Physicians, Practitioners, and Medical Personnel:

Your role in interrupting the chain of transmission for sexually transmitted diseases is vital to the health of Hoosiers. Many communities rely on urgent care or emergency room care for screening and treatment of STDs, and the Indiana State Department of Health (ISDH) STD Prevention Program is providing your agency the tools and materials to provide exceptional sexual health care to Hoosiers in accordance with CDC’s recommendations. Your efforts in STD prevention and attention to detail is assisting clients with getting access to critical care in order to lower the disease burden among Indiana communities.

The mission of the STD Prevention Program is to intervene in the spread of sexually transmitted diseases (STDs) and reduce the complications of these diseases. The Program provides technical and financial assistance to local STD programs for surveillance, case detection through screening, ensuring treatment of known cases, case follow-up, and education. Efforts are coordinated among health care providers screening for syphilis, gonorrhea, and chlamydia. Other important aspects of this program include education and prevention counseling for persons impacted by STDs. The Program strongly recommends all providers read the guidance and resources in this document, including information on Expedited Partner Therapy (EPT) and the Indiana State Code that specifies the practice of EPT as legal. Providing STD screening and treatment services, especially for partners, is critical for interrupting the chain of transmission in the community. Current literature provides evidence that EPT reduces reinfection rates in diagnosed patients. This packet includes additional guidance in the Frequently Asked Questions (FAQ) section in regards to EPT. The STD Prevention Program encourages providers to contact the Program to gain additional information or clarifications on EPT.

The STD Program values the hard work that all providers do every day in order to reduce the STD burden in Hoosiers. The Program is looking forward to strengthening relationships between providers and the STD Prevention Program. If you have any questions, concerns, or need additional information, please do not hesitate to reach out to the ISDH STD Prevention Program directly at STD@isdh.in.gov.

Thank you for all you do,

ISDH STD Prevention Program
# Table of Contents

## Reporting STDs

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confidentiality and HIPAA</td>
<td>04</td>
</tr>
<tr>
<td>Office for Civil Rights (OCR) HIPAA Privacy</td>
<td>05</td>
</tr>
<tr>
<td>Reportable Sexually Transmitted Diseases</td>
<td>07</td>
</tr>
<tr>
<td>Patient DIS Brochure</td>
<td>08</td>
</tr>
<tr>
<td>Positive STD/HIV Result Flow Charts</td>
<td>10</td>
</tr>
<tr>
<td>Indiana STD Districts and Fax Numbers</td>
<td>12</td>
</tr>
<tr>
<td>Indiana Confidential STD Reporting Form</td>
<td>13</td>
</tr>
</tbody>
</table>

## Screening and Treatment Guidelines

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening Guidelines</td>
<td>15</td>
</tr>
<tr>
<td>Essential Health Questions for Adults and Adolescents</td>
<td>16</td>
</tr>
<tr>
<td>Treatment Guidelines</td>
<td>20</td>
</tr>
</tbody>
</table>

## ISDH Resources

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISDH Fact Sheet Links</td>
<td>23</td>
</tr>
<tr>
<td>Dr. Box Memo</td>
<td>24</td>
</tr>
<tr>
<td>CDC Information for Teens</td>
<td>26</td>
</tr>
<tr>
<td>Extragential Screening</td>
<td>28</td>
</tr>
</tbody>
</table>

## EPT Information

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPT Infographic</td>
<td>33</td>
</tr>
<tr>
<td>EPT Brochure</td>
<td>34</td>
</tr>
<tr>
<td>EPT Guidance for Indiana Healthcare Professionals</td>
<td>36</td>
</tr>
<tr>
<td>EPT Frequently Asked Questions</td>
<td>59</td>
</tr>
</tbody>
</table>

## Additional Resources

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDC - Chlamydia Fact Sheet</td>
<td>63</td>
</tr>
<tr>
<td>CDC - Gonorrhea Fact Sheet</td>
<td>65</td>
</tr>
<tr>
<td>CDC - Syphilis Fact Sheet</td>
<td>67</td>
</tr>
<tr>
<td>Antibiotic-Resistant Gonorrhea Infographic</td>
<td>70</td>
</tr>
<tr>
<td>The Five P's of Taking Sexual History</td>
<td>71</td>
</tr>
<tr>
<td>Sexicon: Lexicon of Sexual Terms and Slang</td>
<td>72</td>
</tr>
<tr>
<td>Legal Sexual Consent in Indiana</td>
<td>78</td>
</tr>
<tr>
<td>Links</td>
<td>80</td>
</tr>
<tr>
<td>o National STD Curriculum</td>
<td></td>
</tr>
<tr>
<td>o New York Syphilis Guide</td>
<td></td>
</tr>
</tbody>
</table>
Reporting STDs

In this section, the provider will understand confidentiality and HIPAA as it applies to a patient’s sexual health information and how that information can be released without authorization. The provider’s responsibility of reporting STDs to the Disease Intervention Specialist (DIS) sites in the jurisdiction where the patient resides will also be covered. In case a provider is not familiar with the work of a DIS, this information is available in this section along with contact information for the DIS in your area.

Confidentiality and HIPAA
This document the Indiana code which allows disclosure of protected health information to a public health authority for purposes of preventing or controlling disease

OCR HIPAA Privacy
This document provides details on the HIPAA Privacy Rule, as well as key definitions for terminology used in the rule

Reportable Sexually Transmitted Diseases
This document outlines the sexually transmitted diseases (STDs) that are required, by Indiana law, to be reported to the state or local health department

Patient DIS Brochure
This informational brochure gives providers more information about the role of a disease intervention specialist (DIS) in disease follow-up and lists contact information for the DIS in their area

Positive STD/HIV Result Flow Charts
This document explains the flow of a STD case investigation, including actions to taken by the DIS and the provider

Indiana STD Districts and Fax Numbers
This document is a map of the STD districts in Indiana and the fax numbers associated with them for faxing confidential reporting forms

Indiana Confidential STD Reporting Form
This document provides an example of the online reporting form that providers should use to report new cases of STDs to ISDH
Confidentiality and HIPAA

Indiana Legislative Authority and the Federal Health Insurance Portability and Accountability Act (HIPAA)

Access to Confidential Information

Indiana communicable disease legislation and the federal Health Insurance Portability and Accountability Act of 1996, P.L. 104-191 (HIPAA) allows for release of information to Indiana State Department of Health (ISDH) staff during an epidemiological investigation. As part of its mission to protect, promote, and provide for public health in the state, ISDH assists local health departments with disease outbreak investigations, contact tracing, case investigation, and follow up.

This process requires that ISDH staff obtain access to confidential medical or epidemiological information, including, but not limited to, case investigation forms, questionnaires, and reports from hospitals, physicians, and laboratories. The ISDH currently is in the process of such a disease investigation and requests access to and copies of any and all medical and epidemiological records that the ISDH staff deems necessary.

