

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 can be found in the Appendix. These key counseling points may be used for client counseling, documentation of counseling or orientation of new staff.
- Clients with a presumptive diagnosis of chlamydial infection or a confirmed positive Chlamydia test should be provided with the following information to assist them in understanding Chlamydia, especially its treatment and prevention.

Chlamydia education should include:

- Confidentiality and reporting requirements
- Name & etiology of disease (common and treatable)
- Modes of transmission
- Incubation period
- Disease symptomatology
- Both clients and partner(s) may be asymptomatic for a long period of time
- Treatment options, include presumptive treatment and EPT
- Complications of untreated Chlamydia for women, men
- Options for prevention
- Risk of co-infection with other STDs and HIV
- Rescreening women (as opposed to test-of-cure): Rescreening is recommended at 3-6 months after original treatment of confirmed chlamydial infection, regardless of age, partner Rx, resumption of sex, or other risk factors. See

“Note” in Section II, Page 24. Rescreening is only recommended for females. Rescreening males has not been shown to be cost effective.

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)
- Treatment efficacy
- Drug side effects and management
- 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 symptoms develop or do not resolve
- Stressing importance of abstinence for a minimum of seven (7) days after single-dose treatments or until completion of a 7-day treatment by patient and partner(s)
- Importance of completing medication, not missing doses; partial treatment may reduce symptoms but not cure disease, or make infection resistant to the medication
- Treating all contacts of the client and partner(s) is critical to prevent reinfection

Discussion of partner(s) management includes:

- All partners should be evaluated and tested , but must be treated to prevent re-infection
 - Meaning of partner’s negative test results
 - Sensitivity of tests
 - Likelihood of infection despite negative test
 - Spontaneous clearing of infection prior to testing

- Consequences to patient from re-infection if partner is not treated either from the partner or other people within the sexual network.
- Where partner can go for care – clinic, health dept, etc., give a referral card or letter to facilitate visit
- 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 condom use, both male and female
- Use of water-based lubricants with latex condoms. Safe lubricants should be free of petroleum. 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
- For latex sensitivity use polyurethane condoms
- Polyurethane condom—review risk and benefits
- Natural (gut) condoms have been shown to be less effective in preventing disease transmission.

Characteristics of male condoms*

	cost	allergenic potential	efficacy for STD reduction
Latex	Low	Moderate	Yes
Polyurethane	Mod to high	Low	Likely
Natural gut	Moderate	Low	No

*table from Contraceptive Technology 2007; 19 Ed. (299)

Discussion of Test Results with Clients

- The impact of the test result on the client's life situation should direct your counseling and treatment.
- Younger adolescents with Chlamydia should be evaluated for the possibility of sexual abuse or coercion.
- Clients with Chlamydia are considered high risk for other STDs/HIV. Risk reduction counseling and testing, if indicated, should be offered.

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

- Amplification tests 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 test, explain that:
 - IPP uses the best available diagnostic test technology but no test is perfect.
 - There is a very small chance the first result was inaccurate. There is an equally small chance that a follow up test would give an inaccurate result, whether positive or negative. The clinician and the client would both be then wondering which is correct.
 - The positive test has already been retested/confirmed by the laboratory.
 - If the client is at risk for infection but unaware of it, the best way to protect her/his health is to accept prompt treatment.

“Equivocal”/Indeterminate Test Results

- The laboratory test produces a range of quantitative (numeric) values. Very low values indicate a negative test and high values indicate a positive test. A transitional area exists on this spectrum which is difficult to interpret as a clearly negative or clearly positive test result. This “gray area” is reported as an equivocal result. The laboratory may run a second test on the specimen in an attempt to produce a clear result. If this is the case, your clinic site will receive a final result that takes all test results for your specimen into account.
- Treatment for chlamydial infection poses few risks compared to the risks of untreated Chlamydia. Clients and partners should generally be offered treatment, even when lab results are pending or uncertain.
- Where there are compelling reasons not to treat, the clinician and client should discuss other options, including re-testing. Retesting should be considered a last-resort measure.

PARTNER EXAMINATION & TREATMENT

- One of the goals of the Region X IPP 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 may be able to assist family planning staff in providing partner notification for clients with a positive *C. trachomatis* test since most family planning clinics do not have any field staff.
- If limited resources do not allow partner management activities, family planning providers are encouraged to seek out assistance as needed from their state STD program.
- • 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 *C. trachomatis* 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.
- Sexual partners should be presumptively treated at the time of their initial visit with one of the regimens for uncomplicated Chlamydia infection.
- CDC has set standards for the management of sex partners of patients to Chlamydia. These are summarized in the 2006 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 *C. trachomatis* 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 *C. trachomatis* 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

- Client delivered partner treatment is recommended when sex partners will not seek evaluation and/or treatment. EPT (Expedited Partner Treatment) is allowed in some states. It should not be offered to MSM clients and partners, and pregnant partners.

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 *C. trachomatis* 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 *C. trachomatis* 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 may be 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

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 sexually transmitted 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 correct use of condoms
- Identification of common sexually transmitted diseases
- Description of how STDs are transmitted (vaginal, anal or oral contact).
- Discussion of various symptoms such as sores, discharge, pain (vaginal, lower abdominal, with intercourse), skin rashes, swollen glands, bleeding after intercourse or between periods
- Stress 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 life threatening

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
- Use condoms/barrier protection for all sexual contact (oral, genital, anal)
- Avoid sexual contact with persons who have a genital discharge, genital warts, or genital sores/lesions
- Avoid oral sex whenever there are sores in the mouth or bleeding gums
- Avoid 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 and HPV
- 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 to reduce bacterial STD transmission and PID
- 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

- A distinction needs to be made between client “education” and risk reduction “counseling.”
- Risk reduction counseling has a goal of promoting safer sex behaviors for prevention of future STDs and HIV.
- 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.
- Showing respect and a non-judgmental attitude are essential counseling skills needed for effective counseling. Techniques to enhance communication include using open-ended questions, using understandable language, and reassuring the client about treatment provisions regardless of finances, immigration status, age or gender.

- All education and counseling should be language, age and culture appropriate. Messages should include specific actions the client can take to avoid catching or spreading STDs, tailored to both client and/or partner. Education and counseling should be two-way, interactive communication, tailored toward the patients' and or partner's personal risk and situation.

Behavioral risk reduction/prevention includes:

- Names and brief descriptions of the common STDs
- Description of how STDs are transmitted
- Discussing various symptoms like sores, discharge, pain, lumps or swollen lymph gland, skin rashes to no symptoms at all. Women, especially, may have no noticeable symptoms even when infected. Even with no symptoms the damage continues and the person can still pass the disease to another person.
- Assisting clients in identifying personal risks for contracting/transmitting chlamydia, e.g., unprotected sex, multiple partners, having sex when judgment has been impaired as the result of ingested substance such as alcohol or drugs, etc.
- Assisting clients 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

Title X (federally funded) family planning programs are required to provide STD 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.”