

Charlie A. Dooley
County Executive



Dolores J. Gunn, MD
Director

August 20, 2010

Dear Health Care Provider:

In July, Governor Nixon signed House Bill 1375 allowing expedited partner therapy (EPT) in Missouri beginning on August 28, 2010. EPT involves providing antibiotics empirically to the partners of index patients with chlamydia or gonorrhea without having an established therapeutic relationship with those partners.

House Bill 1375 requires the Missouri Department of Health and Senior Services and the Division of Insurance to promulgate guidance for the implementation of EPT. Until the state guidance is available, the St. Louis County Department of Health wants to provide you with our interim guidance should you wish to provide EPT for appropriate patients as soon as possible.

Our department consulted with Bradley Stoner, MD, PhD, Associate Professor of Anthropology and Medicine at Washington University in St. Louis, and Katie Plax, MD, Director of Adolescent Medicine in the Department of Pediatrics at the Washington University School of Medicine, in the creation of the attached document. We acknowledge and appreciate their contributions.

Physicians outside of traditional public health practice play a crucial role in preventing the transmission of STD. Thank you for your efforts in providing STD services to your patients. Should you have any questions about providing EPT, please do not hesitate to contact our Sexually Transmitted Disease Program at 314-615-8331.

Sincerely,

A handwritten signature in black ink, appearing to read "Dolores Gunn", written over a circular scribble.

Dolores Gunn, MD
Director

St. Louis County Department of Health Interim Health Guidelines for Expedited Partner Treatment (EPT) of Sexually Transmitted Diseases (STDs)

On July 13, 2010, Governor Nixon signed HB 1375, amending RS MO 191 to allow for Expedited Partner Treatment (EPT) for sexually transmitted diseases. The revision is effective on August 28, 2010. This legislation directs the Missouri Department of Health and Senior Services (MoDHSS) and the Division of Professional Registration within the Department of Insurance to develop by rule guidance for the implementation of EPT. MoDHSS does not anticipate completing this for about a year after the effective date. The St. Louis County Department of Health is providing this advisory guidance on an interim basis solely to assist local clinicians in providing EPT for appropriate patients and their partners.

Summary Guidelines

- **Patient's diagnosis:** clinical diagnosis of *Chlamydia trachomatis* or *Neisseria gonorrhoeae*
- **First-choice partner management strategy:** Attempt to bring partners in for complete clinical evaluation, STD testing, counseling, and treatment.
- **Most appropriate patients:** those with partners who are unable or unlikely to seek timely clinical services
- **Recommended drug regimens (subject to change when CDC releases the 2010 STD Treatment Guidelines)**
 - o Patients diagnosed with chlamydia, but not gonorrhea:
Azithromycin (Zithromax*) 1 gram (250 mg tablets x 4) orally once
 - o Patients diagnosed with gonorrhea but not chlamydia:
Cefixime (Suprax*) 400 mg orally once, OR cefpodoxime (Vantin*) 400 mg orally once or cefuroxime (Ceftin*) 1 gram orally once
 - o Patients diagnosed with both gonorrhea and chlamydia:
Cefixime (Suprax*) 400 mg orally once, OR cefpodoxime (Vantin*) 400 mg orally once or cefuroxime (Ceftin*) 1 gram orally once PLUS:
Azithromycin (Zithromax*) 1 gram (250 mg tablets x 4) orally once
- **Number of doses** is limited to the number of known sex partners in previous 60 days (or most recent sex partner if none in the previous 60 days).
- **Informational materials** should accompany medication and include clear instructions, warnings, and referrals.(see attached)
- **Patient counseling:** abstinence until seven days after treatment and until seven days after partners have been treated
- **Patient re-testing** for gonorrhea and chlamydia is recommended for three months after treatment.
- **Adverse reactions:** Missouri's EPT legislation protects physicians providing EPT from civil liability, except when the physician "acts negligently, recklessly, in bad faith, or with malicious purpose". To report adverse reactions, email EPT@dhss.mo.gov or call 573-751-6439.

* Use of trade names is for identification only and does not imply endorsement.

Background:

Expedited Partner Treatment (EPT) is a process of providing empiric antibiotics to the sex partners of patients with certain sexually transmitted diseases, even though the treating provider may not have an established therapeutic relationship with the partners. EPT treats unrecognized or undetected infection in the partners, and serves to prevent re-infection of the index patient (the index patient is the patient you have identified with gonorrhea or chlamydia in your clinical care). Research studies have shown that heterosexual patients with uncomplicated gonorrhea or chlamydia have lower rates of re-infection when their sex partners are provided with EPT, and this approach is now supported by the federal Centers for Disease Control and Prevention (CDC).