The ISDH, as part of a disease investigation, has the authority to inspect and photocopy medical and epidemiological information wherever found. Authority for this is found at 410 IAC 1-2.3-49(g) which reads as follows:

**Medical or epidemiological information wherever maintained, concerning reportable cases, shall be made available to the commissioner or the commissioner’s designee.**

Any information obtained in the course of public health investigations, whether from patient records or other sources, will be maintained by the ISDH as confidential under Indiana Code 16-41-8-1 and 410 IAC 1-2.3-50.

HIPAA does not prevent the disclosure of medical or epidemiological information to public health authorities such as the ISDH. In fact, section 1178(b) of HIPAA reads:

**Nothing in this part shall be construed to invalidate or limit the authority, power, or procedures established under any law providing for the reporting of disease or injury, child abuse, birth, or death, public health surveillance, or public health investigation or intervention.**

The HIPAA privacy rule at 45 CPR 164.512(b) echoes the statutory language cited above allowing disclosure of protected health information to a public health authority for purposes of preventing or controlling disease, including public health investigations.
OCR HIPAA Privacy

DISCLOSURES FOR PUBLIC HEALTH ACTIVITIES

[45 CFR 164.512(b)]

Background

The HIPAA Privacy Rule recognizes the legitimate need for public health authorities and others responsible for ensuring public health and safety to have access to protected health information to carry out their public health mission. The Rule also recognizes that public health reports made by covered entities are an important means of identifying threats to the health and safety of the public at large, as well as individuals. Accordingly, the Rule permits covered entities to disclose protected health information without authorization for specified public health purposes.

How the Rule Works

General Public Health Activities. The Privacy Rule permits covered entities to disclose protected health information, without authorization, to public health authorities who are legally authorized to receive such reports for the purpose of preventing or controlling disease, injury, or disability. This would include, for example, the reporting of a disease or injury; reporting vital events, such as births or deaths; and conducting public health surveillance, investigations, or interventions. See 45 CFR 164.512(b)(1)(i). Also, covered entities may, at the direction of a public health authority, disclose protected health information to a foreign government agency that is acting in collaboration with a public health authority. See 45 CFR 164.512(b)(1)(i). Covered entities who are also a public health authority may use, as well as disclose, protected health information for these public health purposes. See 45 CPR 164.512(b)(2).

A “public health authority” is an agency or authority of the United States government, a state, a territory, a political subdivision of a State or territory, or Indian tribe that is responsible for public health matters as part of its official mandate, as well as a person or entity acting under a grant of authority from, or under a contract with, a public health agency. See 45 CPR 164.501. Examples of a public health authority include State and local health departments, the Food and Drug Administration (FDA), the Centers for Disease Control and Prevention, and the Occupational Safety and Health Administration (OSHA).

Generally, covered entities are required reasonably to limit the protected health information disclosed for public health purposes to the minimum amount necessary to accomplish the public health purpose. However, covered entities are not required to make a minimum necessary determination for public health disclosures that are made pursuant to an individual’s authorization or for disclosures that are required by other law. See 45 CPR 164.502(b). For disclosures to a public health authority, covered entities may reasonably rely on a minimum necessary determination made by the public health authority in requesting the protected health information. See 45 CFR 164.514(d)(3)(iii)(A). For routine and recurring public health disclosures, covered entities may develop standard protocols as part of their minimum necessary policies and procedures that address the types and amount of protected health information that may be disclosed for such purposes. See 45 CFR 164.514(d)(3)(i).

Other Public Health Activities. The Privacy Rule recognizes the important role that persons or entities other than public health authorities play in certain essential public health activities. Accordingly, the Rule permits covered entities to disclose protected health information, without authorization, to such persons or entities for the public health activities discussed below.

- Child abuse or neglect. Covered entities may disclose protected health information to report known or suspected child abuse or neglect, if the report is made to a public health authority or other appropriate government authority that is authorized by law to receive such reports.
For instance, the social services department of a local government might have legal authority to receive reports of child abuse or neglect, in which case, the Privacy Rule would permit a covered entity to report such cases to that authority without obtaining individual authorization. Likewise, a covered entity could report such cases to the police department when the police department is authorized by law to receive such reports. See 45 CFR 164.512(b)(I)(ii). See also 45 CFR 512(c) for information regarding disclosures about adult victims of abuse, neglect, or domestic violence.

Quality, safety, or effectiveness of a product or activity regulated by the FDA. Covered entities may disclose protected health information to a person subject to FDA jurisdiction, for public health purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity for which that person has responsibility. Examples of purposes or activities for which such disclosures may be made include, but are not limited to:

- Collecting or reporting adverse events (including similar reports regarding food and dietary supplements), product defects or problems (including problems regarding use or labeling), or biological product deviations;
- Tracking FDA-regulated products;
- Enabling product recalls, repairs, replacement or look back (which includes locating and notifying individuals who received recalled or withdrawn products or products that are the subject of look back); and
- Conducting post-marketing surveillance.

See 45 CFR 164.512(b)(I)(iii). The "person" subject to the jurisdiction of the FDA does not have to be a specific individual. Rather, it can be an individual or an entity, such as a partnership, corporation, or association. Covered entities may identify the party or parties responsible for an FDA-regulated product from the product label, from written material that accompanies the product (known as labeling), or from sources of labeling, such as the Physician's Desk Reference.

Persons at risk of contracting or spreading a disease. A covered entity may disclose protected health information to a person who is at risk of contracting or spreading a disease or condition if other law authorizes the covered entity to notify such individuals as necessary to carry out public health interventions or investigations. For example, a covered health care provider may disclose protected health information as needed to notify a person that (s)he has been exposed to a communicable disease if the covered entity is legally authorized to do so to prevent or control the spread of the disease. See 45 CFR 164.512(b)(I)(iv).

Workplace medical surveillance. A covered health care provider who provides a health care service to an individual at the request of the individual's employer, or provides the service in the capacity of a member of the employer's workforce, may disclose the individual's protected health information to the employer for the purposes of workplace medical surveillance or the evaluation of work-related illness and injuries to the extent the employer needs that information to comply with OSHA, the Mine Safety and Health Administration (MSHA), or the requirements of state laws having a similar purpose. The information disclosed must be limited to the provider's findings regarding such medical surveillance or work-related illness or injury. The covered health care provider must provide the individual with written notice that the information will be disclosed to his or her employer (or the notice may be posted at the worksite if that is where the service is provided). See 45 CFR 164.512(b)(I)(v).

