

STANDARD SEXUALLY TRANSMITTED DISEASE (STD) VISIT PRACTICE GUIDANCE

- 1) An STD client is an individual presenting for the following reasons:
 - genital lesion or other lesion suggestive of an STD
 - genital discharge, dysuria, dyspareunia, or genital itching/pain
 - partner with genital discharge, lesion, or other symptom suggestive of an STD
 - partner examination and treatment for an STD
 - referral by Disease Intervention Specialist (local or state STD investigator)
 - referral by community health care provider (Federally Qualified Health Center, private practice, local hospital, other)
 - positive test result for an STD
 - requesting testing or screening for STDs

- 2) All individuals presenting for STD services should be assessed for their sexual risk history. Clients should receive an STD exam, STD testing, treatment, and client-centered risk reduction counseling. Specific guidance about the STD evaluation of individuals with symptoms of or suspected exposure to an STD is provided in the North Carolina STD Public Health Program Manual in accordance with Centers for Disease Control and Prevention (CDC).

- 3) All N.C. Public Health Departments must have a minimum of one properly trained professional to provide STD clinical services. If the provider is an STD Enhanced Role Registered Nurse (ERRN), s/he must have immediate access to a higher-level medical professional for consultation and for situations beyond the RN scope of practice. "Immediate access" specifically means that a medical provider is on-site or available by phone. If a local health department (LHD) does not employ an STD ERRN, a mid-level practitioner or MD must be available for all STD examinations.

- 4) Non-STD Enhanced Role Registered Nurses employed or contracted by the LHD may provide STD services excluding the examination.

- 5) If Medicaid will be billed for an examination performed by an STD ERRN, s/he must provide every STD visit component to make the services eligible for payment. The N.C. Office of Public Health Nursing & Professional Development clarified this billing issue with Medicaid in 2012.

- 6) Inform the client that an Explanation of Benefits (EOB) will be sent to the policy holder when private insurance is billed. A client must sign a consent allowing the LHD to bill private insurance in order for the LHD to file a claim. If the client declines to give consent, services cannot be withheld and the client cannot be billed.

- 7) The [STD Form 2808](#) is an option for documentation of the STD visit. Any other documentation tool, including electronic medical records (EMR), should

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capture the key components of the STD evaluation found on the STD Form 2808, including the risk assessment. Any EMR system should allow for capturing significant negative and positive risk history and exam findings.

- 8) All STD examinations include both upper body and lower body exams. All anatomical sites of sexual exposure within the last 60 days should be tested. The absence of signs or symptoms does not exclude an exposure site from testing. Do not assume that genital testing alone will find all of the STDs a client may have been exposed to.
- 9) It is recommended that all STD clinical sites have the capacity to perform male urethral Gram stains and female wet preps. Diagnosis and treatment based on same day results from these tests is important for preventing transmission of bacteria to others and for symptom management. For other than same day testing, nucleic acid amplification testing (NAAT) is preferred over culture when available. When NAAT is not available, GC culture testing of each exposed site is required.
- 10) A male client who has subjective or objective signs or symptoms of infection and/or has had penile sexual exposure within the last 60 days should have a minimum of Gram stain and either urine NAAT for CT/GC or a urethral GC. All other sexually exposed sites, with or without signs or symptoms of infection, should be screened by either NAAT or GC culture.
- 11) Always collect specimens in an order to maximize the organism yield:
 - If a GC culture is to be collected, it should be collected prior to the wet prep.
 - The wet prep is collected prior to the NAAT gonorrhea/chlamydia specimen (from vagina).
 - The vaginal pH specimen should be collected from the lateral side of the vagina; not the vaginal pool.
 - If a clinical impression of mucopurulent cervicitis is a consideration, collect an endocervical specimen to assess color of the discharge. Otherwise, the only time an endocervical swab is required would be for a Pap smear test.
 - If a Gram stain and GC culture are to be collected, the same male urethral swab may be used. Streak the Gram stain slide first and then the culture media.
 - The Gram stain is collected prior to the NAAT.
 - All male urethral specimens should be collected at least 1 hour after the client last voided.
- 12) Individuals who refuse components of routine STD services should be counseled regarding advantages of the service and should sign a statement documenting the reason for refusal and that counseling was received.

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- 13) When STD treatment failure is suspected for gonorrhea or chlamydia, contact the Communicable Disease Branch Epidemiologist on call for assistance.
 - 14) STD services should be provided free of charge to the STD client. Refer to the Agreement Addenda for exceptions.
 - 15) STD treatments should be provided free of charge to the STD client using 340B drugs purchased by the LHD. Any STD diagnosed in other LHD clinics may be treated using 340B drugs.
 - 16) Treatment for non-reportable STDs/STIs is encouraged. The LHD may choose to prescribe treatments purchased by the client in the following situations:
 - Persistent or recurring bacterial vaginosis
 - Vaginal candidiasis
 - Recurrent episodes or daily suppressive therapy for herpes simplex virus
 - Follow-up treatment of external genital and perianal warts
- Use of 340B treatment vs. client-purchased treatment should be clearly described in policy.
- 17) Treatment for STDs should be provided in accordance with current NC DPH and CDC guidelines. Directly observed therapy is strongly recommended.
 - 18) Confirm client's phone number and address. Inform the client that s/he will be contacted by the LHD if a test result is positive. The process for giving any test result over the phone should assure confidentiality by requiring unique identifiers to verify the caller. Date of birth and social security number are unlikely to sufficiently confirm the caller's identity because this information may be known by others. It is recommended that the LHD establish a confidential system for clients to obtain all lab results over the phone (including HIV negative results).
 - 19) The staff member who ordered HIV testing should be the one who gives positive HIV results to the client. If the staff member is not trained to provide positive HIV results, then s/he should be present with the HIV CTR-trained counselor when the client receives the results. DIS should not routinely be asked to give positive HIV results unless the DIS was the person who tested the client off-site or in the clinic.