A complete review of the studies and recommendations were published in 2006 by the CDC in "Expedited Partner Therapy in the Management of Sexually Transmitted Diseases: Review and Guidance." The report is available online: <http://www.cdc.gov/std/treatment/EPTFinalReport2006.pdf>.

Expedited Partner Treatment Guidelines:

These guidelines have been developed to assist clinicians in deciding when to offer EPT, and to outline procedures to follow when choosing this option.

EPT Eligible Patients: Persons with a clinical diagnosis of *Chlamydia trachomatis* or *Neisseria gonorrhoeae*, preferably confirmed with a laboratory test.

EPT Eligible Partners: Sex partners of patients treated for chlamydia and/or gonorrhea who were exposed within the previous 60 days (or most recent sex partner if none in the previous 60 days), and who are unable or unlikely to seek medical care. (See page 3 for additional recommendations).

The St. Louis County Department of Health will revise this interim EPT guidance after the CDC releases its 2010 STD Treatment Guidelines.

General Principles:

The best approach is for the partner(s) of a patient diagnosed with any STD to be evaluated, examined, tested, counseled, and treated by a medical provider. Clinicians should counsel index patients who are diagnosed with an STD to have their sexual partner(s) evaluated by their own primary care provider or at a public health clinic, and not to resume sexual intercourse with that partner until the partner has been adequately treated. Ideally, clinicians will provide information to every patient with an STD regarding their diagnosis, the treatment provided, and where their partner may obtain medical care. (Referral forms are available from the St. Louis County STD Program).

As standard practice, clinicians should encourage patients diagnosed with chlamydia or gonorrhea to notify all of the people with whom they have had sexual contact within the two months prior to diagnosis or onset of

symptoms. Ideally, the partner(s) should be informed about the specific infection that they have been exposed to, and offered a written referral. Clinicians may offer index patients EPT if the patient believes that their partner(s) will refuse to seek or will not be able to obtain medical care.

Medication for EPT should be provided for all sexual partners within two months prior to the index patient's diagnosis or onset of symptoms. If the index patient has not had any partners in the prior two months, then the most recent sexual partner should be treated. **Medications should not be provided to treat other sexual partners of partners to the index patient.**

Public Health Importance of Chlamydia and Gonorrhea

Sexually transmitted chlamydia and gonorrhea infections are significant public health problems. More than 5,000 cases of chlamydia and 1,300 cases of gonorrhea were reported in St. Louis County during 2009 [1], making them two of the three most common reportable communicable infections. Genital tract infections can lead to pelvic inflammatory disease (PID), chronic pelvic pain, ectopic pregnancy, and preventable infertility in women [2]. Patients with these infections are also at increased risk of acquiring sexually transmitted HIV [3]. Repeat gonorrhea infections, which increase the risk of complications, occur in up to 11 percent of women and men within six months after treatment [4, 5]. Repeat chlamydia infections occur in up to 13 percent of patients in this same time period [6]. To prevent repeat infections, reduce complications in individuals, and reduce further transmission of infection in the community, sex partners of infected patients must be provided timely and appropriate antibiotic treatment.

Barriers to Effective Partner Management

Currently, there are considerable challenges to effective partner management. Public health efforts to notify and treat sex partners have proven successful and are considered a cornerstone of syphilis control [7]. However, because of the high burden of infection and limited public health resources for partner notification activities, it is difficult for local health departments to provide investigation and partner notification for cases of gonorrhea and chlamydia [8]. **Most local health departments in the St. Louis area do not routinely provide partner management services for uncomplicated chlamydia and gonorrhea cases.** Thus, the standard of care for partner management for chlamydia and gonorrhea cases has become patient referral, whereby health care providers counsel patients about the need for partner treatment and that the responsibility for notifying partners rests with the patient.

The effectiveness of patient referral is limited by the patient's choice in notifying the partner, as well as the partner's choice in seeking treatment. Asymptomatic partners often fail to seek care because they have no signs or symptoms of infection, and they incorrectly assume they are not infected. Additionally, some partners may be uninsured and have limited access to medical care. These limitations to the effectiveness of partner referral demonstrate the need for additional strategies to ensure sex partner treatment such as expedited partner therapy.

