

Expedited Sexually Transmitted Disease Management Implementation Guide

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TEXAS
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Introduction

Expedited Sexually Transmitted Disease (STD) Management is a conceptual framework for describing methods of treating clients and their partner(s) diagnosed with STDs. The goal of expedited STD management is to decrease the burden of disease by eliminating or reducing barriers to testing and treatment. Expedited STD Management includes:

- “Express” STD Clinic Services
- Expedited Partner Therapy (EPT)
- Field-Delivered Therapy (FDT)

Research shows that express visits can increase screening and treatment capacity with the same clinician resources. It also shows that EPT reduces client re-infection and transmission of infection to uninfected sex partners. The U.S. Centers for Disease Control and Prevention (CDC) recognizes FDT by health departments as an STD control strategy. It is comparable to EPT. Some leaders in the field endorse FDT as being safer because a health department professional gives the medication.

Clients diagnosed with gonorrhea (GC), chlamydia (CT) or both are typically responsible for partner notification. Estimates show that only about half of sex partners get treatment. Major shortcomings of partner notification by clients include:

- Low rates of partner contact and treatment
- Partners not seeking care after notification
- Difficulties in identifying and contacting non-regular partners

Ideally, every sex partner should get a comprehensive evaluation (including exam) and treatment. But that is not always possible or likely. Clinicians should use EPT with clients to facilitate prompt partner treatment. This prevents re-infection and reduces transmission to other sex partners.

Expedited STD management has few drawbacks. Clinicians should weigh the proven benefit of expedited STD management against the risk of missed opportunities to counsel partners and to identify and treat co-morbidities. Research shows that STD co-morbidities are less among women and men who

have sex with women (MSW) who sought treatment after exposure to a person with CT or GC infection. Providers must tailor clinic triage systems to local epidemiological characteristics of at-risk groups and the distribution of STDs in the jurisdiction.

Use caution when using EPT in settings with relatively high rates of STDs and HIV. Men who have sex with men (MSM) have diverse behaviors, identities and health care needs. Clinicians should individualize EPT for MSM partners through shared clinical decision-making. Consider possible increased risk of STD co-infections and HIV and limited studies available.

In August 2012, the CDC changed oral cefixime from a recommended treatment for GC to an alternative treatment. It is still acceptable practice to use oral cefixime to treat partners of clients diagnosed with GC unless the partner has pharyngeal GC. Ideally, the partner should come to the clinic for testing and treatment with the CDC-recommended regimen of injectable ceftriaxone.

This guide covers “Express” Clinic Services, Expedited Partner Therapy (EPT) and Field-Delivered Therapy (FDT). It includes sample policies and protocols, client education materials, and supporting forms. Clinicians can use the samples in a variety of settings. This information is not all-inclusive. Other testing and treatment options may be available.

Authorizing physicians and STD clinicians and staff they supervise should edit the samples based on community needs, clinic capacity, and staff capacity. DSHS based this guide on literature, CDC recommendations, and current practice. Clinical providers and Disease Intervention Specialists (DIS) vetted the samples.

Express Clinic Services — Sample Policy and Protocol

Policy: <<Clinic Name>> will provide the appropriate level of sexually transmitted disease (STD) care to each client depending on their signs, symptoms, risk factors and personal concerns.

Purpose: To provide a procedure to triage appropriate clients into “Express” STD laboratory testing, treatment or both.

Approved staff functioning under an authorizing physician’s standing delegation orders provide “Express” STD services. Such services include:

- A sexual history and risk assessment
- Laboratory testing for STDs (gonorrhea [GC], chlamydia [CT], syphilis) and HIV
- GC/CT treatment and instructions (except men who have sex with men [MSM] contacts to GC/CT)
- Risk reduction counseling

Protocol: Triage staff will determine if the client is pregnant, symptomatic for an STD, a contact to HIV, syphilis or GC/CT, or is otherwise at increased risk for STDs, as defined by STD trends in the jurisdiction. Staff will triage clients as follows:

- Clients who are pregnant, symptomatic for an STD, a contact to syphilis or HIV, and MSM contacts to GC/CT should receive a comprehensive STD evaluation (including exam) from a licensed clinician.
- Clients at increased risk for STDs as defined by the jurisdiction should receive a comprehensive STD evaluation, if available. They may receive “Express” services.
- The clinic may offer other clients the option of “Express” services. Clients may opt for comprehensive services.

References

- Centers for Disease Control and Prevention (CDC). **CDC Sexually Transmitted Infection Treatment Guidelines, 2021.**
- National Association of City and County Health Officials (NACCHO). **NACCHO Issue Brief — STD Express Services: Increasing Access and Testing While Maximizing Resources.** November 2019.

Expedited Partner Therapy

Expedited Partner Therapy Guidance

Goal

To reduce the risk of re-infection among people treated for sexually transmitted diseases (STDs), prevent disease complications, and reduce transmission to uninfected people.

Objective

To implement expedited partner therapy (EPT) as a harm-reduction strategy for the sex partners of people with STDs without an intervening medical evaluation or professional prevention counseling.

Background

Most health care providers tell their clients with STDs to notify their sex partners. The CDC estimates the proportion of partners who seek evaluation and treatment in response to client referral ranges from 29 to 59 percent. Also, because of limited staff and resources, public health staff are less likely to contact and treat partners of clients diagnosed with gonorrhea (GC) or chlamydia (CT). In Texas, health departments focus primarily on contacting partners of index clients with syphilis and HIV.

The ideal approach for the partner(s) of a client diagnosed with any STD is to get evaluation, examination, testing, counseling, and treatment from a licensed clinician. This is not always feasible. Several studies show that EPT is an effective harm-reduction strategy for treating GC and CT infections in the sex partners of women and men who have sex with women (MSW). This can reduce reinfection of an index client and slow or stop the transmission of disease to other partners. The effectiveness of EPT for partners of men who have sex with men (MSM) is not as well researched or documented. EPT also saves money by reducing the need to treat more advanced disease. It also allows clinicians to treat more people.

