

**ADPH STD/HIV PROGRAM  
Clinical Protocol**

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**Purpose of the Alabama  
STD Program**

- To develop, implement and evaluate a comprehensive program of STD control as outlined by the Centers for Disease Control and Prevention (CDC) in the Comprehensive STD Prevention System (CSPS) Program announcement.

**Design of the STD Program**

- Test, treat, and educate the public about STDs so that we may:
  - Eliminate syphilis in high morbidity areas.
  - Prevent the spread of STD/HIV infections.
  - Prevent STD-related infertility.

**STD Treatment  
and Control Principles**

- Education and counseling of persons at risk on ways to adopt safer sexual behavior.
- Identification and treatment of asymptomatically infected persons and of symptomatic persons unlikely to seek diagnostic and treatment services.

**STD Treatment  
and Control Principles**

- Effective diagnosis and treatment of infected persons.
- Evaluation, treatment, and counseling of sex partners of persons who are infected with an STD.

### **Common STDs Addressed in the Protocol**

- Bacterial Vaginosis (BV)
- Bartholinitis
- Candidiasis
- Chancroid
- Chlamydia
- Epididymitis
- Genital Herpes Simplex
- Genital Warts (HPV, Condyloma Acuminata)

### **Common STDs Addressed in the Protocol**

- Gonorrhea
- Mucopurulent Cervicitis (MPC)
- Nongonococcal Urethritis (NGU)
- Pediculosis
- Pelvic Inflammatory Disease
- Scabies
- Syphilis/Syphilis in pregnancy
- Trichomoniasis

### **STD Visit Standards**

#### **Initial Visit**

- An in-depth evaluation of a patient presenting to the clinic with findings of a newly identified infection.
- May include a patient identified as contact, associate, suspect, asymptomatic volunteer or referral from private provider.
- Visit is coded as DCS-initial -01 on the ADPH CHR form.

### **STD Visit Standards**

#### **Initial Evaluation Process**

- Forms—CHR 3,11,12
- Past Medical and STD History
- Gynecological History (Females)
- STD Update
- STD/HIV Counseling

### **STD Visit Standards**

#### **Initial Evaluation Process**

- Physical Exam
- Procedures— GC/CT, HIV, RPR, VDRL
- Clinical Indicator Procedures/services and counseling
- Treatment Guidelines
- Partner Notification
- Follow-up Visit

### **Counseling That Must be Done at Each STD Visit**

- Abstinence
- Condom usage
- Dangers of multiple sex partners
- Family planning
- HIV risk reduction
- Pap smear referral
- Test results

## STD Visit Standards

### STD Revisits

- Follow-up visit is the focused evaluation of a patient for findings previously identified at the initial visit.

## STD Visit Standards

### STD Revisits

- This includes treatment for positive test, checking medication compliance, or an ongoing management of a diagnosed finding such as syphilis or condyloma.
- The evaluation process for the initial visit is not required if the revisit is less than 30 days from the initial visit or there was no break in treatment.
- This visit is coded DCS-revisit-02

## STD Visit Standards

### STD Revisits:

Assess treatment response,

Or

Begin treatment if patient not treated,

Or

Provide additional treatment if test result gives indication following presumptive treatment.

## STD Visit Standards

### STD Revisits

- Patient must be treated within 30 days to qualify as a follow-up or revisit.
- After 30 days, follow the initial visit process and repeat exam except HIV test which, is required after 90 days.

## STD Visit Standards

- STD Revisits
- Syphilis specific follow-up
  - If an alternative regimen for managing syphilis must be used because of penicillin allergy, the patient must be given an appointment to return to the clinic for close clinical and serological follow-up.

## STD Visit Standards

### STD Revisits

- Syphilis specific follow-up
  - Clinically
    - Two weeks after starting doxycycline or tetracycline to examine lesions, address signs and symptoms, and medication compliance.

## **STD Visit Standards**

### **STD Revisits**

- Syphilis specific follow-up
  - Serological test:
    - Four weeks after beginning any treatment regimen for repeat VDRL.
    - 3,6,9, and 12 months then annually thereafter for those who are HIV infected or treated with alternative regimen.

## **STD Visit Standards**

### **STD Revisits**

- Syphilis specific follow-up
  - Follow-up at 6 and 12 months for those who are HIV negative and treated with recommended regimen.
  - Failure of non-treponemal test titer to decline fourfold within 6 months after therapy for primary or secondary syphilis is indicative of probable treatment failure.

## **STD Visit Standards**

### **STD Revisits**

- Syphilis specific follow-up
  - It is the responsibility of the DIS to follow up with patients if an appointment is missed.

## **Clinical Indicators**

- Counseling:
  - Partner referral
  - Taking medication
  - HIV risk assessment
  - Social history

## **Clinical Indicators**

- Procedures/services:
  - Darkfield, RPR, VDRL
  - Chancroid culture, Herpes culture, Gonorrhea culture
  - Pregnancy test, wet prep
  - TB skin test
  - DIS consult, social work consult

## **Treatment Guidelines**

- Follows the 2002 CDC guidelines.
- Some of the drugs listed may not be stocked in the county.
- If you have any problem or concern that is not addressed in the treatment guidelines, please call the central office at 334-206-5350.

## **Clinical Challenges?**

- **The clinical protocol is written to address common or general STD problems. You may therefore, come across a situation that may not be in the protocol. In such cases, we are there to help. Please, do not hesitate to call us at 334-206-5350.**