Considerations in Using EPT

There are several concerns about EPT. First, the medication could theoretically cause a serious adverse

reaction, including allergy. However, adverse reactions to recommended EPT medications, beyond mild side effects, are rare. Second, EPT may compromise the quality of care provided to sex partners, particularly if it is used as a first-line approach for partners who would otherwise seek clinical services. Appropriate care for sex partners to persons with chlamydia and gonorrhea infections includes testing for other STDs and HIV, physical examination to rule out a complicated infection, and risk-reduction counseling. Ideally, partners who receive EPT will still access these clinical services. Despite these concerns, the benefits of EPT outweigh the risks, since doing nothing for these partners is more harmful. Further, these risks may be mitigated through patient education and written materials for partners that provide warnings and encourage visiting a health care provider.

Additional concerns about EPT include potential misuse of the medication, waste if the medication is not delivered or not taken, and contribution to antibiotic resistance at the population level. Currently, there is no evidence that EPT is misused or leads to increasing antimicrobial resistance.

Selecting Appropriate Patients for EPT

Appropriate patients are those with a clinical diagnosis of sexually transmitted chlamydia or gonorrhea infection, preferably with laboratory confirmation. Laboratory confirmation of the diagnosis may include a gram stain of male urethral exudate showing gram negative intracellular diplococci indicative of gonorrhea; a positive culture test for chlamydia or gonorrhea; or a positive nucleic acid amplification test (NAAT) for chlamydia or gonorrhea (e.g., GenProbe Aptima, Becton Dickinson ProbeTec, Roche polymerase chain reaction (PCR) Amplicor). Because of their high sensitivity, NAATs are the tests of choice for chlamydia and gonorrhea screening and testing.

Providing EPT without laboratory confirmation should only be considered when the provider has a high clinical suspicion for chlamydia or gonorrhea infection in the index case and there is concern about loss of follow-up.

Clinicians should attempt to motivate patients to refer their partners for comprehensive health care, including evaluation, testing and treatment. Clinical services provide the opportunity to ensure treatment; confirm the diagnosis; examine the patient; test for other STDs, HIV and pregnancy; provide needed vaccinations; and offer risk-reduction counseling and community referrals. These services constitute the standard of care for all partners of patients infected with a sexually transmitted infection.

Thus, patients most appropriate for EPT are those with partners who are unable or unlikely to seek prompt clinical services. Factors to consider in the patient's report are that the partner is uninsured, lacks a primary care provider, faces significant barriers to accessing clinical services, or will be unwilling to seek care. Providers also should assess the acceptability of EPT to both the patient and the partners receiving it. Even if EPT is provided, the partner should still be encouraged to seek follow-up care as soon as possible.

Providers should assess the partner's symptom status, particularly symptoms indicative of a complicated infection; pregnancy status; and risk for severe medication allergies. If the partner is pregnant, every effort should be made to contact her for referral to pregnancy services and/or prenatal care. The local health department may be of assistance in notifying and referring pregnant partners for these special situations. For partners with known severe allergies to antibiotics, EPT should not be used.

Missouri law permits EPT regardless of the patient’s gender or sexual orientation. Further, EPT is not appropriate for patients co-infected with STDs not covered by EPT medication; cases of suspected child abuse or sexual assault; or a situation in which the patient’s safety is in doubt.

Liability

Missouri’s EPT legislation protects physicians providing EPT from civil liability, except when the physician “acts negligently, recklessly, in bad faith, or with malicious purpose”. There is nothing in the Missouri EPT legislation that requires physicians to provide EPT [10].

Limitations of EPT

The use of EPT to treat certain partners [e.g., females, and men who have sex with men (MSM)] may increase the risk of under-treating a complicated infection or missing a concurrent STD/HIV infection in the partner.

Clinicians do have the option of providing EPT for female partners of patients with chlamydia or gonorrhea infections. Clinicians should inform heterosexual male patients with gonorrhea or chlamydia that it is best for their female partners to have a medical evaluation, but if they feel that their partner is unwilling or unable to seek care, then EPT may be provided **unless the partner is known to be pregnant. Although the medications used for EPT are safe in pregnancy, EPT should not generally be provided to pregnant partners. Refer pregnant women to their prenatal care provider or to another appropriate medical provider.**

Currently, there is insufficient evidence to demonstrate the effectiveness of EPT for men who have sex with men (MSM). Ideally, MSM who are contacts to gonorrhea or chlamydia should be examined and tested for other STDs, such as syphilis and HIV. HIV rates are higher among MSM than the general population [9]. Therefore, male partners of MSM should be encouraged to seek medical evaluation whenever possible.