The usual implementation of EPT involves client delivery of medications or prescriptions to their sexual partner(s). But if a sex partner comes to the appointment with a client diagnosed with GC, CT or both, the clinician should ensure the partner gets evaluation, testing and treatment during that visit. Other ways to achieve EPT include prescriptive arrangements with cooperating

pharmacies, retrieval of medication by partners at public health clinics, or delivery of medication to partners in non-clinical settings by public health workers. Clinics should have policies, procedures and standing delegation orders (SDOs) for implementing EPT.

Texas Administrative Code, Chapter 190, Subchapter B, Rule §190.8 sets out violation guidelines for the Texas Medical Board. It states that a establishing a practitioner-provider relationship is not required for physicians to prescribe medications for STDs for partner(s) the physician's established patient, if the physician determines that the patient may have been infected with an STD.

Considerations

Special Populations

Prioritize partner management for adolescents because they have the highest rates of infection of all age groups. Men who have sex with men (MSM) have diverse behaviors, identities and health care needs. Individualize EPT for MSM partners through clinical decision-making. Consider possible increased risk of STD co-infections and HIV. Prevention of STDs and reinfection in pregnant women is a high priority. If the partner is pregnant, refer them to prenatal care. Test pregnant clients for CT four weeks after treatment.

Missed Opportunities

Potential pitfalls of using EPT include:

- Inability to diagnose and treat co-infection detected by evaluation of the partner(s)
- Inability to triage and evaluate for complications (e.g., PID, pregnancy, testicular pain, abdominal pain, fever, etc.)
- Lack of risk reduction counseling
- Inability to evaluate the risk of sexual abuse

Selecting Appropriate Clients for EPT

Appropriate clients for EPT have lab-confirmed, diagnosed GC, CT or both (positive GC and/or CT NAAT, or Gram stain for GC or GC culture). Do not use EPT for partners with STD signs, symptoms or complications. Individualize EPT for MSM partners through shared clinical decision-making. Consider possible

increased risk for STD co-infections and HIV. See [Sample Expedited Partner Therapy](#) Policy and Protocol.

Partner Treatment

Offer EPT for partners in the last 60 days or the most recent partner if longer. Prescribe medication according to the most current CDC Sexually Transmitted Infection Treatment Guidelines as indicated for GC, CT or both. See [Sample Expedited Partner Therapy](#) Policy and Protocol.

Partner Information and Instruction

Give the client partner informational materials printed in the partner's language to deliver to each partner. See [Partner Information and Instruction](#). Ask the client to encourage their partner to make an appointment as soon as possible.

Documentation

Document in the index client health record if the client accepted or declined EPT, partner allergies and pregnancy status (if known), medication dispensed, number of doses, and instruction sheets provided. Document the required information in the [Sample Expedited Partner Therapy Log](#).

References

- Centers for Disease Control and Prevention (CDC). **Expedited Partner Therapy in the Management of Sexually Transmitted Diseases: Review and Guidance, 2006.**
- Texas Medical Board. **Texas Administrative Code, Chapter 190, Subchapter B, Rule §190.8.**
- Centers for Disease Control and Prevention (CDC). **2021 CDC Sexually Transmitted Infection Treatment Guidelines.**
- Suarez, Jennifer Denise PharmD1; Alvarez, Kristin Snackey PharmD2,3; Anderson, Sharon RPh1; King, Helen MD3; Kirkpatrick, Emily PharmD1; Harms, Michael MSBA2; Martin, Robert MD2,4; Adhikari, Emily MD4. Decreasing Chlamydial Reinfections in a Female Urban Population. Sexually Transmitted Diseases: June 19, 2021 - Volume - Issue - doi: 10.1097/OLQ.0000000000001500.

Sample Expedited Partner Therapy Policy and Protocol

Policy: <<Authorizing Physician>> at <<Name of Clinic>> will provide medications or prescriptions to the sex partner(s) of people diagnosed with gonorrhea (GC), chlamydia (CT) or both without requiring the partner(s) to get evaluated or examined by a clinician first.

Purpose: To establish a procedure to provide EPT to partners of clients with lab-confirmed diagnosis of GC, CT or both (positive GC and/or CT NAAT, and/or Gram stain or culture for GC).

Protocol: <<Name of Clinic>> recommends a complete STD evaluation for partner(s) as soon as possible.

EPT is appropriate for:

- Partners of clients with lab-confirmed diagnosis of GC, CT or both.
- Individualize EPT for men who have sex with men (MSM) based on shared clinical decision-making. Consider possible increased risk of STD co-infection and HIV infection. Ask the client to encourage their partner to make an appointment as soon as possible.

EPT is not appropriate for:

- Partners with STD signs and symptoms, especially possible complications such as fever, pelvic, testicular, groin and abdominal pain. These partners need a comprehensive clinical evaluation.

Partner Treatment

Offer the index client medication (or a prescription for medication) to deliver to their partner(s):

- Gonorrhea:
 - Cefixime 800 mg orally once; AND

- If concurrent CT infection in the index client is present or not excluded, treat partner(s) for CT with doxycycline 100 mg orally twice daily for 7 days (recommended if not pregnant or lactating) OR azithromycin 1 gm orally once (alternative if pregnant or lactating or concern for adherence to multi-day regimen).
- Chlamydia:
 - Doxycycline 100 mg orally twice a day for 7 days (recommended if not pregnant or lactating) OR
 - Azithromycin 1 gram orally once (alternative if pregnant or lactating or concern for adherence with multi-day regimen)

Partner Information and Instruction

Give the client partner informational materials printed in the partner's language to deliver to each partner. Refer the partner(s) for clinical evaluation. Review the information with the index client.

