The following education protocols are meant to be used as guidelines for clinics to develop counseling protocols appropriate to their particular agency's needs, services, and resources. This information should be provided partially in verbal communication with the client, reinforced, and supplemented with written materials.

Chlamydia Counseling/Education for Clients & Their Partners

- All clients must receive education about chlamydia, including the risks of untreated infections and STD/HIV risk reduction counseling to prevent re-infection. Key Counseling Points are outlined on the electronic link provided here. [a link will be inserted] and they can be found in the Resource Section on Page 87. These key counseling points may be used for client counseling, documentation of counseling or orientation of new staff.
- Patients with a presumptive diagnosis of chlamydia or a confirmed positive chlamydia test should be provided with the following information to assist them in understanding chlamydia, especially its treatment and prevention.

Education about Chlamydia includes:

- confidentiality and reporting requirements
- name of disease
- explanation of chlamydia (very common and treatable)
- signs and symptoms of the disease
- modes of transmission
- incubation period
- possibility of both partners having asymptomatic disease for a long period of time
- complications of untreated chlamydia for women, men, perinatal transmission
- options for prevention
- risk of co-infection with other STDs and HIV
- treatment options

Discussion of chlamydia treatment includes:

- the name of the drug(s) being used in treatment
- quantity and frequency of drug usage (explain that single dose takes several days to work; symptoms may last for a week or more after single dose treatment)
- probable efficacy of treatment
- potential side effects
- food, drugs, conditions (e.g., sunlight exposure) or behaviors that should be avoided (medications can be taken safely even if alcohol is used)
- what to do if side effects occur or symptoms develop or do not resolve
- stressing importance of abstinence or at least using condoms and spermicide for one (1) week after treatment has been initiated by self and partners;
- importance of completing medication, not missing doses
- partner and partner contact treatment is critical to prevent reinfection
- not sharing medication with partners: partial treatment may reduce symptoms but not cure disease, or make infection resistant to the medication

Discussion of partner(s) management includes:

- all partners must be treated (and ideally examined) to prevent re-infection
- meaning of partner's negative test results:

  – sensitivity of tests

  – likelihood of infection despite negative test
- need for contact treatment
- where partner can go for care – clinic, health dept, etc., give a referral card or letter to facilitate visit

- consequences to partner if not treated
- consequences to patient from re-infection if partner is not treated either from the partner or other people within the sexual network.
- suggestions of ways to approach/communicate with partner(s)
- discussion of possible partner reaction and effects upon relationship
- suggestions for alternatives to sexual intercourse until treatment completed

Discussion of correct condom use includes:

- discuss and demonstrate how to use (male & female condoms) with model
- use of water-based lubricants with latex condoms. Safe lubricants include commercial water based products, saliva and glycerin. Unsafe products include creams, petroleum jelly, oily products and medications.
- care and storage of condoms
- emphasis on latex use due to greater effectiveness and superior performance record
- polyurethane condom for latex allergy
- polyurethane condom has few studies and maybe less effective
- natural (gut) condoms have been shown to be less effective in preventing viral disease transmission

Developing a Client-Centered Plan

Discussion of Test Results with Clients

- As with all STD diagnosis, client counseling and treatment will depend on the impact of the test result on the client's situation.
- Younger adolescents with chlamydia should be evaluated for the possibility of sexual abuse or coercion.
- All patients with chlamydia should be considered at high risk for other STDs and HIV and should be offered HIV testing and STD/HIV risk reduction counseling

Negative Test

- It is important to recognize that with all tests currently available, some infections will be missed. (Region X Family Planning clinics utilize tests ranging from 82% to 98% sensitivity)*. A Negative test result does not always mean a client does not have chlamydia.
- If treatment for chlamydia was initiated because of signs, symptoms, or exposure, treatment should be completed regardless of the test result.

*Range includes sensitivity of all current testing methods.

Positive Test

- When a non-amplified CT test is positive, two tests (both the EIA and DFA) were run and were positive. The chance of both these tests being inaccurate is very, very small. Amplification tests (PCR, LCR, TMA) are highly sensitive and have over 99% specificity
- If a client with a Positive test requests another test because she/he does not believe the first tests, you may retest under the Region X project only if the test was non-amplified. However, due to built in test error in detecting infection (described above), especially at low infection levels, a repeat test may be Negative. Explain that the first Positive test has already been retested.