Clinicians will need to carefully weigh these limitations when making decisions about providing EPT.

Making Contact with Partners and Documentation

A note in the index patient’s medical chart should document the number of partners who are being provided with EPT, the medication and dosage being provided, and whether the partner is known to be allergic to any medications.

Whenever possible, telephone contact should be made with the sexual partner(s) to explain the reason for providing EPT, to ask about allergies to medications, medical problems, medications being taken, to ask about other symptoms of STDs (such as whether there are sores, ulcers, discharge, testicular, or abdominal pains that need medical evaluation), and to answer questions. Female partners for EPT should be asked if they are pregnant or breastfeeding, and if they have any symptoms such as abdominal pain that will require immediate medical evaluation. Partners should be advised to abstain from intercourse for seven days after taking the medication.

Gonorrhea and chlamydia are reportable diseases. Clinicians are required to report infections to the Missouri

Department of Health and Senior Services or the local health agency. Reporting forms are available on the MoDHSS website (www.dhss.mo.gov/CommunicableDisease/CD-1.dot). The index patient and their named partners will probably not be contacted by MoDHSS or local health department staff unless certain circumstances exist (e.g. co-infection with HIV or early syphilis, pregnant females, or those with repeat infections). Please contact the MoDHSS or local health agency STD Program for further information (see Appendix 1).

Recommended Treatments for Persons Exposed to Chlamydia or Gonorrhea

Missouri's EPT legislation requires that any antibiotic used for EPT be in pill form. The legislation allows physicians to "prescribe and dispense medications for the treatment of chlamydia or gonorrhea" for persons who are partners to patients with chlamydia or gonorrhea.

1. Medication may be provided to the index patient to take to his or her partner(s).
2. Separate prescriptions may be written for the index patient and his or her partner(s).

As a matter of policy, the St. Louis County Department of Health recommends that clinicians adhere to CDC's updated 2006 STD Treatment Guidelines for treating partners to chlamydia and gonorrhea. This document is available at <http://www.cdc.gov/std/treatment/2006/updated-regimens.htm>. These guidelines call for the following regimens:

For chlamydial infection

Partners of patients with chlamydial infection should be treated with **azithromycin 1 gram orally in a single dose**. If the partner is allergic to macrolide antibiotics, consult the STD Treatment Guidelines, 2006 (see above) or contact a physician specializing in infectious disease or STD treatment for further instructions.

For gonorrhea

Partners of patients with uncomplicated gonorrhea should be treated with **cefixime (Suprax*) 400 mg orally in a single dose or cefpodoxime (Vantin*) 400mg in a single dose, or cefuroxime (Ceftin*) 1 gram orally in a single dose**.

Please Note: Quinolone antibiotics (i.e. ciprofloxacin, levofloxacin, ofloxacin) are no longer recommended for the treatment of gonorrhea in the United States, as reported in the MMWR, April 13, 2007. Suspected pharyngeal gonorrhea should not be treated with oral cephalosporin antibiotics. Updated gonorrhea treatment regimens can be found online at: <http://www.cdc.gov/std/treatment/2006/updated-regimens.htm>

Partners of patients with gonorrhea should be co-treated for chlamydia unless the index case has a negative chlamydia test result using a nucleic acid amplification test (NAAT) technology. Use azithromycin 1-gram PO to co-treat for chlamydia. (This recommendation is subject to change with the release of the 2010 STD Treatment Guidelines.) It is not recommended that patients with chlamydia be co-treated for gonorrhea.

* Use of trade names is for identification only and does not imply endorsement.

Other STDs:

These guidelines only address providing EPT for partners of persons with chlamydia and gonorrhea. Missouri's EPT legislation does not cover other STDs. Except for trichomoniasis, there is limited evidence to support this intervention with any other STDs at this time. For further information on treatment of STDs refer to: STD Treatment Guidelines, 2006 Centers for Disease Control and Prevention (CDC) MMWR 2006; 55 (No. RR-11, available online at : <http://www.cdc.gov/std/treatment/>

Information for Patients

Missouri's EPT legislation requires that physicians who utilize EPT provide guidance to index patients diagnosed with chlamydia or gonorrhea with "information designed to stop the spread of such diagnosis" [10]. The St. Louis County Department of Health has created both chlamydia and gonorrhea fact sheets that contain this information (Appendices 2 and 3). In addition, the department has created information sheets that index cases with chlamydia or gonorrhea can give to their partners (Appendices 4 and 5).

