**(insert AGENCY name)**

Reproductive Health Program

Clinical Practice Standard

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| **Subject:** STI Screening, Testing, and Treatment | | **No.** |
| **Approved by:** |  | **Effective Date:** |
| **Revised Date:** January 2018, January 2019, January 2021,October 2022, **January 2024** | | |
| **References:** Centers for Disease Control and Prevention (CDC), 2021; The Oregon Health Authority (OHA) HIV/STD/TB program, 2022 | | |

**POLICY:** This Clinical Practice Standard follows the recommendations of the Centers for Disease Control and Prevention (CDC) 2021 and the Oregon Health Authority (OHA) HIV/STD/TB program. The OHA recommendations for syphilis screening differ from those of the USPSTF and CDC based on the local epidemiology of syphilis in Oregon.

**PURPOSE:** This Clinical Practice Standard provides direction to reproductive health MDs, DOs, NDs, PAs, NPs, and RNs in screening, testing, and treatment for sexually transmitted infections (STIs). Staff may delegate to clinic assistive personnel the tasks involved in client specimen collection and/or packaging and preparing specimens for transport and shipment.

Many STIs may be subclinical or have minor clinical manifestations that will not be apparent to the affected person or their partner(s). By providing routine screening and prompt treatment, health care providers play an important role in the prevention and control of STIs.

Efforts should be made to ensure that all clients are treated regardless of individual circumstances (e.g., ability to pay, citizenship or immigration status, language spoken, or specific sex practices). Clients seeking treatment or screening for a particular STI should be evaluated for all common STIs. All clients will be informed about all the STIs for which they are being tested and notified about tests that are available but not being performed (e.g., genital herpes).

**DEFINITIONS:**

**Screening:** the identification of an unrecognized condition in individuals or in specific populations at risk when it is likely that the condition may be present without any signs or symptoms.

**Testing**: the process of confirming or determining the presence of a condition in individuals suspected of having the condition, usually following the report of symptoms, or based on the results of other medical tests.

**STANDARD:**

1. (**insert AGENCY name**) MDs, NPs, PAs, DOs, NDs and RNs will assess for individualized risks for STIs at the client’s initial visit, and at a minimum of annually thereafter.
2. (**insert AGENCY name**) MDs, DOs, NDs, PAs, and NPs will diagnose and treat suspected cases of STI as outlined below. In addition, RNs will treat lab confirmed cases as outlined below.

**PROCEDURE:**

1. Follow the[*Core Reproductive Health Services Clinical Practice Standard.*](https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/REPRODUCTIVESEXUALHEALTH/RESOURCES/Documents/Clinical-Practice-Standards/CPS-Core_RH.docx)
2. Screen according to the [2022 Oregon STI Screening Recommendations](https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/HIVSTDVIRALHEPATITIS/SEXUALLYTRANSMITTEDDISEASE/Documents/Oregon_STI_Screening_Recommendations_Sept_22_Poster.pdf). If client declines recommended screening tests, document in the chart the specific tests that were recommended and that they were declined.
3. If the client is symptomatic, or in the case of a known exposure, follow information on testing and treatment in the [CDC STI Treatment Guidelines 2021.](https://www.cdc.gov/std/treatment-guidelines/toc.htm)
4. Perform testing according to the test kit manufacturer’s instructions.
5. Collect blood samples for screening when indicated and send to the appropriate laboratory.
6. Conduct appropriate physical examination of the affected area(s), if indicated, when client presents with symptoms.
7. Ascertain how client prefers to be notified of results. Ensure steps are in place to support client request for confidentiality.

**ASSESMENT/SUMMARY OF FINDINGS:**

1. If exam performed, document a summary of all findings, even if the finding is beyond the scope of services provided in the RH program.

**PLAN:**

1. Ensure that results are reviewed by licensed staff and record results in client’s medical record.
2. Notify client of test results in a timely manner.
3. For positive results, provide treatment according to the [CDC STI Treatment Guidelines 2021.](https://www.cdc.gov/std/treatment-guidelines/toc.htm) For clients with a positive chlamydia and/or gonorrhea test, offer expedited partner therapy (EPT) per [OHA guidance](https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/HIVSTDVIRALHEPATITIS/SEXUALLYTRANSMITTEDDISEASE/Documents/EPT/EPT_Guidance_OHA.pdf). EPT should be offered for all partners in the 60 days before patient’s diagnosis (or most recent partner if none in the previous 60 days).
4. Refer clients in need of treatment, follow-up, or management that is beyond the scope of the program or not provided within the reproductive health program to their Primary Care Provider or local Federally Qualified Health Center.

**ROUTINE FOLLOW UP:**

1. Refer to the [CDC STI Treatment Guidelines 2021](https://www.cdc.gov/std/treatment-guidelines/toc.htm) for recommended follow-up intervals after a positive test.

**REFERENCES:**

Centers for Disease Control and Prevention. 2021. Sexually Transmitted Diseases Treatment Guidelines, 2021. <https://www.cdc.gov/std/treatment-guidelines/STI-Guidelines-2021.pdf>

Oregon Health Authority HIV/STD/TB Section. 2022. 2022 Oregon STI Screening Recommendations. <https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/HIVSTDVIRALHEPATITIS/SEXUALLYTRANSMITTEDDISEASE/Documents/Oregon_STI_Screening_Recommendations_Sept_22_Poster.pdf>

Oregon Health Authority HIV/STD/TB Section. March 2022. Expedited Partner Therapy for Chlamydia and Gonorrhea: Guidance for Health Care Professionals in Oregon. https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/HIVSTDVIRALHEPATITIS/SEXUALLYTRANSMITTEDDISEASE/Documents/EPT/EPT\_Guidance\_OHA.pdf