

8.12.1 SEXUALLY TRANSMITTED INFECTION AND HIV SERVICES

Policy: Title X clinics must offer sexually transmitted infection (STI) services as core Title X family planning services and in accordance with the WMHS, QFP, Centers for Disease Control and Prevention (CDC) sexually transmitted disease (STD) treatment and human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) testing guidelines.

Sexually transmitted infection (STI) services should be provided for clients per CDC STD Treatment Guidelines and screening recommendations and the MT TX Family Planning Clinical Protocol Manual. For Title X clients with diagnosis of an STI, providers should follow family planning protocols in accordance with CDC's STD and HIV Treatment Guidelines.

Procedure:

The clinic visit must include:

1. Reproductive life plan
2. Sexual health assessment
3. Health history
4. Physical examination, as indicated, and determined by provider

Screening

1. A client who is at risk of a STI (e.g. sexually active and not involved in a mutually monogamous relationship with an uninfected partner) should be screened for HIV and the other STIs listed in this policy, in accordance with CDC's STD and HIV Treatment Guidelines and screening recommendations, including HIV.
2. Clients at high risk for STI infection include:
 - a. Sexually active adolescents
 - b. Clients with current STI or a STI within the last year
 - c. Clients with multiple sexual partners
 - d. Clients in non-monogamous relationships
 - e. Clients who are sexually active and who live in a community with a high rate of STIs

Treatment

1. A client with a STI and his/her partner should be treated in a timely fashion to prevent complications, re-infection, and further spread of the infection in the community in accordance with CDC's STD treatment guidelines.
2. Clients with HIV infection should be referred for HIV care and treatment.
3. Partners may be treated on-site at the clinic.
4. For a contact of a client diagnosed with chlamydia:
 - a. As a family planning clinic in contract with DPHHS, sub-recipients may apply for a limited service pharmacy license from the Board of Pharmacy to allow for partner delivered client therapy (PDPT) at their or their satellite clinic.
 - b. Once granted a license, a registered nurse or provider with prescriptive authority employed by a sub-recipient or satellite clinic, may dispense oral antibiotics used to treat chlamydia to a client diagnosed with chlamydia and to a sexual contact or partner of a client diagnosed with chlamydia (*ARM 24.174.830*). The antibiotics dispensed must:
 - i. Be pre-packaged and properly labeled in accordance with state law
 - ii. Include appropriate counseling materials informing the client of the potential risks involved in taking the drug
 - iii. Contain contact information for the healthcare provider or a consulting pharmacist to provide advice or answer questions

Counseling

1. If the client is at risk for, or has a STI, high risk behavioral counseling should be provided in accordance with the CDC STD treatment guidelines.
2. Clients should be counseled about the need for partner evaluation and treatment to avoid reinfection at the time the client receives a positive test result.
3. Key messages to give infected clients before they leave the service include:
 - a. Refrain from unprotected sexual intercourse during the period of STI treatment
 - b. Encourage partner to be screened or to get treatment as quickly as possible in accordance with CDC's STD treatment guidelines.
 - i. Partners in the past 60 days for chlamydia and gonorrhea
 - ii. 3-6 months plus the duration of lesions or signs for primary and secondary syphilis if the partner did not accompany the client for the service site for treatment
 - c. Return for re-testing in 3 months
 - d. Clients using methods other than condoms should be advised these methods do not protect against STIs
 - e. Clients who are not in a mutually monogamous relationship should be encouraged to use condoms
 - f. Clients who are unsure of their partner's infection status should be encouraged to be tested and use condoms or avoid sexual intercourse until their infection status is known

Documentation

All of the above must be documented in the client's medical record.

MT Title X STI Screening Guidelines

Chlamydia

Females

1. For female clients under age 25:
 - a. Must screen all sexually active women aged 25 years and under for chlamydia annually
 - b. The rationale for not performing an annual chlamydia test on a sexually active woman under the age of 25 should be clearly documented in the medical record
2. For female clients 25 years or older:
 - a. Should screen women 25 years of age and older with one or more of the following.
 - i. Non-specific cervicitis
 - ii. Cervical friability or ectopy
 - iii. Mucopurulent cervicitis (MPC)
 - iv. Reported exposure to chlamydia
 - v. Sex with a symptomatic partner in last 60 days
 - vi. Chlamydia infection within the last 12 months
 - vii. Pelvic Inflammatory Disease (PID)
 - viii. Pregnant women at the time of their pregnancy test if there might be delays in obtaining prenatal care
 - b. The rationale for performing a chlamydia test on a woman 25 years of age or older should be clearly documented in the client's medical record.
 - c. Chlamydia testing for a female client 25 years of age or older, without a documented rationale, may be considered a non-Title X service.
3. Females who have tested positive for chlamydia should be rescreened at 3 months after treatment.