

Kansas Infertility Prevention Project Site Resource Guide

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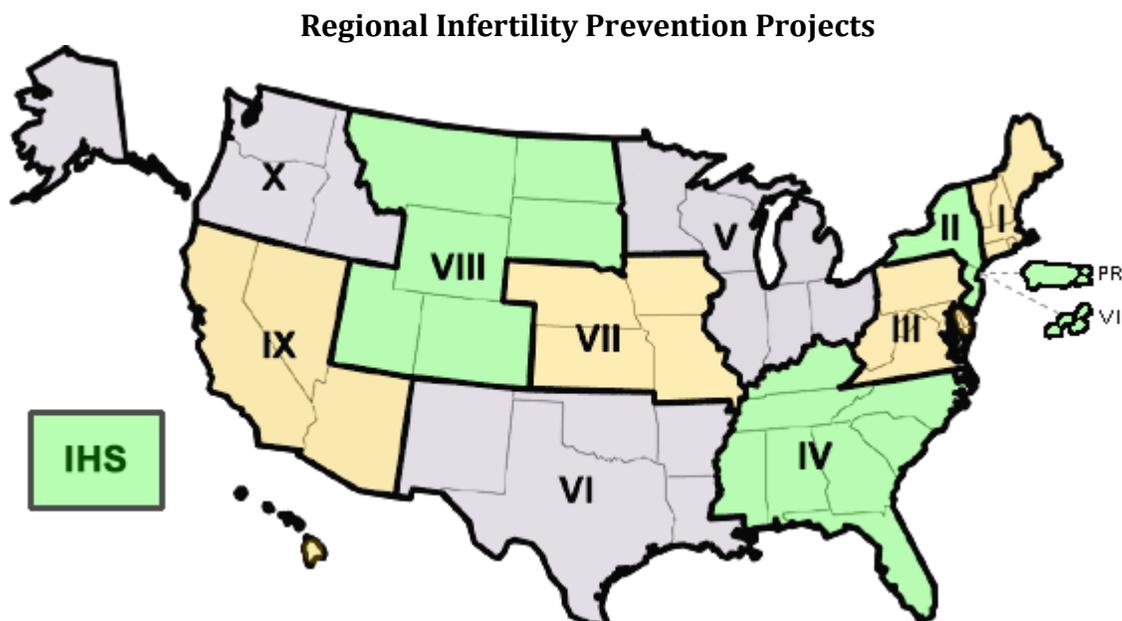
Background of the Infertility Prevention Project

History/Purpose:

CDC, in collaboration with the Office of Population Affairs (OPA) of the Department of Health and Human Services (HHS), supports a national Infertility Prevention Project (IPP) that funds chlamydia screening and treatment services for sexually active women attending family planning, STD, and other women's healthcare clinics. Key IPP partners include the Indian Health Service's national STD prevention program, state and local STD prevention and family planning programs, family planning regional training centers and state public health laboratories. This program has shown that routine screening of women can reduce chlamydia prevalence and pelvic inflammatory disease (PID) incidence in women. From its start in 1988 as a demonstration project in HHS Region X, IPP has expanded to include all ten federal HHS regions. Within each region, representatives of state STD programs, state family planning and women's health programs, and the state public health laboratories meet several times a year as Regional Advisory Committees with a common goal of detecting and treating women and men with chlamydia and gonorrhea infections. Within each regional committee, participants work together to formulate a common approach to the prevention of chlamydia and gonorrhea infection and their sequelae. The key components of the regional infertility prevention programs are:

1. **Clinical** (screening, treatment, partner management)
2. **Training and Education** (of clinicians and laboratorians)
3. **Laboratory** (tests, bulk purchasing, performance, turn-around-time, quality assurance)
4. **Surveillance** (local, state, regional data collection, management, and analysis).

Federal funds support screening for and treatment of chlamydia and gonorrhea among sexually-active women attending public clinics.



Importance of Detecting *Chlamydia trachomatis*:

- There were 1,307,893 cases of chlamydia reported to CDC in calendar year 2010. (<http://www.cdc.gov/std/stats10/chlamydia.htm>)
- 75% of chlamydia infections in women are asymptomatic, and 50% of chlamydia infections in males are asymptomatic.
- Up to 40% of untreated chlamydia infections in women result in pelvic inflammatory disease (PID).
- PID may cause infertility, chronic pelvic pain, and ectopic pregnancy.
- Ectopic pregnancy is the leading cause of first-trimester deaths among African-American women in the United States.
- Chlamydia can cause neonatal conjunctivitis and pneumonia.
- Chlamydia can increase a person's risk of acquiring HIV, if exposed to the virus.