(You can also go to http://answers.hhs.gov/cgi-bin/hhs.cfg/php/enduser/std alp.php. then select "Privacy of Health Information/HIPAA" from the Category drop down list and click the Search button.)
## Reportable Sexually Transmitted Diseases

Health care providers are required by law (410 IAC 1-2.5-75&76) to report cases of STDs within 72 hours to their local Disease Intervention Specialists or the State Department of Health. Please refer to the “Indiana STD Districts and Fax Numbers” for where to fax paper reports.

https://www.in.gov/isdh/files/Districts_and_Fax_Numbers_2018_Map.pdf

### Reportable STDs in the state of Indiana are:

<table>
<thead>
<tr>
<th>Chlamydia</th>
<th>Granuloma Inguinale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Syphilis</td>
<td>Chancroid</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>Lymphogranuloma Venereum</td>
</tr>
</tbody>
</table>

### Reportable Information

<table>
<thead>
<tr>
<th>Lab Reports</th>
<th>Person</th>
<th>Submitter</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Name</td>
<td>• Name</td>
<td>• Name</td>
</tr>
<tr>
<td>• Date</td>
<td>• Address</td>
<td>• Address</td>
</tr>
<tr>
<td>• Test Result</td>
<td>• Phone number</td>
<td>• Phone number</td>
</tr>
<tr>
<td>• Specimen source</td>
<td>• Date of birth or approximate age</td>
<td></td>
</tr>
<tr>
<td>• Normal limits for test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Test result interpretation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The following infections should **not** be reported:

- Anogenital Herpes
- Trichomoniasis
- Epididymitis
- Urethritis
- Bacterial Vaginosis
- Anogenital Warts

Online Web Communicable disease report link:

https://eportal.isdh.in.gov/SWIMSSWEBCDR/
ELIGIBLE FOR PARTNER SERVICES?

WHAT IF I HAVE CHLAMYDIA? AM I ELIGIBLE FOR PARTNER SERVICES?

If you have Chlamydia, you may be eligible to receive free or reduced-cost medications for treatment.

What if I have HIV?

WHAT IF I HAVE HIV?

If you have HIV, you may be eligible to receive free or reduced-cost medications for treatment.

WHEN TALKING TO MY PARTNER?

How can I protect my privacy?

I’m worried my partner will know I named him/her.

They understand. Through special training, this learn

is an option. They also know that they are

ARE TESTED?

WHY SHOULD I CARE IF MY PARTNER IS INFECTED?

Someone didn’t care that they infected me.

Related Questions:

WHAT IS PARTNER SERVICES?

Have received treatment?

Partner Services is confidential, meaning the diagnosis cannot

The doctor who diagnosed you will

WHO DO I ASK FOR HELP?

If you have symptoms, but they may not be symptoms, you are not infected.

If you have symptoms, you are infected.

Take it to lowest

If infected, take it to your partner.

if infected, take it to your partner.

Asymptomatic, so even if your partner doesn’t currently

You and your partner need to take it to your physician.

There is no one, anywhere, where you live and

No symptoms? Don’t need to take it to your healthcare provider.

No symptoms? Don’t need to take it to your healthcare provider.

If infected, take it to your partner.

Most STDS are asymptomatic, so your partner could be infected

When infected, they do not know they have them.

Your sexual partners may not know they are infected, so you

Your sexual partners may not know they are infected. Most

Infection can be transmitted through skin-to-skin contact.

Someone infected with Chlamydia is at risk of forming pelvic inflammatory disease (PID), which can

Because there are so many cases of infertility reported.

Because there are so many cases of infertility reported.

They can discuss in detail.

Their bodies.

They can discuss in detail.

They can discuss in detail.

They can discuss in detail.
STD Investigation Flow Chart

For Gonorrhea, Chlamydia, and Syphilis

- Yellow = Provider Task
- Orange = DIS Task
- Dash Line = If Applicable
- Solid Line = What Should Be Done
HIV Investigation Flow Chart

1. Take Patient History and Discuss Partner Information
   - Test Patient
     - Positive
       - Refer to DIS Agency, Care Coordination Site, or Infectious Disease Care
     - Partner Exam
       * If Positive Test Result
     - Report to CD&R (Clinical Data and Research) by Mail
       - CD&R Receives Report
         - Contact Provider for Follow-Up Patient Information
           - Close Case
           - Follow-Up with Patient for Interview
           - Provide Other Services for Patients

2. Negative
   - Health Education and Risk Reduction

FOR HIV

Yellow = Provider Task
Orange = CD&R Task
Red = DIS Task
----- Dash Line = If Applicable
      Solid Line = What Should Be Done
To report STDs, fax the completed Indiana Confidential Sexually Transmitted Disease Report form to the appropriate District listed for the county you are reporting from.

Indiana STD Program
Districts and Fax Numbers

- Jasper, Lake, Newton, Porter, Pulaski, Starke
  Gary City Health Dept.
  Fax (219) 881-1396

- Cass, DeKalb, Fulton, Kosciusko, LaGrange, Marshall, Noble, St. Joseph, Steuben, Whitley
  Northern Indiana Maternal Child Health
  Fax (574) 387-4047

- Elkhart
  Elkhart County Health Dept.
  Fax (574) 389-3153

- Allen
  Allen County Health Dept.
  Fax (260) 449-3507

- Benton, Carroll, Clinton, Fountain, Montgomery, Tippecanoe, Warren, White
  Tippecanoe County Health Department
  Fax (765) 423-9797

- Adams, Blackford, Grant, Huntington, Jay, Madison, Miami, Wabash, Wells
  Madison County Health Department
  Fax (765) 286-1737

- Boone, Hamilton, Hancock, Hendricks, Johnson, Marion, Morgan, Shelby
  Marion County Health Dept.
  Fax (317) 221-8301

- Bartholomew, Brown, Clay, Greene, Lawrence, Monroe, Owen, Parke, Putnam, Sullivan, Vermillion, Vigo
  Monroe County Health Dept.
  Fax (812) 349-7346

- Daviess, Dubois, Gibson, Knox, Martin, Perry, Pike, Posey, Spencer, Vanderburgh, Warrick
  Vanderburgh County Health Dept.
  Fax (812) 435-5041

- Clark, Crawford, Dearborn, Floyd, Harrison, Jackson, Jefferson, Jennings, Ohio, Orange, Ripley, Scott, Switzerland, Washington
  Clark County Health Dept.
  Fax (812) 288-1474

- Decatur, Delaware, Fayette, Franklin, Henry, Randolph, Rush, Union, Wayne
  Meridian Health Services
  Fax (765) 288-8516
**PATIENT INFORMATION**

<table>
<thead>
<tr>
<th>Legal Last Name:</th>
<th>Legal First Name:</th>
<th>MI:</th>
</tr>
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<table>
<thead>
<tr>
<th>Preferred Name (if different than legal name):</th>
<th>Date of Birth:</th>
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<table>
<thead>
<tr>
<th>Address (number and street):</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>City/State/ZIP:</th>
<th>County:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone:</th>
<th>Home</th>
<th>Work</th>
<th>Cell</th>
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</table>