"Suspect" Test Results

- Suspect results are sometimes reported when EIA/DFA tests are used. Before notifying and/or talking to a client with a Suspect result, her/his chart should be read to review signs, symptoms, and risk behavior. Client counseling may include offering another test, as well as offering to test the partner. The repeat test of the client and testing of the partner will be covered under the Region X project funds. If presumptive treatment was initiated on the day the specimen was collected, do not retest the client.
- Because the treatment for chlamydia poses few risks compared to the risks of untreated chlamydia. Therefore, clients and partner(s) should generally be offered treatment. When there are some compelling adverse reasons not to treat, the clinician and client should discuss other treatment options.
- Women undergoing an abortion should be treated.

Partner Examination & Treatment

- One of the goals of the Region X Infertility Prevention Project is to promote closer working relationships between family planning and STD clinics. Partner notification is an area where collaboration should occur. STD services field staff could assist family planning staff in providing contact tracing for clients with a positive *C. trachomatis* test since most family planning clinics do not have any field staff.
- While resources may be limited in some areas, there should be an effort to reach high priority patients. Family Planning providers are strongly encouraged to seek out assistance as needed.
- The purpose of partner notification is to ensure that sexual partners exposed to a client with a diagnosis of chlamydia (by a positive *C. trachomatis* test or a CT-related syndrome, i.e., MPG, PID, NGU, epididymitis) are examined and tested for *C. trachomatis*. They should also be tested for other STDs and offered HIV counseling and testing services. In addition, sexual partners should be presumptively treated at the time of their initial visit with one of the regimens for uncomplicated chlamydia infection.
- The Centers for Disease Control and Prevention has set standards for the management of sex partners to chlamydia. These are summarized in the 2002 Sexually Transmitted Disease Treatment guidelines. The standards include:

Refer All Sex Partners Within past 60 Days or most recent sex partner if over 60 days

- Two methods of partner notification are provider referral and patient self-referral. Only where there is staff available for conducting the referral process can provider referral be accomplished. All CT positive clients should be told to have their partners evaluated and treated. Clinics are strongly encouraged to establish systems whereby follow-up for partner treatment is tracked.
- Not only should sex partners of known CT positive clients be referred, but any woman diagnosed with PID should be told to refer her partner(s) for evaluation and treatment. A woman, whose sex partner is not treated, is at continued risk for persistent or recurrent infection.

Evaluate and Treat All Sex Partners

- No person with chlamydia can be considered adequately treated until their sex partner(s) is also treated. Prevention of re-infection is critical to reducing the serious long term consequences of chlamydia e.g. chronic pelvic pain, PID, infertility.
- Clinics participating in the Region X project must provide for partner evaluation and treatment of CT positive clients.

  If such evaluation and treatment is not provided on site, the clinic must provide the client and any partners a referral and information to locations where evaluation and treatment will be provided.
- Examination and testing of a partner of a CT positive client is strongly encouraged. Treatment of partners without examination is discouraged, but preferable to no treatment.
- Direct dispensing of medication to clients for delivery to their partners, without an interview for symptoms, medication allergies, and other contacts is not allowed by some state regulatory agencies.

Instruct Clients to Abstain from Sex Until They and Their Partners are Cured

- All parties should be instructed to abstain from sex until all concerned have completed the full course of medication and any symptoms have subsided. Patients and their partners should also be counseled to complete the full course of medication, regardless of whether they have symptoms. Inadequate treatment will result in continuation of the infection. When treating with Azithromycin advise to abstain or at least use condoms for 7 days after partners have been treated because the medication is actually working to kill bacteria for 5 to 7 days after the single dose.
- If client cannot negotiate abstinence, explore the problem and help the client consider alternative behaviors with his/her partner:

  – Mutual masturbation
  – Penis in vagina sex with condom
  – Oral sex with protection

Contact/Partner Notification and Treatment

- Clients must be educated about the importance of partner notification and treatment (See Manual Section II Page 30.)
- Sex partners exposed within 60 days of diagnosis for chlamydia infections should be promptly examined for STD and treated with one of the regimens described above.

Reporting

- Fill out and submit a Sexually Transmitted Disease Confidential Case Report and other forms as required by your state program.