Key partner messages for the client to deliver to their partner(s):

- Seek a complete STD evaluation as soon as possible.
- Read the informational material very carefully before taking the medication.
- DO NOT take the medication if they have allergies to antibiotics or serious health problems. These partners should seek evaluation and treatment.
- Seek care as soon as possible if they have fever, pelvic, testicular, groin or abdominal pain which may be symptoms of a more serious infection.
- Seek care as soon as possible if the partner is or could be pregnant.

- To reduce the risk of reinfection, abstain from sex for at least seven days after all partners complete treatment. Ensure all partners are treated.
- Re-test three months after treatment.

Documentation

Do not write the names of partners receiving EPT in the index client health record. Sexual partners do not need a health record to get EPT.

- Document the following in the index client health record:
 - Number of partners receiving EPT
 - Medication and dose received
 - Whether partner(s) are pregnant or allergic to antibiotics
- Keep a log that documents:
 - Date
 - Index client name
 - Date of birth
 - Name of medication and strength
 - Number of doses
 - NDC, lot number and expiration date

Sample Expedited Partner Therapy Education

Sample Partner Fact Sheet for Chlamydia Trachomatis (English)

<<Name of Agency>>

<<Address and Phone>>

<<Name of Authorizing Physician>>

Expedited Partner Therapy (EPT) for Chlamydia

You were exposed to chlamydia. You may have chlamydia even if you feel fine and have no symptoms.

What is Chlamydia?

Chlamydia is a sexually transmitted disease (STD) that can cause a bad infection in the female organs. The infection can cause fever, discharge and pain. It can also cause future tubal pregnancy or sterility in women. Men can develop pain, discharge, or more severe infections in the testes or scrotum.

We recommend that you have a test to find out if you have chlamydia and other possible STDs.

Please call the STD clinic for an appointment at <<appointment phone number>>. Tell them a partner asked you to call. There is a \$<<amount>> fee for the exam and treatment. If you cannot pay, we will examine and treat you for free.

- You may also take the medicine your partner gave you if you cannot come to the clinic.
- It is possible that you have this infection and do not have symptoms. It is important that you get treated to prevent complications. The medicine will also stop the infection from spreading to others.
- Do not have sex for 7 days after treatment. It takes that long for the medicine to work.
- Tell all sex partners you have been with in the last 2 months to get checked for chlamydia.

MEDICINE: Azithromycin 1 gram. Take all 4 pills by mouth at one time. OR Doxycycline 100 mg capsules. Take one capsule by mouth every 12 hours for 7 days.

- **Do not share this medicine. You need to take all the pills to cure your chlamydia.**

- **Do not** take this medicine if you have been allergic to any antibiotic in the past. **Do not take doxycycline if you are pregnant or breastfeeding.** Call the clinic if you have questions.
- **Do not take this medicine if you have pain in your abdomen, pelvic area, groin area, or testes — it may not work. Come to the STD clinic for a check-up to be sure you get the right medicine.**

Possible Side Effects: We carefully chose the medicine for your treatment. It is safe and effective. But any medicine can have side effects. The most common side effect is an upset stomach. Sometimes, the medicine causes stomach cramping or diarrhea. Very rarely, the medicine causes rash, fever or breathing problems. If you get any of these symptoms, please call the clinic at <<agency phone number>>. If your symptoms are severe — especially if it is hard to breathe — call 911.

DO NOT HAVE ANY KIND OF SEX (ORAL, ANAL, or VAGINAL) WITH OR WITHOUT CONDOMS FOR 7 DAYS after you take this medicine. After 7 days, use condoms. Condoms help protect against gonorrhea and other STDs.

Reinfection is common. People with chlamydia should get another test three (3) months after taking the medicine to be sure they are not reinfected.

Date Given: _____

Ejemplo de hoja informativa para la pareja. *Chlamydia Trachomatis* (clamidia)

<<Name of Agency>>

<<Address and Phone>>

<<Name of Authorizing Physician>>

Terapia acelerada de pareja (EPT) para la clamidia

Usted ha estado expuesto a la clamidia. Es posible que tenga clamidia, aunque se sienta bien y no tenga síntomas.

¿Qué es la clamidia?

La clamidia es una enfermedad de transmisión sexual (ETS) que puede infectar de gravedad los órganos reproductores femeninos. La infección de clamidia puede causar fiebre, secreción y dolor. En las mujeres, también puede causar un embarazo ectópico en el futuro o esterilidad. Los hombres pueden experimentar dolor, secreción o infecciones más graves en los testículos o el escroto.

Le recomendamos que se haga una prueba para saber si tiene clamidia y otras posibles ETS.

Llame a la clínica de ETS y pida una cita al <<**appointment phone number**>>.

Explíqueles que un compañero le ha pedido que llame. El examen y el tratamiento tienen un costo de \$<<**amount**>>. Pero, si no puede pagar, le examinaremos y trataremos en forma gratuita.

- Si no puede venir a la clínica, también puede tomar el medicamento que le dio su pareja.
- Es posible que tenga esta infección y no presente síntomas. Es importante que se trate con el fin de evitar complicaciones. El medicamento también evitará que la infección se transmita a otras personas.
- No tenga relaciones sexuales durante los 7 días posteriores al tratamiento. Ese es el tiempo necesario para que el medicamento funcione.
- Dígales a todas sus parejas sexuales con las que ha estado en los últimos 2 meses que se hagan una prueba para detectar la clamidia.

MEDICAMENTOS: Azithromycin 1 gramo. Tome por vía oral las 4 pastillas a la vez. O BIEN Doxycycline 100 mg cápsulas. Tome por vía oral una cápsula cada 12 horas durante 7 días.