<table>
<thead>
<tr>
<th>Sex:</th>
<th>Male</th>
<th>Female</th>
<th>Transgender: Male to Female</th>
<th>Transgender: Female to Male</th>
<th>Other</th>
<th>Pregnant: Yes</th>
<th>No</th>
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<table>
<thead>
<tr>
<th>Race:</th>
<th>White</th>
<th>Black</th>
<th>Asian</th>
<th>Pacific Islander</th>
<th>American Indian/Alaskan Native</th>
<th>Other</th>
<th>Multiracial</th>
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<table>
<thead>
<tr>
<th>Ethnicity:</th>
<th>Hispanic</th>
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<th>No</th>
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</table>

<table>
<thead>
<tr>
<th>Marital Status:</th>
<th>Single</th>
<th>Married</th>
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***For reports of positive chlamydia, gonorrhea, and syphilis cases only.***

**CHLAMYDIA**

<table>
<thead>
<tr>
<th>Specimen Source:</th>
<th>Collection Date:</th>
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</table>

<table>
<thead>
<tr>
<th>Test Type:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Treatment:</th>
<th>Prescribed</th>
<th>Administered</th>
<th>Patient Not Treated</th>
<th>Patient Not Informed of Result</th>
<th>Date:</th>
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</thead>
</table>

**GONORRHEA**

<table>
<thead>
<tr>
<th>Specimen Source:</th>
<th>Collection Date:</th>
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</table>

<table>
<thead>
<tr>
<th>Test Type:</th>
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<th>Prescribed</th>
<th>Administered</th>
<th>Patient Not Treated</th>
<th>Patient Not Informed of Result</th>
<th>Date:</th>
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</table>

**SYphilis: Please report all positive test results and negative reflex test results.**

<table>
<thead>
<tr>
<th>Primary</th>
<th>Secondary</th>
<th>Early (less than 12 months duration)</th>
<th>Late (greater than 12 months duration)</th>
<th>Congenital</th>
<th>Unknown</th>
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<table>
<thead>
<tr>
<th>Collection date:</th>
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<table>
<thead>
<tr>
<th>Onset Date:</th>
</tr>
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</table>

|----------|----------------------|-----------------|---------------|

<table>
<thead>
<tr>
<th>Non-Treponemal Tests:</th>
<th>Treponemal Tests:</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>RPR</th>
<th>VDRL</th>
<th>CSF-VDRL</th>
<th>EIA IgG: Positive</th>
<th>Negative</th>
<th>FTA: Positive</th>
<th>Negative</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Positive</th>
<th>Negative</th>
<th>Titer: 1:</th>
<th>TPPA: Positive</th>
<th>Negative</th>
<th>Other (specify):</th>
<th>Result:</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Treatment:</th>
<th>Prescribed</th>
<th>Administered</th>
<th>Patient Not Treated</th>
<th>Patient Not Informed of Result</th>
<th>Date:</th>
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<table>
<thead>
<tr>
<th>Treatment Regimen (including dosage):</th>
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**SYPHILIS:**

<table>
<thead>
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<th>Ordering Provider:</th>
<th>Provider Facility:</th>
<th>Provider Facility Telephone:</th>
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</table>

<table>
<thead>
<tr>
<th>Person Completing Form:</th>
<th>Date of Report:</th>
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</thead>
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<table>
<thead>
<tr>
<th>Name:</th>
<th>Fax:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Contact Telephone:</th>
</tr>
</thead>
</table>

All reports of sexually transmitted disease must be made within seventy-two (72) hours of diagnosis. Please fax form to district STD reporting facility. For a list of fax numbers by county, please visit [http://www.in.gov/isdh/17440.htm](http://www.in.gov/isdh/17440.htm). Contains confidential information per 410 IAC 1-2.5-78.
Screening Guidelines and Treatment

This section will cover the screening recommendations and treatment guidelines for adults and adolescents. Additional information on youth sexual health and how to speak to adolescents in the clinic is available.

Screening Guidelines
This document is the 2015 CDC Screening Guidelines for STDs, which provides guidance on who are the appropriate people that should be screened for certain STDs.

Essential Health Questions for Adolescents
This document provides focus questions to gather sexual health information on adult and adolescent patients.

Treatment Guidelines
This document is the 2015 CDC Treatment Guidelines for STDs, including accepted treatments and alternative treatments.
The STD Screening Guidelines are a comprehensive resource for healthcare providers and patients alike. Developed by the Centers for Disease Control and Prevention (CDC), these guidelines provide evidence-based recommendations for the detection and management of sexually transmitted infections (STIs). They are regularly updated to reflect the latest research and best practices in the field.

**Table of Contents**

- **Chlamydia**
- **Gonorrhea**
- **Syphilis**
- **Herpes**
- **HIV**
- **Trichomonas**
- **Bacterial Vaginosis**
- **Cervical Cancer**
- **Hepatitis B**
- **Hepatitis C**

### Chlamydia

- STI caused by Chlamydia trachomatis
- Commonly found in the genital tract, eyes, oral cavity, and respiratory tract
- **Detection and Management**
  - **Initial Evaluation**: Testing during the first prenatal visit is recommended. For pregnant women, a single screening for Chlamydia at first prenatal visit is recommended. Women who are symptomatic may be screened at any time during pregnancy.
  - **Screening Recommendations**: Screening and treatment of Chlamydia is recommended for all pregnant women. Screening should be performed as early as possible in pregnancy.

### Gonorrhea

- STI caused by Neisseria gonorrhoeae
- Commonly found in the genital tract, eyes, oral cavity, and respiratory tract
- **Detection and Management**
  - **Initial Evaluation**: Testing during the first prenatal visit is recommended. For pregnant women, a single screening for Gonorrhea at first prenatal visit is recommended. Women who are symptomatic may be screened at any time during pregnancy.
  - **Screening Recommendations**: Screening and treatment of Gonorrhea is recommended for all pregnant women. Screening should be performed as early as possible in pregnancy.

### Syphilis

- STI caused by Treponema pallidum
- **Initial Evaluation**: Testing during the first prenatal visit is recommended. For pregnant women, a single screening for Syphilis at first prenatal visit is recommended. Women who are symptomatic may be screened at any time during pregnancy.
  - **Screening Recommendations**: Screening for Syphilis is recommended for all pregnant women. Screening should be performed as early as possible in pregnancy.

### Herpes

- STI caused by Herpes Simplex Virus (HSV)
- **Initial Evaluation**: Testing during the first prenatal visit is recommended. For pregnant women, a single screening for Herpes at first prenatal visit is recommended. Women who are symptomatic may be screened at any time during pregnancy.
  - **Screening Recommendations**: Screening for Herpes is not recommended for all pregnant women. Screening should be performed as early as possible in pregnancy.

