

15.9 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 Montana Family Planning Program (FPP), 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.

STI services should be provided for clients per CDC STD Treatment Guidelines and screening recommendations and the MT Title X Family Planning Clinical Protocol Manual. For Title X clients with a 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
 - a. Immunization Status
4. Physical examination, as indicated, and determined by provider.
5. Abuse and/or violence screening of minors.
 - a. Title X clinics must conduct a preliminary screening of any minor who presents with a sexually transmitted disease (STD), or any suspicion of abuse, in order to rule out victimization of a minor.

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 a 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

Notification

1. The Administrative Rules of Montana (*ARM 37.114.203*) require individuals diagnosed with certain conditions, such as communicable diseases, be notified of their positive test results and treated for these diseases.

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. Clients who are considered high risk for HIV infection should be referred for Pre-Exposure Prophylaxis (PrEP) as indicated.
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 clinic or their satellite clinic(s).
- 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(s) 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.

Reporting

[Instructions for Reporting an STI Case to DPHHS](#) can be found at:

<http://dphhs.mt.gov/publichealth/hivstd/casereporting.aspx>

1. Title X clinics must comply with all federal and state laws and requirements for reportable medical conditions. The diagnosis and treatment of the medical condition and its report, is the responsibility of the health care provider providing care. For most Title X clinics, the most common of these reportable conditions/infections are the following sexually transmitted infections (STIs): gonorrhea, chlamydia and syphilis.
2. Reporters include any person, including but not limited to, a physician, dentist, nurse, medical examiner, other health care practitioner, administrator of a health care facility or laboratory, public or private school administrator, or laboratory professional who knows or has reason to believe that a case exists of a reportable disease or condition (*ARM 37.114.201*).
3. Immediately report suspected or confirmed cases to your Local Public Health Department. If your Local Public Health Jurisdiction is unavailable, call (406) 444-0273, 24 hours a day, 7 days

a week, 365 days a year. For a list of Montana Reportable Conditions and for more information, see the [Montana Department of Public Health and Human Services Communicable Disease Reporting](http://dphhs.mt.gov/publichealth/cdepi/reporting) website <http://dphhs.mt.gov/publichealth/cdepi/reporting>.

Client Sexual or Partner Contact Management

Client Interview

1. Individuals with reportable STIs must be interviewed for sexual contacts to the infection and these contacts must be provided with appropriate medical treatment as indicated by clinical or laboratory findings (*ARM 37.114.515, ARM 37.114.530*).
2. The local PHD is responsible for the client interview and treatment of contacts. However, the health care provider, working with the local PHD, may also conduct the interview for possible contacts to the infection and provide treatment to these contacts (*ARM 37.114.515, ARM 37.114.530*).

MT Title X STI Screening Guidelines for Chlamydia and Gonorrhea

Clients should be screened according to current CDC STI Treatment Guidelines. The following screening criteria for clients should be used:

Females

1. For female clients under age 25:
 - a. Must screen all sexually active women under age 25 for chlamydia and gonorrhea annually.
 - b. The rationale for not performing an annual chlamydia and/or gonorrhea 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. A new sex partner
 - ii. More than one sex partner
 - iii. A sex partner with concurrent partners
 - iv. A sex partner who has a sexually transmitted infection
 - b. The rationale for performing a chlamydia and/or gonorrhea test on a woman 25 years of age or older should be clearly documented in the client's medical record.
 - c. Chlamydia and gonorrhea testing for a woman 25 years of age or older, without a documented rationale, may be considered a non-Title X service.

Males

Consider screening young men for chlamydia in clinical settings with high prevalence of chlamydia (e.g., adolescent clinics, correctional facilities, and STD clinics).

For Men Who Have Sex with Men (MSM):

- a. Screen at least annually at sites of contact (for chlamydia – urethra, rectum; for gonorrhea – urethra, rectum, and pharynx) regardless of condom use.
- b. Screen every 3 to 6 months if at increased risk.

For Persons with HIV

- a. For sexually active individuals, screen at first HIV evaluation, and at least annually thereafter.
- b. More frequent screening might be appropriate depending on individual risk behaviors and the local epidemiology.

Any person who tests positive for chlamydia and gonorrhea should be rescreened at 3 months after treatment. If retesting at 3 months is not possible, clinicians should retest whenever persons next present for medical care in the 12-month period following initial treatment.

MT Title X STI Screening Guidelines for Syphilis

Clients should be screened according to current CDC STI Treatment Guidelines. The following screening criteria for clients should be used:

- a. Men Who Have Sex with Men (MSM):
 - i. Screen sexually active MSM at least annually.
 - ii. Every 3 to 6 months if at increased risk.
- b. Persons with HIV:
 - i. For sexually active individuals, screen at first HIV evaluation, and at least annually thereafter.
 - ii. More frequent screening might be appropriate depending on individual risk behaviors and the local epidemiology.

MT Title X STI Screening Guidelines for HIV

Clients should be screened according to current CDC STI Treatment Guidelines. The following screening criteria for clients should be used:

- a. Female:
 - i. All female clients aged 13-64 years (opt-out).
 - ii. All female clients who seek evaluation and treatment for STDs.
- b. Male:
 - i. All male clients aged 13-64 years (opt-out).
 - ii. All male clients who seek evaluation and treatment for STDs.
- c. Men Who Have Sex with Men (MSM):
 - i. At least annually for sexually active MSM if HIV status is unknown or negative and the patient himself or his sex partner(s) have had more than one sex partner since most recent HIV test.