Importance of Detecting *Neisseria gonorrhoeae*:

- There were 309,341 cases of gonorrhea reported to CDC in calendar year 2010. (<http://www.cdc.gov/std/stats10/gonorrhea.htm>)
- Most women infected with gonorrhea have no noticeable symptoms.
- Gonorrhea is a common cause of pelvic inflammatory disease (PID) in women.
- PID may cause infertility, chronic pelvic pain, and ectopic pregnancy.
- Gonorrhea can spread to the blood or joints, a condition which can be life threatening.
- If a pregnant woman has gonorrhea, she may give the infection to her baby as the baby passes through the birth canal during delivery. This can cause blindness, joint infection, or a life-threatening blood infection in the baby.
- Gonorrhea can increase a person's risk of acquiring HIV, if exposed to the virus.

Quality Assurance:

Quality assurance is performed for all participating Kansas Infertility Prevention Project (KIPP) sites in several ways. First, data (provided by Kansas Health Environmental Laboratories, Wyandotte, and Sedgwick Laboratories) taken from the information on laboratory submission forms is provided to the KIPP quarterly, and the data is analyzed to monitor morbidity trends, specimen submission volume, and unsatisfactory specimen rates. Second, statistics are sent to each site twice per year to ensure that sites are aware of the aggregate totals of their efforts. Finally, site assessment are performed on a regular basis ranging from once per year to once every 3-5 years depending on geographic location, specimen volume, and any perceived challenges for the site.

Site Visits:

KIPP Sites must be available for site visits scheduled during the site's regular business hours. Site visits typically last between 45 and 90 minutes and are informal in nature. The primary reason for site visits is simply to visit with the site to ensure that they are not encountering any difficulties, and to provide technical assistance when needed. During site visits, the KIPP Coordinator will complete a "Facility Services Assessment" (FSA) form. Questions on the FSA form are developed by the KIPP committee. Answers from the FSA form are analyzed to identify areas of need.

In addition to the FSA, the KIPP Coordinator may (depending on your specimen submission volume) also perform a Medical Record (chart) Review. If a Medical Record Review is done, the KIPP Coordinator will likely specify certain charts they wish to review, as well as requesting a number of random charts.

Within thirty (30) days from the date of your scheduled site visit, the KIPP Coordinator will summarize the findings of the site visit and send a copy to you, along with copies of the Facility Services Assessment and Medical Record Review form(s) utilized during your visit.

A copy of the FSA and the Medical Record Review can be found following this page.



KANSAS INFERTILITY PREVENTION PROJECT FACILITY SERVICES ASSESSMENT

Facility Name:		Clinic Reference File Designation:
Address:		Phone:
Contact Person:		Date of Assessment:
EDUCATION		
1. Does the facility provide written materials specific to STD and HIV to patients and/or partners?		<input type="checkbox"/> Yes <input type="checkbox"/> No
1a. If no, please explain:		
SCREENING		
2. Does the facility offer screening to all female patients 25 and younger?		<input type="checkbox"/> Yes <input type="checkbox"/> No
2a. If no, why not:		
3. Does the facility screen women who fall outside of the KIPP Screening Criteria?		<input type="checkbox"/> Yes <input type="checkbox"/> No
3a. If yes, to what laboratory are specimens sent?		
4. Does this facility plan to continue to screen women 25 and younger according to CDC Recommendations after 2014 when federal funds will no longer be available?		<input type="checkbox"/> Yes <input type="checkbox"/> No
SPECIMEN COLLECTION		
5. What types of specimens do you collect?		<input type="checkbox"/> Vaginal <input type="checkbox"/> Cervical <input type="checkbox"/> Urethral <input type="checkbox"/> Urine <input type="checkbox"/> Other _____
6. Does this facility have a current copy of the KIPP Site Resource Guide?		<input type="checkbox"/> Yes Date _____ <input type="checkbox"/> No
TRANSPORTATION		
7. Are specimens transported within 24 hours of collection?		Notes/Problems Encountered:
8. What is the method of transport?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Courier <input type="checkbox"/> Postal Service <input type="checkbox"/> Other _____		
TEST RESULTS		
9. What is the average period of time between submission of specimens and return of test results:		<input type="checkbox"/> 1 - 3 days <input type="checkbox"/> 4 - 6 days <input type="checkbox"/> 7 - 10 days <input type="checkbox"/> > 10 days
TREATMENT		
10. How do you notify your patients of a positive test result?		
a. Phone b. Letter c. Through the Behavioral Intervention Specialist (BIS) d. Text Message e. E-Mail f. Another way _____		