### HIV

- STI caused by Human Immunodeficiency Virus (HIV)
- **Initial Evaluation**: Testing during the first prenatal visit is recommended. For pregnant women, a single screening for HIV at first prenatal visit is recommended. Women who are symptomatic may be screened at any time during pregnancy.
  - **Screening Recommendations**: Screening for HIV is recommended for all pregnant women. Screening should be performed as early as possible in pregnancy.

### Trichomonas

- STI caused by Trichomonas vaginalis
- **Initial Evaluation**: Testing during the first prenatal visit is recommended. For pregnant women, a single screening for Trichomonas at first prenatal visit is recommended. Women who are symptomatic may be screened at any time during pregnancy.
  - **Screening Recommendations**: Screening for Trichomonas is recommended for all pregnant women. Screening should be performed as early as possible in pregnancy.

### Bacterial Vaginosis

- STI caused by bacterial overgrowth of the vaginal flora
- **Initial Evaluation**: Testing during the first prenatal visit is recommended. For pregnant women, a single screening for Bacterial Vaginosis at first prenatal visit is recommended. Women who are symptomatic may be screened at any time during pregnancy.
  - **Screening Recommendations**: Screening for Bacterial Vaginosis is recommended for all pregnant women. Screening should be performed as early as possible in pregnancy.

### Cervical Cancer

- STI caused by Human Papillomavirus (HPV)
- **Initial Evaluation**: Testing during the first prenatal visit is recommended. For pregnant women, a single screening for Cervical Cancer at first prenatal visit is recommended. Women who are symptomatic may be screened at any time during pregnancy.
  - **Screening Recommendations**: Screening for Cervical Cancer is recommended for all pregnant women. Screening should be performed as early as possible in pregnancy.

### Hepatitis B

- STI caused by Hepatitis B Virus (HBV)
- **Initial Evaluation**: Testing during the first prenatal visit is recommended. For pregnant women, a single screening for Hepatitis B at first prenatal visit is recommended. Women who are symptomatic may be screened at any time during pregnancy.
  - **Screening Recommendations**: Screening for Hepatitis B is recommended for all pregnant women. Screening should be performed as early as possible in pregnancy.

### Hepatitis C

- STI caused by Hepatitis C Virus (HCV)
- **Initial Evaluation**: Testing during the first prenatal visit is recommended. For pregnant women, a single screening for Hepatitis C at first prenatal visit is recommended. Women who are symptomatic may be screened at any time during pregnancy.
  - **Screening Recommendations**: Screening for Hepatitis C is recommended for all pregnant women. Screening should be performed as early as possible in pregnancy.

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**Recommended Laboratory Diagnostics**

This diagnostic summary is for educational purposes only. The individual decision is in the best position to determine which tests are most appropriate. Adopted from the Spokane Washington Regional Health District’s STD Toolkit.

**Common Symptoms of Sexually Transmitted Infections**

- Painful urination
- Abnormal vaginal discharge
- Abnormal semen
- Rectal bleeding
- Abdominal pain
- Genital ulcers

**Diagnostics**

- HIV (Boxed)
- Syphilis (Boxed)
- Chlamydia (Boxed)
- Gonorrhea (Boxed)
- Hepatitis B (Boxed)
- Hepatitis C (Boxed)
- Other STIs (Boxed)

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**Download Link**


April 2017
Essential Sexual Health Questions to Ask Adults

Ask all of your adult patients the questions on this card to start the conversation and to begin taking a thorough sexual history. For more questions to assess risk, see Table 1 of “Sexual Health and Your Patients: A Provider’s Guide.”

**Ask at Least Annually**

- Have you been sexually active in the last year?
  - NO
  - Have you ever been sexually active?
    - YES
    - What types of sex do you have (oral, vaginal, anal)?
      - With men, women, or both?
        - How many sexual partners have you had?
          - YES
          - NO
            - Continue with medical history.

**Ask Older Adults**

- Has sex changed for you? If so, how?

**Conversational Tips:**
- Ensure confidentiality & emphasize this is routine for all patients
- Also, ask open-ended questions, e.g., any sexual concerns or questions you’d like to discuss?
- Be non-judgmental (verbal and non-verbal)

**Ask at least once, and update as needed. Gender identity and sexual orientation can be fluid.**

1. What do you consider yourself to be?
   - A. Lesbian, gay, or homosexual
   - B. Straight or heterosexual
   - C. Bisexual
   - D. Another (please specify)
   - E. Don’t know

2. What is your current gender identity?
   - A. Male
   - B. Female
   - C. Transgender man
   - D. Transgender woman
   - E. Neither exclusively male nor female (e.g. non-binary or nonconforming)
   - F. Another (please specify)
   - G. Decline to answer

3. What sex were you assigned at birth?
   - A. Male
   - B. Female
   - C. Decline to answer
## Recommended Preventive Sexual Health Services for Adults

<table>
<thead>
<tr>
<th>Service</th>
<th>Females</th>
<th>Males</th>
<th>Transgender Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>18-64</td>
<td>65+</td>
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<tr>
<td>STI Counseling</td>
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<td>□ a</td>
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<tr>
<td>Contraceptive Counseling</td>
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<tr>
<td>Cervical Cancer Screening</td>
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<td>Chlamydia Screening</td>
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<td>Gonorrhea Screening</td>
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<tr>
<td>HIV Testing</td>
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<td>Syphilis Screening</td>
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<td>Hepatitis B Screening</td>
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<td>Hepatitis C Screening</td>
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<td>Hepatitis B Vaccine</td>
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<td>HPV Vaccine</td>
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<tr>
<td>PrEP</td>
<td>□*</td>
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</tr>
</tbody>
</table>

* = HIV-negative and at substantial risk for HIV infection (sexual partner with HIV, injection drug user, recent bacterial STI, high number of sex partners, commercial sex worker, lives in high-prevalence area or network)

** = HIV-positive

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For more information, visit: [nationalcoalitionforsexualhealth.org](http://nationalcoalitionforsexualhealth.org)
## Essential Sexual Health Questions to Ask Adolescents

Ask all your adolescent patients the sexual health questions on this card. This will help you assess your patient's level of sexual risk and determine which additional questions to ask and which preventive services are needed (other side of card).