- **No comparta esta medicación. Para curarse de la clamidia, necesita tomarse todas las pastillas.**
- **No tome** este medicamento si ha tenido una reacción alérgica a algún antibiótico en el pasado. **No tome doxycycline si está embarazada o amamantando.** Llame a la clínica si tiene alguna pregunta al respecto.
- **No tome este medicamento si tiene dolor en el abdomen, la zona de la pelvis, la zona de la ingle o en los testículos, ya que podría no funcionar. Acuda a la clínica de ETS para que le hagan un chequeo y así asegurarse de que recibe el medicamento correcto.**

Posibles efectos secundarios: Para tratarle, hemos elegido cuidadosamente el medicamento. Este es seguro y eficaz. Pero cualquier medicamento puede tener efectos secundarios. El más común en este caso es el malestar estomacal. A veces, provoca calambres estomacales o diarrea. En muy raras ocasiones, el medicamento provoca sarpullido, fiebre o problemas respiratorios. Si experimenta alguno de estos síntomas, llame a la clínica al <<agency phone number>>. Si tiene síntomas graves, especialmente si tiene dificultad para respirar, llame al 911.

NO TENGA NINGÚN TIPO DE RELACIONES SEXUALES (ORALES, ANALES O VAGINALES) CON O SIN CONDONES, DURANTE LOS 7 DÍAS SIGUIENTES a la toma de este medicamento. Después de 7 días, use condón. Los condones ayudan a protegerse contra la gonorrea y otras ETS.

La reinfección es frecuente. Las personas con clamidia deben hacerse otra prueba tres (3) meses después de tomar el medicamento para asegurarse de que no se han vuelto a infectar.

Fecha de administración: _____

Sample Partner Fact Sheet for Gonorrhea (English)

<<Name of Agency>>

<<Address and Phone>>

<<Name of Authorizing Physician>>

Expedited Partner Therapy for Gonorrhea

You were exposed to gonorrhea. You can have gonorrhea even if you feel fine and have no symptoms.

What is gonorrhea?

Gonorrhea is a sexually transmitted disease (STD) that can cause a bad infection. The infection can cause fever, discharge and pain. It can also cause future tubal pregnancy or sterility in women. Men can develop pain, discharge, or more severe infections in the testes or scrotum.

We recommend that you have a test to find out if you have gonorrhea and other STDs.

Please call the STD clinic for an appointment at <<appointment phone number>>. Tell them a partner asked you to call. There is a \$<<amount>> fee for the exam and treatment. If you cannot pay, we will examine and treat you for free.

- You may also take the medicine your partner gave you if you cannot come to the clinic.
- It is possible that you have this infection and do not have symptoms. It is important that you get treated to prevent complications. The medicine will also stop the infection from spreading to others. If you do not feel better in 3 days, it is VERY important that you go to the clinic for an exam and testing.
- Do not have sex for 7 days after treatment. It takes that long for the medicine to work.
- Tell all sex partners you have been with in the last 2 months to get checked for gonorrhea.

MEDICINE: Cefixime 800mg (two 400 mg pills). Take both pills (2) by mouth at one time.

Possible Side Effects: We carefully chose the medicine for your treatment. It is safe and effective. But any medicine can have side effects. The most common side effect is an upset stomach. Sometimes, the medicine causes stomach cramping or

diarrhea. Very rarely, this medicine causes rash, fever or breathing problems. If you get any of these symptoms, please call the clinic at <<agency phone number>>. If your symptoms are severe — especially if it is hard to breathe — call 911.

- **Do not take this medicine if you were allergic to any antibiotic in the past.** Call the clinic if you have questions.
- **Do not take this medicine if you have pain in your abdomen, pelvic area, groin area, or testes – it may not work. Come to the STD clinic for a check-up to be sure you get the right medicine.**
- **DO NOT HAVE ANY KIND OF SEX (ORAL, ANAL, or VAGINAL) WITH OR WITHOUT CONDOMS FOR 7 DAYS after you take this medicine.** After 7 days, use condoms. Condoms help protect against gonorrhea and other STDs.

Reinfection is common. People with gonorrhea should get another test three (3) months after taking the medicine to be sure they are not reinfected.

Date Given: _____

Ejemplo de hoja informativa para la pareja. Gonorrea

<<Name of Agency>>

<<Address and Phone>>

<<Name of Authorizing Physician>>

Terapia acelerada de pareja (EPT) para la gonorrea

Usted ha estado expuesto a la gonorrea. Es posible que tenga gonorrea, aunque se sienta bien y no tenga síntomas.

¿Qué es la gonorrea?

La gonorrea es una infección de transmisión sexual (ETS) que puede causar otras infecciones graves. La infección de gonorrea puede causar fiebre, secreción y dolor. En las mujeres, también puede ser causa de un embarazo ectópico en el futuro o de esterilidad. Los hombres pueden experimentar dolor, secreción o infecciones más graves en los testículos o el escroto.

Le recomendamos que se haga una prueba para saber si tiene gonorrea y otras ETS.

Llame a la clínica de ETS y pida una cita al <<appointment phone number>>.

Explíqueles que un compañero le pidió que llamara. El examen y el tratamiento tienen un costo de \$<<amount>>. Pero, si no puede pagar, le examinaremos y trataremos en forma gratuita.

- Si no puede venir a la clínica, también puede tomar el medicamento que le dio su pareja.
- Es posible que tenga esta infección sin que presente ningún síntoma. Es importante que se trate para evitar complicaciones. El medicamento también evitará que la infección se transmita a otras personas. Si no se siente mejor en 3 días, es MUY importante que vaya a la clínica para que lo examinen y le hagan pruebas.
- No tenga relaciones sexuales en los 7 días posteriores al tratamiento. Ese es el tiempo necesario para que el medicamento funcione.
- Dígales a todas sus parejas sexuales con las que ha estado en los últimos 2 meses que se hagan la prueba para detectar la gonorrea.

