines, 2021. Recently, the CDC has shifted to the preferred usage of STI, since it is considered more inclusive and less stigmatizing. STI will be utilized in this care guide.

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 Pregnancy Intention. (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/trichomonas vaginalis via urine; serology for rapid plasma reagin (RPR) test for syphilis, HIV, Hepatitis B (HBV), Hepatitis C (HCV), and serum pregnancy for women < 60 years old.

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- 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 of oral lesions.

TREATMENT

Treatment of STIs is specific to the infection identified and the extent of disease, if any. (Pages 8-17) Typically, health care staff observe STI treatment administration; 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 or aqueous crystalline penicillin G - dosing/duration based on stage (Pages 8-10)
- Chlamydia: Oral doxycycline or azithromycin (Page 11)
- Gonorrhea: Intramuscular ceftriaxone (Pages 12-13)
- Epididymitis and Non-Gonococcal Urethritis (Page 13)
- Genital Lesions (Herpes): Acyclovir, valacyclovir, famciclovir (Pages 14-15)
- Human Papillomavirus Virus (HPV): Topical imiquimod or podofilox (Pages 16-17)
- Trichomonas vaginalis: Metronidazole (Page 17)

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/treatment-guidelines/STI-Guidelines-2021.pdf>

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.