<table>
<thead>
<tr>
<th>Ask at Least Annually</th>
<th>If the Adolescent Has Had Sex, Ask About</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What questions do you have about your body and/or sex?</td>
<td>• Number of lifetime partners</td>
</tr>
<tr>
<td>2. Your body changes a lot during adolescence, and although this is normal, it can</td>
<td>• Number of partners in the past year</td>
</tr>
<tr>
<td>also be confusing. Some of my patients feel as though they're more of a boy or a girl,</td>
<td>• The gender of those partners</td>
</tr>
<tr>
<td>or even something else, while their body changes in another way. How has this been for</td>
<td>• The types of sex (vaginal, oral, anal)</td>
</tr>
<tr>
<td>you?</td>
<td>• Use of protection (condoms and contraception)</td>
</tr>
<tr>
<td>3. Some patients your age are exploring new relationships. Who do you find yourself</td>
<td>• Coercion, rape, statutory rape, and incest</td>
</tr>
<tr>
<td>attracted to? (Or, you could ask, “How would you describe your sexual orientation?”)</td>
<td></td>
</tr>
<tr>
<td>4. Have you ever had sex with someone? By “sex,” I mean vaginal, oral, or anal sex.</td>
<td></td>
</tr>
<tr>
<td>(If sexual activity has already been established, ask about sex in the past year.)</td>
<td></td>
</tr>
</tbody>
</table>

### Prepare for the Sexual History Interview

- Explain to a parent or caregiver that you spend a portion of each visit alone with the adolescent.
- Put your patient at ease. Ensure confidentiality except if the adolescent intends to inflict harm or reports being abused. Know your state’s laws that affect minor consent and patient confidentiality.
- Incorporate the four essential sexual health questions into a broader psychosocial history.
- Start with less threatening topics, such as school or activities, before progressing to more sensitive topics, such as drugs and sexuality.
- Use open-ended questions, rather than closed-ended, to better facilitate conversation.
- Listen for strengths and positive behaviors and for opportunities to give praise where praise is due.
# Recommended Preventive Sexual Health Services for Adolescents

<table>
<thead>
<tr>
<th>Service</th>
<th>Females (Aged 13-17)</th>
<th>Males (Aged 13-17)</th>
</tr>
</thead>
<tbody>
<tr>
<td>STI Counseling</td>
<td>✓ a</td>
<td>✓ a</td>
</tr>
<tr>
<td>Contraceptive Counseling</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Cervical Cancer Screening</td>
<td></td>
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</tr>
<tr>
<td>Chlamydia Screening</td>
<td>✓ b</td>
<td>✓ c</td>
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<tr>
<td>Gonorrhea Screening</td>
<td>✓ b</td>
<td>✓ d</td>
</tr>
<tr>
<td>HIV Testing</td>
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<td>✓</td>
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<tr>
<td>Syphilis Screening</td>
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<tr>
<td>Hepatitis B Screening</td>
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<td>Hepatitis C Screening</td>
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<td>Hepatitis A Vaccine</td>
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<td>Hepatitis B Vaccine</td>
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<tr>
<td>HPV Vaccine</td>
<td>✓</td>
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<tr>
<td>PrEP</td>
<td>✓ *</td>
<td>✓ *</td>
</tr>
</tbody>
</table>

### If the Adolescent Identifies as Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ)

- Ask whether they have a trusted adult to talk to.
- Assess safety at home and school and whether they are being bullied or harassed.
- Link your patient to community or national organizations such as pflag.org or thetrevorproject.org for education and support.
- Counsel about using condoms and contraception. Adolescents who identify as lesbian or gay may also have sex with members of the opposite sex, which increases the risk for unintended pregnancy.

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* = HIV-negative and at substantial risk for HIV infection (sexual partner with HIV, injection drug user, recent bacterial STI, high number of sex partners, commercial sex worker, lives in high prevalence area or network) weighing at least 35 kg

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For more information, visit: nationalcoalitionforsexualhealth.org
### SUMMARY OF THE 2015 STD TREATMENT GUIDELINES

These recommendations for the treatment of STDs reflect the **2015 CDC STD Treatment Guidelines**. The focus is primarily on STDs encountered in outpatient practice. This table is intended as a source of clinical guidance and is not a comprehensive list of all effective regimens. For more information, please refer to the complete CDC document at [http://www.cdc.gov/std/tg2015](http://www.cdc.gov/std/tg2015). Clinical and epidemiological services are available through the ISDH’s STD Prevention Program. For assistance please call 317-233-7499. For more information about STDs please utilize the state’s website [http://www.in.gov/isdh/17440.htm](http://www.in.gov/isdh/17440.htm).

#### DOSING ABBREVIATIONS

- \(d=\text{day}\)
- \(qd=\text{once each day}\)
- \(bid=\text{twice daily}\)
- \(tid=\text{three times a day}\)
- \(qid=\text{four times a day}\)
- \(po=\text{by mouth}\)
- \(IM=\text{intramuscular injection}\)
- \(IV=\text{intravenous}\)
- \(mg=\text{milligram}\)
- \(g=\text{gram}\)
- \(hs=\text{hour of sleep}\)
- \(prn=\text{as needed}\)

<table>
<thead>
<tr>
<th>DISEASE</th>
<th>RECOMMENDED REGIMENS</th>
<th>ALTERNATIVE REGIMENS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CHLAMYDIA</strong></td>
<td></td>
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</tr>
<tr>
<td>Uncomplicated Genital/Rectal/Pharyngeal Infections</td>
<td>• Azithromycin 1g po x 1 or Doxycycline 100mg po bid x 7 d</td>
<td>• Erythromycin base 500mg po qid x 7 d or Erythromycin ethylsuccinate 800mg po qid x 7 d or Ofloxacin 300mg po bid x 7 d or Levofloxacin 500mg po qd x 7 d</td>
</tr>
<tr>
<td>Pregnant Women</td>
<td>• Azithromycin 1g po x 1</td>
<td>• Amoxicillin 500mg po tid x 7 d or Erythromycin base 500mg po qid x 7 d or Erythromycin base 250mg po qid x 14 d or Erythromycin ethylsuccinate 800mg po qid x 7 d or Erythromycin ethylsuccinate 400mg po qid x 14 d</td>
</tr>
</tbody>
</table>

| **GONORRHEA** | Ceftriaxone 250mg IM PLUS Azithromycin 1g po | If ceftriaxone is not available: Cefixime 400mg po x 1 PLUS Azithromycin 1g po x 1 or Cefixime 400mg po x 1 PLUS Cefixime 250mg po x 1 PLUS Azithromycin 1g po x 1 or Gentamicin 240 mg IM x 1 PLUS Azithromycin 2g po x 1 |

#### Uncomplicated Genital/Rectal Infections

- Ceftriaxone 250mg IM x 1 PLUS Azithromycin 1g po x 1

#### Pharyngeal Infections

- Ceftriaxone 250mg IM x 1 PLUS Azithromycin 1g po x 1

#### Pregnancy

- Ceftriaxone 250mg IM x 1 PLUS Azithromycin 1g po x 1

#### Adults and adolescents: conjunctivitis

- Ceftriaxone 1g IM x 1 PLUS Azithromycin 1g po x 1

#### Children (≤ 45 kg): urogenital, rectal, pharyngaeal

- Ceftriaxone 25-50 mg/kg IV or IM not to exceed 125 mg IM x 1

### PELVIC INFLAMMATORY DISEASE

**Recommended Intramuscular/Oral regimens**

- Ceftriaxone 250 mg IM x 1 or Cefixime 2g IM x 1
- Doxycycline 100mg po BID x 14 d with or without Metronidazole 500mg po bid x 14 d

