ALASKA NATIVE MEDICAL CENTER
SEXUALLY TRANSMITTED DISEASE SCREENING AND TREATMENT GUIDELINES

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Alaska Native Medical Center
STD Screening and Treatment Guidelines

A. Screening

Recommendations for Chlamydia and Gonorrhea

1. All women less than 25 years old who are sexually active –annually
2. All other sexually active women at increased risk (new or multiple partners, history of sexually transmitted infections, inconsistent condom use, and/or drug use, commercial sex work)—annually
3. Anyone diagnosed with Chlamydia and/or Gonorrhea should be retested 3 months after treatment. If not within 3 months, retest when they present for care within 12 months regardless of partner treatment
4. Consider testing sexually active young men in clinical settings associated with high prevalence of Chlamydia (e.g. Anchorage, AK)
5. Test all sites that a person uses for sex (vagina, pharynx, rectum for women and urethra, pharynx and rectum for men)
6. Persons should abstain from sexual intercourse seven days after treatment and until partners are treated

Recommendations for HIV

1. Offer screening to all 13-64 year olds regardless of risk. Persons may decline (opt-out testing). For those who decline, providers should address their objections and continue to encourage testing

2. Annually screen those seeking treatment for STDs and/or starting new sexual relationships, men who have sex with men (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) and/or at high risk persons (i.e. new or multiple partners, history of sexually transmitted infections, inconsistent condom use, and/or drug use, commercial sex work).

3. Consider screening more frequently for persons listed in #2 above, e.g., screen with each new STD infection.

Recommendations for Syphilis

1. Offer to those who have unprotected sex, multiple sex partners, sex partner(s) with syphilis, HIV and high risk behaviors

2. Consider screening those persons who present with chancre(s) which are firm, round, and painless ulcers or lesions and appear at the location where syphilis entered the body (i.e. mouth, anus, penis, vagina)

3. Diagnosis requires two reactive tests: a treponemal test, **EIA** (syphilis antibody screen) and then a confirmatory nontreponemal test, **RPR with titration**. Contact the SCF STD RN or SCF HIV RN for discordant tests (i.e. a reactive EIA and a non-reactive RPR) for further guidance

Recommendations for Herpes type 2 (HSV-2)

1. Routine serological screening not recommended in persons with no symptoms suggestive of herpes infection (i.e. the general population)
2. Herpes type 2 blood testing may or may not be included in a full STD evaluation, as STD testing depends on a number of factors, such as behavioral risk factors (e.g. number of partners, consistent condom use, etc.)
3. HIV and syphilis testing should be performed routinely on all persons with HSV-2

Recommendations for Hepatitis A (HAV)

*Transmission of HAV during sexual activity probably results from fecal-oral contact

1. Offer hepatitis A vaccine to the following: men who have sex with men, illegal drug users (of both injection and non-injection drugs) and persons with chronic liver disease, including persons with chronic HBV and HCV infection
2. Vaccination of a person who is already immune is not harmful
3. Vaccination is the most effective means of preventing HAV transmission among persons at risk for infection

Recommendations for Hepatitis B (HBV)

1. Hepatitis B vaccine should be routinely offered to all unvaccinated persons attending STD clinics and to all unvaccinated persons seeking evaluation or treatment for STDs
2. Consider prevaccination serologic testing before initial vaccine dose in adults (Anti -HBc is the test of choice for prevaccination testing). Persons who are anti-HBc–positive should be tested for HBsAg. Persons with HBsAg should be referred to a specialist in the management of hepatitis B infection and receive further serologic evaluation, prevention counseling, and evaluation for antiviral treatment
3. The first vaccine dose should be administered immediately after collection of the blood sample for serologic testing
4. Postvaccination serologic testing for immunity is not necessary after routine vaccination of adolescents or adults except health-care workers or public safety workers at high risk for exposure to blood or body fluids, persons with HIV and persons who share needles with persons infected with Hepatitis B
5. Vaccination of persons who are immune to HBV infection because of current or previous infection or vaccination is not harmful and does not increase the risk for adverse events

Recommendations for Hepatitis C (HCV)

*Transmission via sexual transmission is rare but can occur especially persons

1. Routine testing recommended for all persons born during 1945–1965
2. In a person newly diagnosed with Hepatitis C, screen for HIV
3. Offer screening to those at high risk (IV drug use, blood transfusion prior to 1992, long-term hemodialysis, being born to a mother with HCV infection, intranasal drug use, receipt of unregulated tattoos)
4. Screen HIV positive men who have sex with men with HCV antibody assays yearly

Recommendations for Trichomoniasis

1. Consider screening those at high risk for infection (i.e., women who have new or multiple partners, have a history of STDs, exchange sex for payment)
2. Screen women seeking care for vaginal discharge

Recommendations for pregnant women

1. Chlamydia and Gonorrhea:

-All pregnant women at first prenatal visit
-Retest during third trimester, e. g., 36 weeks
-If diagnosed with Chlamydia or Gonorrhea and treated, perform test of cure 3 to 4 weeks after treatment
-If diagnosed with Chlamydia or Gonorrhea in first trimester, retest within 3-6 months (preferably third trimester)

2. HIV:

-All pregnant women at first prenatal visit unless they decline testing (opt-out). For women who decline HIV testing, providers should address their objections, and when appropriate, continue to encourage testing strongly. Women who decline due to previous negative HIV test should be informed of the importance of retesting during pregnancy.
-Retest in the third trimester (36 weeks gestation)
-Rapid HIV screening should be performed on any woman in labor who has an undocumented HIV status unless she declines
-Please see the separate 'HIV/AIDS in Pregnancy: Screening and Management' guideline document for further details

3. Syphilis:

-All women at first prenatal visit and at 36 weeks

4. Hepatitis B (HBsAb, HBcAb, HBsAg with reflex testing):

- All pregnant women at an early prenatal visit (i.e., a visit during the first trimester), even if they have been previously vaccinated or tested
- Women who were not screened prenatally, those who engage in behaviors that put them at high risk for infection (e.g., having had more than one sex partner in the previous 6 months, evaluation or treatment for an STD, recent or current injection-drug use, and an HBsAg-positive sex partner) and those with clinical hepatitis should be retested at the time of admission to the hospital for delivery

5. Hepatitis C

-Routine screening not recommended
-All pregnant women at high risk for hepatitis C infection should be screened for hepatitis C antibodies at the first prenatal visit. Women at high risk include those with a history of injection-drug use and those with a history of blood transfusion or organ transplant before 1992

6. Trichomoniasis
-All symptomatic pregnant women should be treated, regardless of pregnancy trimester.
-Asymptomatic pregnant women with lab evidence of Trich. do not need treatment.

*Pregnant women should undergo a Papanicolaou (Pap) test at the same frequency as nonpregnant women

B. Treatment

Chlamydia
1. Azithromycin 1 gm po x1 or Doxycycline 100 mg po bid x 7 days
2. Treat all sexual partners

Gonorrhea
1. Azithromycin 1 gm po x1 and Rocephin 250 mg IM x1
2. Treat all sex partners

Trichomoniasis
1. Metronidazole 2g po x1
2. Treat all sex partners

Syphilis
1. Benzathine Penicillin G 2.4 million units IM x1 (Primary Syphilis) or Doxycycline 100 mg bid for 14 days
2. Treat all sex partners

C. References

Please refer to the 2015 STD Treatment Guidelines for more information on alternate regimes, pregnant women and patients with allergies
http://www.cdc.gov/std/tg2015/

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