General STD Prevention Education

All clients should be provided with information to assist them in judging their risk for contracting an STD infection, and modifying their behavior, if necessary, to reduce their risk.

A brief overview of STD should include

- prevention or means to reduce risks including sexual behavior and proper use of condoms
- identification of common diseases
- description of how STDs are transmitted (vaginal, anal or oral contact).
- discussion of various symptoms such as sores, discharge, pain, skin rashes, lumps or swollen glands
- stressing that many people, especially women, may have no noticeable symptoms
- untreated STDs can have serious complications including infertility, ectopic pregnancy, neonatal infection, and chronic pelvic pain
- some STDs are life-long or incurable and some can be fatal

Education aimed at reducing the risk of STD to those who are sexually active should include teaching a risk-based continuum of behaviors

- abstinence or limiting sexual contact to mutually monogamous relationships
- using condoms for all sexual contact (oral, genital, anal)
- avoid sexual contact with persons who have a genital discharge, genital warts, genital or oral herpes lesions or other genital lesions or with laboratory evidence of HIV infection or hepatitis B surface antigen
- avoiding multiple partners, anonymous partners, persons who exchange sex for money or drugs, and other persons with multiple sex partners
- avoid heavy use of alcohol or mind-altering drugs that may interfere with assessing or avoiding risky situations
- avoid IV drug use, especially sharing needles and avoid sexual contact with IV drug users
- be immunized for hepatitis B
- wash genitalia and hands before and after sexual contact; avoid douching
- use of lubrication may decrease STD transmission by reducing tissue trauma
- examine own and partner's genitals for evidence of infection before sexual contact
- discuss barrier methods, including spermicides to reduce bacterial STD transmission
- use of birth control pills or barrier methods to decrease PID (avoid use of an IUD when there are multiple sex partners)
- avoid oral and/or anal sex without a condom or other protection to prevent enteric infections
- avoid oral sex whenever there are sores in the mouth or bleeding gums
- have a periodic examination for sexually transmitted agents if at high risk for STD
- discuss sexual history and risk factors with potential partners

General STD Counseling/Education for Clients & Their Partners

Behavioral Risk Reduction/Prevention is an integral part of patient counseling

- Risk reduction counseling has a goal of promoting safer sex behaviors for prevention of future STDs and HIV. A distinction needs to be made between client 'education' and risk reduction 'counseling.' The goal of education is to enhance awareness and knowledge levels. However, knowledge alone is not sufficient to change behavior. Counseling should be client-centered and based on a behavior change model, recognizing that clients are in different stages of 'readiness' for change. Clients should be assessed for their readiness, and counseling interventions specific to that stage should be utilized (See Resource Section, Client Centered Counseling, for assistance).

- Client education and risk reduction counseling are designed to enhance compliance with treatment and partner notification interventions as well as to promote safer sexual behavior for future STD/HIV risk reduction.

- Remember that reactions of patients being told they have a STD may include anger, denial, depression and blame. Similar reactions may also occur with partners. The way in which the counseling and education session is handled may enhance compliance with partner referral and treatment.

Behavioral risk reduction/prevention includes:

- assisting patients in identifying personal risks for contracting/transmitting chlamydia, e.g., unprotected sex, multiple partners, having sex when drunk or high, etc.;

- assisting patients in developing realistic, personalized risk reduction plans, e.g., condom usage, monogamy, refraining from sex when drunk or high, etc.

Program Guidelines for Title X Services

Federally funded family planning programs (Title X) are required to provide sexually transmitted disease and HIV counseling according to Section 8.2 of the Program Guidelines for Project Grants for Family Planning Services, January 2001.

"All clients must receive thorough and accurate counseling on STDs and HIV. STD/HIV counseling refers to an individualized dialogue with a client in which there is discussion of personal risks for STDs/HIV, and the steps to be taken by the individual to reduce risk, if necessary. Persons found to have behaviors which currently put them at risk for STD/HIV must be given advice regarding risk reduction and must be advised whether clinical evaluation is indicated. All projects must offer, at a minimum, education about HIV infection and AIDS, information on risks and infection prevention, and referral services. On an optional basis, clinics may also provide HIV risk assessment, counseling and testing by specially trained staff. When the project does not offer these optional services, the project must provide the client with a list of health care providers who can provide these services."