**Parenteral Regimens**

- Cefotetan 2g IV every 12 hours plus Doxycycline 100mg po IV every 12 hours or Cefotetan 2g IV every 6 hours plus Doxycycline 100mg po IV every 12 hours

**Parenteral Regimens**

- Ampicillin/Sulbactam 3 g IV every 6 hours plus Doxycycline 100 mg orally or IV every 12 hours

### CERVICITIS

- Azithromycin 1g po x 1 or Doxycycline 100mg po bid x 7 d

### NONGONOCOCCAL URETHRITIS

- Azithromycin 1g po x 1 or Doxycycline 100mg po bid x 7 d

### PERSISTENT AND RECURRENT (NGU)

- Men initially treated with Doxycycline: Azithromycin 1g po x 1
- Men who fail a regimen of Azithromycin: Moxifloxacin 400mg po qd x 7 d
- Heterosexual men who live in areas where T. vaginalis is highly prevalent: Metronidazole 2g po x 1 or Tinidazole 2g po x 1

### ACUTE EPIDIDYMITIS

#### Likely due to gonorrhea or chlamydia

- Ceftriaxone 250mg IM x 1 plus Doxycycline 100mg po bid x 10 d

#### Likely due to enteric organisms or with a negative GC culture or NAAT

- Levofloxacin 500mg po qd x 10 d or Ofloxacin 300mg po bid x 10 d

#### For acute epididymitis most likely caused by sexually-transmitted chlamydia and gonorrhea and enteric organisms (men who practice insertive anal sex)

- Ceftriaxone 250mg IM x 1 plus Levofloxacin 500mg po qd x 10 d or Ofloxacin 300mg po bid x 10 d
<table>
<thead>
<tr>
<th>DISEASE</th>
<th>RECOMMENDED REGIMENS</th>
<th>ALTERNATIVE REGIMENS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TRICHOMONIASIS</strong></td>
<td>• Metronidazole 2g po x 1 or • Tinidazole 2g po x 1</td>
<td>• Metronidazole 500mg po bid x 7 d</td>
</tr>
<tr>
<td><strong>BACTERIAL VAGINOSIS</strong></td>
<td>• Metronidazole 500mg po bid x 7 d or • Metronidazole gel 0.75%, one (5g) applicator intravaginally q d x 5 or • Clindamycin cream 2%, one (5g) applicator intravaginally qhs x 7 d ★ Treatment is recommended for all symptomatic pregnant women</td>
<td>• Tinidazole 2g po qd x 2 d or • Tinidazole 1g po qd x 5 d or • Clindamycin 300mg po bid x 7 d or • Clindamycin ovules 100mg intravaginally qhs x 3d</td>
</tr>
<tr>
<td><strong>LYMPHOGRANULOMA VENEREUM</strong></td>
<td>• Doxycycline 100mg po bid x 21 d</td>
<td>• Erythromycin base 500mg po qid x 21 d</td>
</tr>
<tr>
<td><strong>CHANCROID</strong></td>
<td>• Azithromycin 1g po x 1 or • Ceftriaxone 250mg IM x 1 or • Ciprofloxacin 500mg po bid x 3 d or • Erythromycin base 500mg po tid x 7 d</td>
<td>• Clindamycin 300mg po bid x 7 d or • Clindamycin ovules 100mg intravaginally qhs x 3d</td>
</tr>
<tr>
<td><strong>SCABIES</strong></td>
<td>• Permethrin 5% cream (apply to all areas of body from neck down, wash off after 8-14 hours or • Ivermectin 200g/kg po, repeated in 2 weeks</td>
<td>• Lindane 1% 1 oz lotion or 30g of cream, applied thinly to all areas of the body from the neck down, wash off after 8 hours</td>
</tr>
<tr>
<td><strong>SYPHILIS</strong></td>
<td>Benzathine penicillin G, Bicillin® L-A, (trade name), is the preferred drug for treatment of all stages of syphilis and is the only treatment with documented efficacy for syphilis during pregnancy.</td>
<td></td>
</tr>
<tr>
<td>Adults (including HIV-Co-infected)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary, Secondary, and Early Latent &lt;1 year</td>
<td>• Benzathine penicillin G 2.4 million units IM x1</td>
<td>• Doxycycline 100mg po bid x 14 d or • Tetracycline 500mg po qid x 14 d or • Ceftriaxone 1g IM or IV qd x 10-14 d</td>
</tr>
<tr>
<td>Latent &lt;1 year, Latent of Unknown duration</td>
<td>• Benzathine penicillin G 7.2 million units, administered as 3 doses of 2.4 million units IM each, at 1-week intervals</td>
<td>• Doxycycline 100mg po bid x 28 d or • Tetracycline 500mg po qid x 28 d</td>
</tr>
<tr>
<td>Neurosyphilis</td>
<td>• Aqueous crystalline penicillin G 18-24 million units qd, administered as 3-4 million units IV q 4hrs or continuous infusion x 10-14d</td>
<td>• Procaine penicillin G, 2.4 million units IM qd x 10-14 d PLUS • Probencid 500mg po qid x 10-14 d</td>
</tr>
<tr>
<td>Pregnant Women</td>
<td>• Benzathine penicillin G 2.4 million units IM x1</td>
<td>• None. If PCN allergic, desensitize and treat.</td>
</tr>
<tr>
<td>Late Latent and Latent of Unknown duration</td>
<td>• Benzathine penicillin G 7.2 million units, administered as doses of 2.4 million units IM each, at 1-week intervals</td>
<td>• None. If PCN allergic, desensitize and treat.</td>
</tr>
<tr>
<td>Neurosyphilis</td>
<td>• Aqueous crystalline penicillin G 18-24 million units qd, administered as 3-4 million units IV Q4hrs or continuous infusion x 10-14d</td>
<td>• Procaine penicillin G, 2.4 million units IM qd x 10-14 d PLUS • Probencid 500mg po qid x 10-14 d</td>
</tr>
<tr>
<td>Congenital Syphilis</td>
<td>★ See complete CDC Guidelines</td>
<td>★ Podophyllin resin 10% - 25% in compound tincture of benzoin may be considered for provider-administered treatment if strict adherence to the recommendations for application or • Intralesional interferon or • Photodynamic therapy or • Topical cidofovir</td>
</tr>
<tr>
<td><strong>GENITAL WARTS</strong> (Human Papillomavirus)</td>
<td>★ Imiquimod 3.75% or 5% cream or • Podofilox 0.5% solution/gel or • Sinechatechin 15% ointment</td>
<td>★ Podophyllin resin 10% - 25% in compound tincture of benzoin may be considered for provider-administered treatment if strict adherence to the recommendations for application or • Intralesional interferon or • Photodynamic therapy or • Topical cidofovir</td>
</tr>
<tr>
<td><strong>GENITAL HERPES</strong> (HSV-2 and HSV-1)</td>
<td>★ Acyclovir 400mg po tid x 7-10 d or 200mg po 5x/day x 7-10 d or • Famciclovir 250mg po tid x 7-10 d or • Valacyclovir 1g po bid x 7-10 d</td>
<td>★ Acyclovir 400mg po tid x 7-10 d or 200mg po 5x/day x 7-10 d or • Famciclovir 250mg po tid x 7-10 d or • Valacyclovir 1g po bid x 7-10 d</td>
</tr>
<tr>
<td>First Clinical Episode</td>
<td>Suppressive Therapy • Acyclovir 400mg po bid or • Famciclovir 250mg po bid or • Valacyclovir 500mg po bid or 1g po qd</td>
<td>Episodic Therapy for Recurrent Episodes • Acyclovir 400mg po tid x 5 d or 800mg po bid x 5 d or 800mg po tid x 2 d or • Famciclovir 125mg po bid x 4 d or 1g po bid x 1 d or 500mg po x1, then 250 mg bid x 2d or • Valacyclovir 500mg po bid x 3d or 1g po qd x 5 days</td>
</tr>
<tr>
<td>Recurrent Infections</td>
<td>Episodic Therapy for Recurrent Episodes • Acyclovir 400mg po tid x 5-10 d or • Famciclovir 500mg po bid or • Valacyclovir 1g po bid x 5-10 d</td>
<td>• Valacyclovir 1g po bid x 5-10 d</td>
</tr>
<tr>
<td>HIV Co-Infected</td>
<td>Suppressive Therapy • Acyclovir 400-800mg po bid or tid or • Famciclovir 500mg po bid or • Valacyclovir 500mg po bid</td>
<td>Episodic Therapy for Recurrent Episodes • Acyclovir 400mg po tid x 5-10 d or • Famciclovir 500mg po bid x 5-10 d or • Valacyclovir 1g po bid x 5-10 d</td>
</tr>
</tbody>
</table>