The CDC does not recommend tests-of-cure for patients who are treated for gonorrhea or chlamydia, nor are they recommended for the sexual partners who receive EPT. However, because of high rates of re-infection, the CDC recommends that patients treated for gonorrhea and all women with chlamydia be re-tested three months after treatment. If the patient is not re-tested in three months, providers are encouraged to test whenever the patient next seeks medical care within the following 3-12 months, regardless of whether the patient believes that his or her sex partners were treated.

Consultations

For questions about EPT contact the St. Louis County Department of Health's STD Program at 314-615-8331

Reporting Adverse Events:

Report any adverse events that result from EPT to the Missouri Department of Health and Senior Services at 573-751-6439, or through email at EPT@dhss.mo.gov.

References Cited

1. St. Louis County Department of Health, Communicable Disease Control Services.
2. Hook, E.W, Handsfield, H.H. Gonococcal infections in the adult. In: Holmes, K.K.; Sparling, P.F.; Mardh, P-A, et al., eds. Sexually Transmitted Diseases, 3rd Edition. New York, NY: McGraw-Hill, 1999:451-466.
3. Wasserheit, J.N. Epidemiological synergy. Interrelationships between human immunodeficiency virus infection and other sexually transmitted diseases. Sex Transm Dis 1992;19:61-77.
4. Mehta, S.D., Erbelding, E.J.; Zenilman, J.M. and Rompalo, A.M. Gonorrhoea reinfection in

heterosexual STD clinic attendees: longitudinal analysis of risks for first reinfection. *Sex Transm Infect* 2003;79:124-8.

5. Peterman, T.A.;Tian, L.H.; Metcalf, C.A., et al. High incidence of new sexually transmitted infections in the year following a sexually transmitted infection: A case for rescreening. *Ann Intern Med* 2006;145:564-72.
6. Whittington, W.L.; Kent, C.; Kissinger, P., et al. Determinants of persistent and recurrent *Chlamydia trachomatis* infection in young women: Results of a multicenter cohort study. *Sex Transm Dis* 2001;28:117-123.
7. Oxman, A.D.; Scott, E.A.; Sellors, J.W., et al. Partner notification for sexually transmitted diseases: an overview of the evidence. *Can J Public Health* 1994;85 Suppl 1:S41-7.
8. Golden, M.R.; Hogben, M.; Handsfield, H.H.; St. Lawrence, J.S.; Potterat, J.J. and Holmes, K.K. Partner notification for HIV and STD in the United States: low coverage for gonorrhea, chlamydial infection, and HIV. *Sex Transm Dis* 2003;30:490-496.
9. CDC. Subpopulation Estimates from the HIV Incidence Surveillance System – United States, 2006. *MMWR* 2008;57: 985-989.
10. Senate Committee Substitute for House Committee Substitute for House Bill 1375, Second Regular Session, 95th General Assembly, Truly Agreed and Finally Passed, Missouri General Assembly.

Appendix 1

Contact Information for St. Louis Area STD Programs

St. Louis County Department of Health: 314-615-8331. Fax: 314-615-8346

St. Louis City Health Department: 314-657-1551. Fax: 314-612-6267

Missouri Department of Health and Senior Services, Eastern District Office: Phone: 314-877-2814

Fax: 314-877-2807



IMPORTANT INFORMATION ABOUT YOUR HEALTH
FACT SHEET ABOUT CHLAMYDIA AND PREVENTING SEXUALLY TRANSMITTED DISEASES (STD)

You have been diagnosed and treated for chlamydia. Chlamydia is a curable sexually transmitted disease (STD) that can be spread from an infected partner through vaginal, oral, or anal sex. Most people with this STD have no signs or symptoms nor do they feel ill. Even so, they may continue to infect others if not properly treated. *If* symptoms are present they may include:

-Men might notice a discharge (drip) from their penis, pain or discomfort when urinating (peeing), pain or itching around the opening of the penis, or pain and swelling in the testicles.

-Women might notice a change in their usual vaginal discharge, pain during sex, bleeding between periods or after sex, lower belly or pelvic cramps or pain, or pain when urinating (peeing). Women can become infertile (unable to have children) if they don't receive treatment for this infection.