MEDICAMENTO: Cefixime 800 mg (dos pastillas de 400 mg). Tome por vía oral las dos (2) pastillas a la vez.

Posibles efectos secundarios: Para tratarle, hemos elegido cuidadosamente el medicamento. Este es seguro y eficaz. Pero cualquier medicamento puede tener efectos secundarios. El más común en este caso es el malestar estomacal. A veces, el medicamento provoca calambres estomacales o diarrea. En muy raras ocasiones, este medicamento provoca sarpullido, fiebre o problemas respiratorios. Si tiene alguno de estos síntomas, llame a la clínica al <<agency phone number>>. Si tiene síntomas graves, especialmente si tiene dificultad para respirar, llame al 911.

- **No tome este medicamento si en el pasado ha tenido una reacción alérgica a algún antibiótico.** Llame a la clínica si tiene preguntas al respecto.
- **No tome este medicamento si tiene dolor en el abdomen, la zona de la pelvis, la zona de la ingle o en los testículos, ya que podría no funcionar.** Acuda a la clínica de ETS para que le hagan un chequeo y así asegurarse de que recibe el medicamento correcto.
- **NO TENGA NINGÚN TIPO DE RELACIONES SEXUALES (ORALES, ANALES o VAGINALES) CON O SIN CONDONES, DURANTE LOS 7 DÍAS SIGUIENTES a la toma de este medicamento.** Después de 7 días, utilice condón. Los condones protegen contra la gonorrea y otras ETS.

La reinfección es frecuente. Las personas con gonorrea deben hacerse otra prueba tres (3) meses después de tomar el medicamento para asegurarse de que no han vuelto a infectarse.

Fecha de administración: _____

Field-Delivered Therapy

Field-Delivered Therapy Guidance

Background

Appropriate and prompt treatment of people with STDs is critically important in preventing health complications and interrupting infection transmission in the community. Many STD clients and partners face significant barriers to accessing needed clinical services and may remain untreated for their infections. Providing medication or a prescription for medication in a non-clinical setting offers an alternative for clients and partners who are at increased risk for STDs, uninsured, or otherwise unable to access timely STD evaluation and treatment services.

Field-Delivered Therapy (FDT) is the delivery of medication or a prescription in the field to clients, their partner(s) or both. Trained health department staff conduct FDT under the oversight of a health department physician.

The first-choice management strategy for partner treatment is an appointment with a clinician at which the partner can receive testing, counseling, and treatment for STDs. However, this is not always possible. Clinicians can provide EPT to partners.

Texas Administrative Code, Chapter 190, Subchapter B, Rule §190.8 sets out violation guidelines for the Texas Medical Board. It states that a establishing a practitioner-provider relationship is not required for physicians to prescribe medications for STDs for partner(s) the physician's established patient, if the physician determines that the patient may have been infected with an STD.

FDT studies demonstrate:

- FDT is a feasible strategy to ensure prompt treatment of a proportion of hard-to-reach, high-risk people and their sexual contacts.
- The risk for overuse or misuse of antibiotics is minimal and probably less than that for client-delivered, expedited partner therapy (EPT).
- The medications recommended for FDT are safe and have few side effects.
- The risk of anaphylaxis is low. Current information indicates that allergy due to macrolides and third-generation cephalosporins is very rare.

- The probability of additional co-infections (other than GC, CT, or both) in partners of women and men who have sex with women (MSW) diagnosed with CT or GC is small.
- Health departments and providers should base decisions about the appropriateness of FDT on HIV and STD epidemiologic trends in their jurisdiction.
- The benefits of FDT outweigh the risks for clients and their partners who would not otherwise receive treatment.

FDT is analogous to EPT, with the additional safety measure that FDT is delivered by trained health department staff. CDC endorses the safety of EPT; FDT by a trained health department staff person is likely to be as safe as or safer than EPT. CDC recognizes this practice.

References

Centers for Disease Control and Prevention (CDC). **Expedited Partner Therapy in the Management of Sexually Transmitted Diseases: Review and Guidance**, 2006.

Texas Department of State Health Services (DSHS). DSHS Program Operating Procedures (POPs). **DSHS POPs Chapter 12, STD Clinical Standards**.

Texas Department of State Health Services (DSHS). DSHS Program Operating Procedures (POPs). **DSHS POPs Chapter 23. Congenital Syphilis POPS**.

Texas Department of State Health Services. Program Operating Procedures (POPs). **DSHS POPs Chapter 9, Disease Intervention Specialist Performance Standards**, 2019.

Centers for Disease Control and Prevention (CDC). **CDC Sexually Transmitted Infection Treatment Guidelines, 2021**.

Sample Field-Delivered Therapy Policy and Protocol

Policy: <<Name of STD Clinic>> will provide Field-Delivered Therapy (FDT). Staff conduct FDT by providing medications in the field to health department clients with positive gonorrhea (GC), chlamydia (CT), and/or syphilis results who did not receive treatment in the clinic. They also provide medication to certain sex partner(s) without requiring the partner(s) to receive a test or exam first.

Purpose: To promptly treat people with STDs to prevent health complications by interrupting infection transmission in the community.

Protocol: Any person exposed to an STD would benefit from a clinical evaluation. FDT is an option for clients who were tested but not treated at their clinic visit and for their partner(s) who are unable to receive timely clinical evaluation and treatment.

<<Name of STD Clinic>> always recommends a complete STD evaluation for partner(s) as soon as possible.

