

## C4.6 – Sexually Transmitted Infections and HIV

**Policy**

At the initial visit and annually thereafter, each client must be counseled about STIs and be given information needed to reduce their risk of acquiring or transmitting STIs and HIV. Clients should be made aware that whenever they have unprotected sexual intercourse (no barrier method is used), they are exposed to any STIs their partner either has had or has, and to any diseases that the partner’s former or current partners have had.

Clients need to be made aware of common STIs, their symptoms and complications, and the importance of diagnosis and treatment. Clients will be informed about where to go for testing, treatment, and follow-up if services are not provided on-site.

**Procedure**

***Counseling and Education***

<p><u>Requires</u> addressing the following areas:</p>	<ul style="list-style-type: none"> <li>● Individual dialogue about personal risks and risk reduction.</li> <li>● At-risk behavior, risk reduction and further evaluation.</li> <li>● HIV education, risks and referral.</li> </ul>		
<p>Counseling <u>should</u> also include the following information:</p>	<ul style="list-style-type: none"> <li>● Abstinence is the most effective method to avoid STIs and HIV.</li> <li>● Barrier methods can significantly reduce, but not eliminate STIs.</li> <li>● Oral sex can also result in STIs.</li> </ul>		
<p>STIs that <u>must</u> be discussed include:</p>	<ul style="list-style-type: none"> <li>● HIV.</li> <li>● Chlamydia.</li> <li>● Gonorrhea</li> <li>● Syphilis</li> </ul>		
<p>STIs* that <u>should</u> be discussed include:</p>	<table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <li>● Genital herpes.</li> <li>● Cytomegalovirus.</li> <li>● Trichomoniasis.</li> <li>● Pediculosis pubis.</li> </ul> </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <li>● Scabies.</li> <li>● Hepatitis B.</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li>● Genital herpes.</li> <li>● Cytomegalovirus.</li> <li>● Trichomoniasis.</li> <li>● Pediculosis pubis.</li> </ul>	<ul style="list-style-type: none"> <li>● Scabies.</li> <li>● Hepatitis B.</li> </ul>
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\*Vaccination for human papillomavirus (HPV) are also important parts of STD services and preconception care.

***Screening and Testing***

Screening and testing for other STIs should be conducted based on the CDC recommendations. Screening and testing for HIV/AIDS should be conducted based on CDC HIV testing guidelines. Providers should follow CDC recommendations that all clients aged 13–64 years be screened routinely for HIV infection and that all persons likely to be at high risk for HIV be rescreened at least annually.

Hepatitis C testing should be recommended based on CDC’s Testing Recommendations for Hepatitis C Virus Infection.\*\* Persons with HIV infection should be tested at least annually for Hepatitis C.\*\*

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### **Treatment**

If client tests positive for an STI, treatment and follow-up must follow CDC STD Treatment guidelines.

EPT is legal for treatment of Chlamydia and Gonorrhea in Iowa and should be utilized when appropriate. *Reference Expedited Partner Therapy Policy C4.5 for further guidance.*

The Iowa CBSS gives Title X access to STI treatment drugs purchased by the Iowa HHS STD Prevention Program.

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### **Rescreening**

Rescreening (or retesting) is recommended three (3) months after someone is treated for chlamydia or gonorrhea. The timeline is the same for both infections. This is to check for re-infection (since this is common with these infections, especially from asymptomatic partners). If it can't occur at three (3) months, it should occur as soon as possible after that.

A test of cure is recommended for gonorrhea if someone is treated with a regimen outside of the CDC STI Treatment Guidelines. This is to check to see whether the person is truly cured. The recommended timeframe from CDC on this is 7-14 days after the completion of treatment. We say 14 days with CBSS sites because with 7 days, you may detect dead bacteria with nucleic acid amplification tests (NAATs) -- essentially a false positive result. 14 days gives more space and reduces the likelihood of detecting dead bacteria. Additionally, the test of cure 14 days after treatment applies to anyone with pharyngeal (throat) gonorrhea, even if a recommended treatment is used. This is because pharyngeal gonorrhea is notoriously more difficult to treat than urogenital or rectal gonorrhea.

Follow-up for syphilis will depend on the stage client was diagnosed at; for primary or secondary syphilis a clinical and serological evaluation should be completed at 6 and 12 months after treatment completion while latent syphilis should have a clinical and serological evaluation at 6-, 12- and 24-months post treatment. During this evaluation titers will be drawn and compared with the titers drawn at the time of treatment to assess for response to treatment plan.

To note, if a client has HIV and primary or secondary syphilis, they should have both clinical and serological evaluation completed at 3, 6, 9, 12 and 24 months after treatment completion. For further recommendations regarding syphilis follow-up and treatment refer to Resources, CDCs Sexually Transmitted Infections Treatment Guidelines, 2021 link.

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### **Reporting**

SRs are required to comply with all reporting laws. In Iowa, positive test results of **chlamydia, gonorrhea and syphilis must be reported within 3 days, while positive test results for HIV and AIDS must be reported to Iowa HHS in 7 days.** By Iowa Code, both the CSP who ordered the test and the laboratory that processed the specimen are to report names and other patient demographics to Iowa HHS. This information is protected by law and cannot be released to anyone other than individuals (disease prevention specialists and county public health communicable disease

investigators) who perform partner notification and partner referral. In Iowa, by law, a minor can be tested and treated for STIs without parental consent.

**Billing**

Section 1006 of the PHS Act stipulates that priority will be given to the furnishing of Title X services to persons from low-income families and no charge will be made in a Title X project for services provided to any person from a low-income family except to the extent that payment will be made by a third party (including a government agency) which is authorized or is under legal obligation to pay such charge.

If your agency utilizes multiple funding sources to complete various STI/HIV screenings, the SR will need to outline their internal process for this (i.e. when to use CBSS program test kits for a Title X client insured vs uninsured).

\*\*Not all third-party insurance may cover testing for Hepatitis C.

**Additional Screening Resources**

SRs have the option and are highly recommended to participate in the state Community Based Screening Services project (CBSS). The CBSS Program and their test kits should be used for uninsured, underinsured or confidential patients that are also part of the Title X Program. This program provides testing for chlamydia and gonorrhea. SRs that participate in CBSS must first sign a Memorandum of Agreement to ensure expectations of participants are understood (i.e. the Bureau, CBSS and the participating clinic).

Date Revised	October 2024
References	Providing Quality Family Planning Services Recommendations of CDC and the U.S. Office of Population Affairs (QFP) [2014] <a href="https://www.hhs.gov/opa/guidelines/clinical-guidelines/quality-family-planning/index.html">https://www.hhs.gov/opa/guidelines/clinical-guidelines/quality-family-planning/index.html</a>  Title X Program Handbook ( <a href="https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf">https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf</a> )
Additional Resources	Current CDC STD Treatment Guidelines; CDC revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings; CDC’s Testing Recommendations for Hepatitis C Virus Infection: <a href="https://www.cdc.gov/std/treatment-guidelines/STI-Guidelines-2021.pdf">https://www.cdc.gov/std/treatment-guidelines/STI-Guidelines-2021.pdf</a>  CBSS Manual