

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 also 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

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| <u>Requires</u> addressing the following areas: | <ul style="list-style-type: none"> ● Individual dialogue about personal risks and risk reduction. ● At-risk behavior, risk reduction and further evaluation. ● HIV education, risks and referral. |
| Counseling <u>should</u> also include the following information: | <ul style="list-style-type: none"> ● Abstinence is the most effective method to avoid STIs and HIV. ● Barrier methods can significantly reduce, but not eliminate STIs. ● Oral sex can also result in STIs. |
| STIs that <u>must</u> be discussed include: | <ul style="list-style-type: none"> ● HIV. ● Chlamydia. ● Gonorrhea |
| STIs that <u>should</u> be discussed include: | <ul style="list-style-type: none"> ● Genital herpes. ● Cytomegalovirus. ● Trichomoniasis. ● Pediculosis pubis. ● Scabies. ● Hepatitis B. ● Syphilis. |

Screening and Testing

SRs have the option and are highly recommended to participate in the state Community Based Screening Services project (CBSS). This program provides testing for chlamydia and gonorrhea. SRs that participate in the CBSS must comply with the following:

1. CBSS Screening Criteria.
2. Iowa STI Reporting Requirements.
3. CDC and Prevention Treatment Guidelines.

Screening and testing for other STIs should be conducted based on the CDC recommendations.

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.

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.

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.

Reporting

SRs are required to comply with all reporting laws. In the State of Iowa, chlamydia, gonorrhea, syphilis, HIV and AIDS are reportable to Iowa HHS. 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.

| Date Revised | September 2023 |
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| References | Providing Quality Family Planning Services Recommendations of CDC and the U.S. Office of Population Affairs (QFP) [2014] https://www.hhs.gov/opa/guidelines/clinical-guidelines/quality-family-planning/index.html |

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| | Title X Program Handbook (https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf) |
| 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: https://www.cdc.gov/std/treatment-guidelines/STI-Guidelines-2021.pdf |