FDT is appropriate for:

- Clients with lab-confirmed diagnosis of GC, CT or both and their partners
- Individualize FDT for men who have sex with men (MSM) and their partners based on shared clinical decision-making. Consider possible increased risk of STD co-infection and HIV infection. Encourage the client and their partners to make an appointment as soon as possible.
- Non-pregnant people with a lab-confirmed and clinically staged diagnosis of syphilis

FDT is not appropriate for:

- Partners with STD signs and symptoms, and people with possible complications such as fever, pelvic, testicular,

groin and/or abdominal pain. These people need a comprehensive clinical evaluation with exam.

- Partners of people with syphilis. Partners need laboratory testing and a comprehensive clinical evaluation (with exam).
- Pregnant women with syphilis need a full clinical evaluation and treatment with benzathine penicillin G appropriate for their stage of syphilis.

Sample Disclosure and Consent to Treatment for STDs by Oral Medication (English)

Client Last Name: _____

Client First Name: _____

Date of Birth: _____

Field Record #: _____

Health Record #: _____

Client identify verified by:

Texas Driver's License

Department of Public Safety (DPS) Identification Card

Other (specify): _____

Site: Clinic Field

Consent

You (or your partner) have a positive test for:

Gonorrhea

Chlamydia

Syphilis which has not been treated

It is possible that you have either of these infections and do not have symptoms. It is important that you receive treatment for the infection(s) to prevent complications and to prevent spreading this infection to others.

We carefully chose the medicine for your treatment. It is safe and effective. But any medicine can have side effects. The most common side effect is an upset stomach. Sometimes, the medicine causes stomach cramping or diarrhea. Very rarely, this medicine causes rash, fever or breathing problems. If you get any of these symptoms, please call the clinic at <<agency phone number>>. If your symptoms are severe — especially if it is hard to breathe — call 911.

Do not take doxycycline if pregnant or breastfeeding. DO NOT HAVE ANY KIND OF SEX (ORAL, ANAL, or VAGINAL) WITH OR WITHOUT CONDOMS FOR 7 DAYS after you take this medicine. After 7 days, use condoms. Condoms help protect against STDs.

I read and understood the information above. My questions are answered satisfactorily. I reviewed the Notice of Privacy Practices, which explains how my provider will use and disclose my medical information. I understand that I am entitled to receive a copy of this document.

Treatment Given

- Azithromycin 1 gm PO x1 _____ # Doses EPT
- Cefixime 800 mg PO x1 _____ # Doses EPT
- Directly Observed Therapy (DOT) Refused
- Doxycycline 100 mg PO BID x 7 days _____ # Doses EPT

Field Testing: Yes No

You should get another test for gonorrhea and chlamydia three (3) months after treatment to be sure you are not reinfected. You may get tested at the STD clinic or at your own doctor. If you have syphilis, please seek medical care as soon as possible.

Client Signature and Date: _____

DIS Signature and Date: _____

Ejemplo de Divulgación y consentimiento para el tratamiento de las ETS mediante medicación por vía oral

Apellido del cliente: _____

Primer nombre del cliente: _____

Fecha de nacimiento: _____

Núm. de expediente de campo: _____

Núm. de expediente de salud: _____

La identificación del cliente se verificó mediante:

- Licencia de conducir de Texas
- Tarjeta de identificación del Departamento de Seguridad Pública (DPS)
- Otro (especifique): _____

Sitio: Clínica Campo

Consentimiento

Usted (o su pareja) ha dado positivo en la prueba para:

- Gonorrea
- Clamidia
- Sífilis que no ha sido tratada

Es probable que tenga cualquiera de estas infecciones y no tenga síntomas. Es importante que reciba tratamiento para la infección (o infecciones) con el fin de prevenir complicaciones y evitar el contagio de la infección a otras personas.

Para tratarle, hemos elegido cuidadosamente el medicamento. Este es seguro y eficaz. Pero cualquier medicamento puede tener efectos secundarios. El más común en este caso es el malestar estomacal. A veces, el medicamento provoca calambres estomacales o diarrea. En muy raras ocasiones, este medicamento provoca sarpullido, fiebre o problemas respiratorios. Si tiene alguno de estos síntomas, llame a la clínica al <<agency phone number>>. Si tiene síntomas graves, especialmente si tiene dificultad para respirar, llame al 911.

No tome doxycycline si está embarazada o amamantando. NO TENGA NINGÚN TIPO DE RELACIONES SEXUALES (ORALES, ANALES O VAGINALES) CON O SIN

CONDONES, DURANTE LOS 7 DÍAS SIGUIENTES a la toma de este medicamento. Después de 7 días, use condón. Los condones ayudan a proteger contra las ETS.

He leído y comprendido la información anterior. Mis preguntas han sido respondidas en forma satisfactoria. He revisado el Aviso de prácticas de privacidad, que explica la forma en que mi proveedor utilizará y divulgará mi información médica. Entiendo que tengo derecho a recibir una copia de este documento.

Tratamiento administrado

- Azithromycin 1 gramo por vía oral, 1 sola vez _____ # Dosis de EPT
- Cefixime 800 mg por vía oral, 1 sola vez _____ # Dosis de EPT
- Se rechazó la terapia directamente observada (DOT)
- Doxycycline 100 mg por vía oral, dos (2) veces al día, por 7 días _____ # Dosis de EPT

Prueba de campo: Sí No

Usted deberá hacerse otra prueba para la gonorrea y la clamidia tres (3) meses después del tratamiento con el fin de asegurarse de que no se ha vuelto a infectar. Puede hacerse la prueba en la clínica de ETS o con su propio médico. Si tiene sífilis, busque atención médica lo antes posible.

Firma del cliente y fecha: _____

Firma del DIS y fecha: _____

Sample Medical History (English)

Client Last Name: _____

Client First Name: _____

Date of Birth: _____

Field Record #: _____

Health Record #: _____

Client identify verified by:

Texas Driver's License

Department of Public Safety (DPS) Identification Card

Other (specify): _____

Site: Clinic Field

Are you allergic to any medications? No Yes

If yes, what medications? _____

Are you pregnant? No Yes

If yes, number of weeks? _____

Are you breastfeeding? No Yes

Have you had any of these symptoms in the past twenty-four (24) hours?