Even if symptoms are present they may go away on their own without medication. However, that does not mean the STD has gone away. Without proper medication the untreated infection can cause serious complications in your body as well as continue to be spread to others.

You can reduce your risk of acquiring another STD by:

- ✓ Making sure your sex partner gets treated for chlamydia
- And

Do not have sex for the next seven days after you (and your partner) have taken the medication. It takes seven days for the medicine to cure the infection. During those first seven days, you can still pass on the infection to your sex partners and/or your partner could re-infect you.

- ✓ Being abstinent (not having sex)
- ✓ Using condoms correctly every time you have sex
- ✓ Having only one sex partner who is only having sex with you
- ✓ If you have multiple partners, reducing the number of partners you have
- ✓ Being tested on a regular basis for HIV and STDs

If you would like to refer your partner for free STD testing and treatment, please see the information below:

North Central Community Health Center, Specialty Clinic

4000 Jennings Station Road, Pine Lawn, MO 63121.

STD services are offered on a walk-in basis only, patient limits may apply.

Specialty Clinic hours of operation are as follows:

Monday, Tuesday, Wednesday, and Friday:

8:00am-11:15am & 12:30pm-3:30 pm

Thursday, 9:00am-12:15pm & 1:30pm-4:30pm

***The first Thursday of each month Clinic hours are 1pm- 4pm*

For more information please call (314) 679-7800.

The SPOT

4169 Laclede, 1st Floor, St. Louis, MO 63108

Services at the SPOT are for 13-24 year olds only

Walk-in STD services are offered Monday-Friday, 1pm-5pm

For more information, please call (314) 535-0413



IMPORTANT INFORMATION ABOUT YOUR HEALTH

FACT SHEET ABOUT GONORRHEA AND PREVENTING SEXUALLY TRANSMITTED DISEASES (STD)

You have been diagnosed and treated for gonorrhea. Gonorrhea is a curable sexually transmitted disease (STD) that can be spread from an infected partner through vaginal, oral, or anal sex. Many people with STD have no signs or symptoms nor do they feel ill. Even so, they may continue to infect others if not properly treated. If symptoms are present they may include:

-Men might notice a yellow or greenish discharge (drip) from their penis, pain or discomfort when urinating (peeing), or pain and swelling in their testicles.

-Women might notice a change in their usual vaginal discharge, pain during sex, bleeding between periods or after sex, lower belly or pelvic cramps or pain, or pain when urinating (peeing). Women can become infertile (unable to have children) if they don't receive treatment for this infection.

Even if symptoms are present they may go away on their own without medication. However, that does not mean the STD has gone away. Without proper medication the untreated infection can cause serious complications in your body as well as continue to be spread to others.

If you are treated, but your partner is not you are at risk of getting re-infected. It is important that all sex partners receive adequate testing and treatment in order to stop the spread of infection(s).

You can reduce your risk of acquiring another STD by:

- ✓ Making sure your sex partner gets treated for gonorrhea

And

Do not have sex for the next seven days after you (and your partner) have taken the medication. It takes seven days for the medicine to cure the infection. During those first seven days, you can still pass on the infection to your sex partners and/or your partner could re-infect you.

- ✓ Being abstinent (not having sex)
- ✓ Using condoms correctly every time you have sex
- ✓ Having only one sex partner who is only having sex with you
- ✓ If you have multiple partners, reducing the number of partners you have
- ✓ Being tested on a regular basis for HIV and STDs

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IMPORTANT INFORMATION ABOUT YOUR HEALTH **FACT SHEET ABOUT CHLAMYDIA and PARTNER TREATMENT**

You are being treated as a contact to a sex partner who was diagnosed with chlamydia. Chlamydia is a curable sexually transmitted disease (STD) that can be spread from an infected partner through vaginal, oral, or anal sex. Chlamydia is a very common infection, and most people with this STD have no signs or symptoms nor do they feel ill. *If symptoms are present they may include:*

-Men might notice a discharge (drip) from their penis, pain or discomfort when urinating (peeing), pain or itching around the opening of the penis, or pain and swelling in the testicles.

-Women might notice a change in their usual vaginal discharge, pain during sex, bleeding between periods or after sex, lower belly or pelvic cramps or pain, or pain when urinating (peeing). Women can become infertile (unable to have children) if they don't receive treatment for this infection.