★ Indicates update from the 2010 CDC Guidelines for the Treatment of Sexually Transmitted Disease
ISDH Resources

The STD Prevention Program has provided Fact Sheets that all providers may use and print for educational use. These can be given to patients and their partners for their information regarding their diagnosis. The Program updates these Fact Sheets yearly with new data. The Program also has provided guidance and recommendations on extragenital screening, which the Program strongly recommends all providers participate in—based on the patient’s reported sexual activities. In addition, the Program has provided a memo from State Health Commissioner, Dr. Kristina Box.

**ISDH Fact Sheets – Updated information on STDs in Indiana**
- ISDH Chlamydia Fact Sheet
- ISDH Gonorrhea Fact Sheet
- ISDH Syphilis Fact Sheet
- ISDH Congenital Syphilis Fact Sheet

**Dr. Box Memo**
A description of the most updated testing, symptoms, and reporting of syphilis from the State Health Commissioner.

**CDC Information for Teens**
A fact sheet for teens who are sexually active

**Extragenital Screening**
A note from NCSD (National Coalition of STD Directors) on the importance on extragenital testing
ISDH Fact Sheet Links

Fact sheets are updates yearly, please check back to these links for updated versions yearly.

Chlamydia

Gonorrhea

Syphilis
https://www.in.gov/isdh/files/Syphilis%20Fact%20Sheet%202017-Final.pdf

Congenital Syphilis
June 4, 2018

Dear Colleague:

Re: Important Syphilis Testing Reminders for Physicians

As syphilis continues to increase in the U.S. and in Indiana, ISDH needs the help of all health care providers to perform syphilis testing as recommended by the Centers for Disease Control and Prevention in order to guarantee timely identification and treatment of cases.

- Syphilis cannot typically be diagnosed without a screening test (RPR) and a confirmatory test (TPPA, FTA, EIA) when the screening is reactive. Many laboratories require the provider to individually specify which tests be performed rather than allow these to be ordered as a panel or reflex. This results in physicians not receiving syphilis test results that can be used for diagnostic purposes and will add time and expense for additional specimens and testing.

- This may be further complicated if your laboratory uses the “reverse sequence method” of syphilis testing rather than the standard method of RPR first. In reverse sequence testing, labs will run the confirmatory first (EIA or CIA) and will only do the RPR if the first test is reactive. If a discordant result is received during reverse sequence (EIA positive, RPR negative) laboratories are required to perform the TPPA before reporting out the result to the physician.

- An additional problem is that some laboratories will not perform a quantitative RPR unless specified by the physician. A quantitative result (titer) is always needed to diagnose syphilis, to assess reinfection, and to assess efficacy of treatment, so please ensure that your laboratory will automatically do a quantitative test on all qualitative reactive RPRs.

- Please remember to test all patients presenting with syphilis symptoms painless ulcer in genital area; generalized body rash or palmar/plantar rash, etc. A list of syphilis symptoms with pictures can be found at: [https://www.cdc.gov/std/syphilis/images.htm](https://www.cdc.gov/std/syphilis/images.htm)

- More information may be found here: [https://www.cdc.gov/std/syphilis/Syphilis-Pocket-Guide-FINAL-508.pdf](https://www.cdc.gov/std/syphilis/Syphilis-Pocket-Guide-FINAL-508.pdf) and online, free clinical training is available at: [https://www.std.uw.edu/](https://www.std.uw.edu/)

- ISDH has created an easier way for health care providers to report cases of STD via the internet using our new electronic communicable disease report form, found on our website: [https://www.in.gov/isdh/17440.htm](https://www.in.gov/isdh/17440.htm), under the section “Information for Health Care Providers”. Or, a fillable PDF can be faxed to your local STD jurisdiction. A list of the fax numbers by county can also be found on the STD website [https://www.in.gov/isdh/17440.htm](https://www.in.gov/isdh/17440.htm), under “DIS Contact List”.

Indiana
A State that Works

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To promote and provide essential public health services.
All cases of syphilis, gonorrhea and chlamydia must be reported by health care providers within 72 hours. Many health care providers believe that since the laboratory reports, they do not have to. Unfortunately, this is not true because each entity reports different information for each patient. Only the doctor’s office will have critical patient information we need, such as patient race, treatment, pregnancy status, and locating information, while the lab will provide testing information on the lab specimen itself. To truly assess a syphilis diagnosis, we need both laboratories and health care providers to report on each case.

If you have questions or need additional information, please feel free to contact Caitlin Conrad, STD Prevention Program Director at caconrad@isdh.in.gov or 317-234-2871.

Yours in Health,

[Signature]

Kristina M. Box, MD, FACOG
State Health Commissioner