Lower abdominal pain No Yes

Fever No Yes

Nausea and vomiting No Yes

Pain during sexual intercourse No Yes

Ejemplo de historial médico

Apellido del cliente: _____

Primer nombre del cliente: _____

Fecha de nacimiento: _____

Núm. de expediente de campo: _____

Núm. de expediente de salud: _____

La identificación del cliente se verificó mediante:

Licencia de conducir de Texas

Tarjeta de identificación del Departamento de Seguridad Pública (DPS)

Otro (especifique): _____

Sitio: Clínica Campo

¿Es alérgico a algún medicamento? No Sí

Si la respuesta es "Sí", ¿a qué medicamentos? _____

¿Está embarazada? No Sí

Si la respuesta es "Sí", ¿de cuántas semanas? _____

¿Está amamantando? No Sí

¿Ha tenido alguno de estos síntomas en las últimas veinticuatro (24) horas?

Dolor abdominal bajo No Sí

Fiebre No Sí

Náuseas y vómitos No Sí

Dolor durante las relaciones sexuales No Sí

Dolor en la parte baja de la espalda No Sí

Dolor en el escroto o los testículos No Sí

¿Está actualmente recibiendo tratamiento para una afección médica?

No Sí

Especifique: _____

Notas: _____

Firma del cliente y fecha: _____

Firma del DIS y fecha: _____

Sample STD Field-Delivered Therapy Medication Tracking Log Instructions

The appropriate person should complete the FDT Medication Tracking Log except items #4 and #5, which the DIS should complete.

- Enter the name and case number of the client you will offer field-delivered therapy (FDT) during a field visit, which the Disease Intervention Specialist (DIS) will perform.
- Check the column for the confirmed STD diagnosis that needs treatment — gonorrhea, chlamydia and syphilis as needed.
- Check the column for FDT medication retrieved by the DIS — cefixime and/or azithromycin and/or doxycycline.
- Enter the signature of the person issuing medication to the DIS.
- Enter the signature of the DIS receiving medication.
- If the client was treated in the clinic after an unsuccessful attempt to deliver medication in the field, enter “treated in clinic” and the date of treatment.

Sample Field-Delivered Therapy Supplies Checklist

Lockable Medications Bag

- Medications for client and expedited partner therapy (EPT)
- Medication Log Sheet

Blood Kits

- Tourniquets
- Needles
- Needle hub
- Vacutainers
- Cotton
- Alcohol pads
- Bandages
- Needle stick procedure and forms
- Urine cups
- GC/CT NAAT testing kits (including self-collected vaginal, pharyngeal, and rectal specimens, if applicable)
- Blood container
- Sharps container
- Alcohol hand wash
- Gloves
- Pregnancy tests

Additional Items

- Condoms and Safer Sex tools
- Light snacks
- Bottles of water
- Hard candy

Documentation and Education Supplies

- Consent forms and registration
- HIPAA standards
- Educational pamphlets
- Referral cards
- Business cards
- PrEP information
- Aptima GC/CT instructions for self-collection of specimens

Miscellaneous

- GPS
- Cell phone
- ID badge

Sample Field-Delivered Therapy Audit

Worker Name: _____

Worker Number: _____

Reviewer: _____

Date of Review: _____

Pre-Therapy Procedures	Documented and Observed	Comment
1. Performed pre-field activities (i.e., verified locating information and need for treatment, confirmed client was not previously treated).		
2. Obtained supervisor approval before offering FDT.		
3. Verified expiration dates and name and dosage of the medication to be delivered.		
4. Verified client identity.		
5. Addressed client concerns.		
6. Confirmed client was not treated previously by another provider or facility. If the client reported previous treatment, the field worker tried to confirm while with the client.		
7. Obtained client signature on Sample Disclosure and Consent to Treatment for STDs by Oral Medication and the Sample Medical History . If client refuses therapy or worker does not offer therapy, document reason (i.e., client already treated, client is allergic to medications, other contraindication in the medical history, and clinician unavailable for phone consult.)		

Pre-Therapy Procedures	Documented and Observed	Comment
These situations may vary depending on program.		
8. Provided client with clinic-developed medical information sheet and discussed possible adverse reactions to prescribed medications. Discussed procedure to follow if complications occur.		

Observation	Documented and Observed	Comment
9. Observed client swallow all medications dispensed for client (as applicable for single dose medications).		

Post-Therapy Procedures	Documented and Observed	Comment
10. Reiterated signs of possible adverse reactions and procedures for seeking medical attention. Gave client a number to call if they vomit within 30 minutes of taking medication.		
11. Instructed client of the need for examination and treatment of all sex partners and to abstain from unprotected sex until all partners get tested and treated. Gave partner referral card(s).		
12. Provided client with risk reduction methods and materials.		

Post-Therapy Procedures	Documented and Observed	Comment
13. Completed Sample Disclosure and Consent to Treatment for STDs by Oral Medication and the Sample Medical History and submitted them to the medical authority for review.		

Comments: _____

Supervisor (or reviewer) Signature: _____

Percent (%) Met: _____

Appendix — Texas Administrative Code

This appendix contains only relevant portions of the Texas Administrative Code as they relate to this guide.

Texas Medical Board

Title 22	Examining Boards
Part 9	Texas Medical Board
Chapter 190	Disciplinary Guidelines
Subchapter B	Violation Guidelines
Rule §190.8	Violation Guidelines

When substantiated by credible evidence, the following acts, practices, and conduct are considered to be violations of the Act. The following shall not be considered an exhaustive or exclusive listing.