Even if symptoms are present they may go away on their own without medication. However, that does not mean the STD has gone away. Without proper medication the untreated infection can cause serious complications in your body as well as continue to be spread to others.

Before you take the medicine, please read the following:

Azithromycin is very safe antibiotic. However, **DO NOT TAKE IT if any of the following are true:**

- You are female and having lower belly pain, pain during sex, vomiting, or fever.
- You are pregnant.
- You are male and having pain or swelling in the testicles (balls) with or without fever.
- Have ever had a bad reaction, hives (a kind of rash), or allergy to any other antibiotics.
- Have a serious long-term illness like kidney, heart or liver disease.

If any of these circumstances exist, you should talk to your healthcare provider as soon as possible.

Some people may get a mild upset stomach or diarrhea after taking azithromycin. If you experience any other side effects, or an allergic reaction (rash, itching, swelling, dizziness, or trouble breathing), call your healthcare provider immediately.

Take the entire prescription of azithromycin (1000mg) all at once with a full glass of water. Taking it with food may reduce stomach upset. It is important that you take this medicine as soon as possible to get cured.

**Do not share or give this medicine to anyone else.*

**Do not have sex for the next 7 days. It takes 7 days for the medicine to cure chlamydia. You can still spread the infection during this time.*

If you would like to refer your partner for free STD testing and treatment, please see the testing sites listed below:

North Central Community Health Center, Specialty Clinic

4000 Jennings Station Road, Pine Lawn, MO 63121.

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Specialty Clinic hours of operation are as follows:

Monday, Tuesday, Wednesday, and Friday:

8:00am-11:15am & 12:30pm-3:30 pm

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IMPORTANT INFORMATION ABOUT YOUR HEALTH

FACT SHEET ABOUT GONORRHEA and PARTNER TREATMENT

You are being treated as a contact to a sex partner who was diagnosed with gonorrhea. Gonorrhea is a curable sexually transmitted disease (STD) that can be spread from an infected partner through vaginal, oral, or anal sex. Many people with gonorrhea have no signs or symptoms nor do they feel ill. *If symptoms are present they may include:*

- Men might notice a white, green or yellow discharge (drip) from their penis, and/or painful urination (peeing).
- Women might notice a change in their vaginal discharge, pain in their lower belly, pain during sex, or vaginal bleeding between periods.

Even if symptoms are present they may go away on their own without medication. However, that does not mean the STD has gone away. Without proper medication the untreated infection can cause serious complications in your body as well as continue to be spread to others.

Before you take the medicine, please read the following:

Cefixime (Suprax), cefpodoxime (Vantin) and cefuroxime (Ceftin), are very safe treatments for gonorrhea. However, **DO NOT TAKE IT if any of the following are true:**

- You are female and having lower belly pain, pain during sex, vomiting, or fever.
- You are male and having pain or swelling in the testicles (balls) with or without fever.
- Have a rash all over your body.
- Have ever had a bad reaction, hives (a kind of rash), or allergy to any other antibiotics.
- Have a serious long-term illness like kidney, heart or liver disease.

If any of these circumstances exist, you should talk to your healthcare provider as soon as possible in order to find the best treatment for you.

Some people may get a mild upset stomach, diarrhea or vaginal yeast infection after taking this medication. If you experience any other symptoms, or an allergic reaction (rash, itching, swelling, dizziness, or trouble breathing), call your healthcare provider immediately.

Take the medication your partner is providing you with a full glass of water. It is important that you take this medicine as soon as possible to get cured.

**Do not share or give this medicine to anyone else.*

**Do not have sex for the next 7 days. It takes 7 days for the medicine to cure gonorrhea. You can still spread the infection during this time.*

If you would like to refer your partner for free STD testing and treatment, please see the information below:

North Central Community Health Center, Specialty Clinic

4000 Jennings Station Road, Pine Lawn, MO 63121.

STD services are offered on a walk-in basis only, patient limits may apply.

Specialty Clinic hours of operation are as follows:

Monday, Tuesday, Wednesday, and Friday:

8:00am-11:15am & 12:30pm-3:30 pm

Thursday, 9:00am-12:15pm & 1:30pm-4:30pm

***The first Thursday of each month Clinic hours are 1pm- 4pm*

For more information please call (314) 679-7800.

The SPOT

4169 Laclede, 1st Floor, St. Louis, MO 63108

Services at the SPOT are for 13-24 year olds only

Walk-in STD services are offered Monday-Friday, 1pm-5pm

For more information, please call (314) 535-0413