This is a stressful time for health care professionals in clinical settings and public health agencies. Indeed, as our county health departments respond to the current COVID-19 surge and plan for vaccine rollout, they have reduced capacity for other standard public health activities, such as contacting patients with sexually transmitted diseases (STDs) and conducting partner notification. With STDs increasing across Oregon and the U.S., we need the help of all who provide STD services to deliver appropriate screening, timely and effective treatment, and partner management.

The recommendations below are for all patients who have engaged in sexual activity in the past 12 months. Please see the [CDC 2015 STD Treatment Guidelines](http://) and the [2020 Update to CDC's Treatment for Gonococcal Infections](http://) for additional information.

Screening

* Test for chlamydia (CT), gonorrhea (GC), syphilis, and HIV in any patient at risk or symptomatic for an STD.
* Syphilis is associated with a wide array of signs/symptoms. Test for syphilis if your patient presents with a skin rash and/or genital, anal, or oral lesions (e.g., painless ulcer, condyloma lata, mucous patches). Syphilis screening should include a non-treponemal (RPR) test with titer and a confirmatory treponemal (e.g., EIA, TPPA, FTA) test.

Treatment

* Presumptively treat patients presenting with symptoms of urethritis, cervicitis, or the syphilis symptoms mentioned above.
* First-line treatment regimens for GC and early (symptomatic) syphilis are one-dose medications. For CT, if there are significant barriers to adherence, choose single-dose azithromycin over multi-day multi-dose doxycycline.
	+ CT: doxycycline 100 mg twice daily for 7 days
		- If pregnant, give azithromycin 1 gram as a single dose
	+ GC: ceftriaxone 500 mg IM once
		- If ceftriaxone not available, give cefixime 800 mg PO as a single dose
	+ Syphilis (currently symptomatic and/or infected in past 12 months): penicillin G benzathine (Bicillin) 2.4 million units IM once
		- Pregnant patients with a PCN allergy will need to be desensitized and treated.

Partner Management

* If the patient’s partner is in clinic with the patient, presumptively treat them as well.
* Provide patients with oral medications to give to any partners they had in the two months prior to CT/GC symptom onset/diagnosis. This practice, known as expedited partner therapy, is legal and recommended when medical evaluation of partners is unlikely. See the [Oregon Health Authority's Expedited Partner Therapy for Sexually Transmitted Disease Protocol for Health Care Providers in Oregon](http://) for additional information.
	+ CT EPT: doxycycline 100 mg twice daily for 7 days
		- If pregnant or adherence is a concern, give azithromycin 1 gram as a single dose
	+ GC EPT: cefixime 800 mg PO as a single dose
* Advise patients to refer partners to the clinic for medical evaluation and treatment (regardless of EPT provision). Patients can also discreetly notify partners of their exposure through [www.TellYourPartner.org](http://). Public health staff do not currently have the capacity to contact patients and conduct partner notifications for all eligible cases.

Reporting

* Continue to report cases of chlamydia, gonorrhea, and syphilis to the local public health authority as usual. Please provide all relevant information in the report, including STD symptoms and treatment, to reduce the need for public health professionals to contact you to follow up.