(1) Practice Inconsistent with Public Health and Welfare. Failure to practice in an acceptable professional manner consistent with public health and welfare within the meaning of the Act includes, but is not limited to:

(L) prescription of any dangerous drug or controlled substance without first establishing a valid practitioner-patient relationship. Establishing a practitioner-patient relationship is not required for:

(i) a physician to prescribe medications for sexually transmitted diseases for partners of the physician's established patient, if the physician determines that the patient may have been infected with a sexually transmitted disease; or

(ii) a physician to prescribe dangerous drugs and/or vaccines for post-exposure prophylaxis of disease for close contacts of a patient if the physician diagnoses the patient with one or more of the following infectious diseases listed in subclauses (I) - (VII) of this clause, or is providing public health medical services pursuant to a memorandum of understanding entered into between the board and the Department of State Health Services. For the purpose of this clause, a "close contact" is defined as a member of the patient's household or any person

with significant exposure to the patient for whom post-exposure prophylaxis is recommended by the Centers for Disease Control and Prevention, Texas Department of State Health Services, or local health department or authority ("local health authority or department" as defined under Chapter 81 of the Texas Health and Safety Code). The physician must document the treatment provided to the patient's close contact(s) in the patient's medical record. Such documentation at a minimum must include the close contact's name, drug prescribed, and the date that the prescription was provided.

(I) Influenza;

(II) Invasive Haemophilus influenzae Type B;

(III) Meningococcal disease;

(IV) Pertussis;

(V) Scabies;

(VI) Varicella zoster; or

(VII) a communicable disease determined by the Texas Department of State Health Services to:

(-a-) present an immediate threat of a high risk of death or serious long-term disability to a large number of people; and

(-b-) create a substantial risk of public exposure because of the disease's high level of contagion or the method by which the disease is transmitted.

Texas Board of Pharmacy

Title 22	Examining Boards
Part 15	Texas State Board of Pharmacy
Chapter 291	Pharmacies
Subchapter A	All Classes of Pharmacies
Rule §291.29	Professional Responsibility of Pharmacists

(a) A pharmacist shall exercise sound professional judgment with respect to the accuracy and authenticity of any prescription drug order dispensed. If the pharmacist questions the accuracy or authenticity of a prescription drug order, the pharmacist shall verify the order with the practitioner prior to dispensing.

(b) A pharmacist shall make every reasonable effort to ensure that any prescription drug order, regardless of the means of transmission, has been issued for a legitimate medical purpose by a practitioner in the course of medical practice. A pharmacist shall not dispense a prescription drug if the pharmacist knows or should have known that the order for such drug was issued without a valid pre-existing patient-practitioner relationship as defined by the Texas Medical Board in 22 Texas Administrative Code (TAC) §190.8 (relating to Violation Guidelines) or without a valid prescription drug order.

(1) A prescription drug order may not be dispensed or delivered by means of the Internet unless pursuant to a valid prescription that was issued for a legitimate medical purpose in the course of medical practice by a practitioner, or practitioner covering for another practitioner.

(2) A prescription drug order may not be dispensed or delivered if the pharmacist has reason to suspect that the prescription drug order may have been authorized in the absence of a valid patient-practitioner relationship, or otherwise in violation of the practitioner's standard of practice to include that the practitioner:

(A) did not establish a diagnosis through the use of acceptable medical practices for the treatment of patient's condition;

(B) prescribed prescription drugs that were not necessary for the patient due to a lack of a valid medical need or the lack of a therapeutic purpose for the prescription drugs; or

(C) issued the prescriptions outside the usual course of medical practice.

(3) Notwithstanding the provisions of this subsection and as authorized by the Texas Medical Board in 22 TAC §190.8, a pharmacist may dispense a prescription when a physician has not established a professional relationship with a patient if the prescription is for medications for:

(A) sexually transmitted diseases for partners of the physician's established patient; or

(B) a patient's family members if the patient has an illness determined by the Centers for Disease Control and Prevention, the World Health Organization, or the Governor's office to be pandemic.

Title 22	Examining Boards
Part 15	Texas State Board of Pharmacy
Chapter 291	Pharmacies
Subchapter B	Community Pharmacy (Class A)
Rule §291.33	Operational Standards

(C) The provisions of this paragraph do not apply to prescriptions for patients in facilities where drugs are administered to patients by a person required to do so by the laws of this state if the practitioner issuing the prescription has agreed to use of a formulary that includes a listing of therapeutic interchanges that the practitioner has agreed to allow. The pharmacy must maintain a copy of the formulary including a list of the practitioners that have agreed to the formulary and the signature of these practitioners.

(7) Labeling.

(A) At the time of delivery of the drug, the dispensing container shall bear a label in plain language and printed in an easily readable font size, unless otherwise specified, with at least the following information:

(i) name, address and phone number of the pharmacy;

(ii) unique identification number of the prescription that is printed in an easily readable font size comparable to but no smaller than ten-point Times Roman;

(iii) date the prescription is dispensed;

(iv) initials or an identification code of the dispensing pharmacist;

(v) name of the prescribing practitioner;

(vi) if the prescription was signed by a pharmacist, the name of the pharmacist who signed the prescription for a dangerous drug under

delegated authority of a physician as specified in Subtitle B, Chapter 157, Occupations Code;

(vii) name of the patient or if such drug was prescribed for an animal, the species of the animal and the name of the owner that is printed in an easily readable font size comparable to but no smaller than ten-point Times Roman. The name of the patient's partner or family member is not required to be on the label of a drug prescribed for a partner for a sexually transmitted disease or for a patient's family members if the patient has an illness determined by the Centers for Disease Control and Prevention, the World Health Organization, or the Governor's office to be pandemic;

TB/HIV/STD Program

dshs.texas.gov/hivstd