10a. If necessary, what are your follow up methods for contacting if the first attempt is unsuccessful?		
11. Does the facility treat positive patients on-site?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. What is this facility's treatment regimen for Chlamydia?		
13. What is this facility's treatment regimen for Gonorrhea?		
14. Does this facility presumptively treat patients?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14a. If yes, under what circumstances?		
15. After treatment for a positive test, do you re-screen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15a. If yes, how long after treatment?		
16. Does this facility treat partners on-site?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16a. If yes, does this facility presumptively treat partners?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16b. Do you require an appointment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16c. Where is partner treatment /referral documented?		
OTHER CONSIDERATIONS		
17. What does this facility charge for STD/HIV screening?		
18. What does this facility charge for STD treatment only?		
19. Who is your current Behavior Intervention Specialist (BIS)?		
20. Do you have any STD related training needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notes/Comments
21. Do you have other comments or issues you or others within your facility would like to address?	<input type="checkbox"/> Laboratory <input type="checkbox"/> Data <input type="checkbox"/> Testing Procedures <input type="checkbox"/> Training <input type="checkbox"/> Treatment <input type="checkbox"/> Other <input type="checkbox"/> Ordering Supplies	Notes/Comments

Signature of Facility representative completing this form: _____

Signature of IPP representative completing this form: _____

KIPP MEDICAL RECORD REVIEW

FACILITY NAME	
REVIEW DATE	
REVIEWER	
FACILITY ID#	

CHART#	1	2	3	4	5	6	7	8	9	10
AGE										
REASON FOR VISIT?										
SCREENED?										
IN CRITERIA?										
CT RESULT										
GC RESULT										
TREATED?										
# DAYS BETWEEN SCREEN & TX										
DOCUMENTED PARTNER TX OR REFERRAL WAS ADDRESSED?										
RPR PERFORMED?										
COMMENTS:										
2 + TESTS/10 MO										

MEDICAL RECORD REVIEW EVALUATION OF PROGRAM INDICATORS

PROGRAM INDICATORS	KEY: X = MET O = NOT MET N/A = NOT APPLICABLE	
1. 80% OF COMPREHENSIVE FAMILY PLANNING PATIENTS 25 YEARS OF AGE AND YOUNGER WERE OFFERED A TEST.		
2. 75% OF ALL POSITIVE PATIENTS WILL BE TREATED WITHIN 14 DAYS OF SCREENING.		
3. 90% OF ALL POSITIVE PATIENTS WILL HAVE DOCUMENTATION IN THEIR CHART OF PARTNER(S) BEING TREATED OR REFERRED FOR TREATMENT.		

SUMMARY/CONCLUSIONS:

ACTION PLAN:

SIGNATURE OF REVIEWER _____ **DATE** _____

Revised November 2012

Testing

Tests Performed:

The Kansas Health and Environmental Laboratories (KHEL – a.k.a. “State Lab”) currently accepts the Gen-Probe Aptima universal swab, vaginal swab, and urine collection kit for chlamydia and gonorrhea tests. No other specimen collection will or can be accepted for processing. Turnaround time from specimen submission to results can vary anywhere from an average of 3-7 days. The life of the specimen from collection to processing is 60 days for the swab specimen at room temperature, and 30 days for the urine specimen at room temperature. Pictures of the specimen collection kits can be found below for reference.



APTIMA COMBO 2
Swab Specimen Collection
#301041



Collection Kit
Vaginal Swab
#301162



APTIMA COMBO 2
Urine Specimen Collection
#301040

Test Performance Characteristics:

The development of nucleic acid amplified tests (NAATs), which are generally more sensitive than other tests on the market, has greatly improved our ability to detect chlamydia and gonorrhea. However, there is no perfect test. Testing in low-prevalence populations will result in some false-positive results. Positive results in a low-prevalence population should be interpreted carefully in conjunction with clinical signs and symptoms, patient risk profile, and other findings.

Definitions:

Sensitivity: The probability of a positive test result given the presence of disease. (How good is the test at detecting infection in those who have the disease?)

Specificity: The probability of a negative test result given the absence of the disease. (How good is the test at returning a negative test result on an uninfected person?)

Predictive Value: The probability of the presence or absence of disease given the results of the test. Positive Predictive Value (PPV) is the probability of disease in a patient with a positive test result. Negative Predictive Value (NPV) is the probability of not having the disease when the test result is negative. How predictive is the result for that particular patient? This is determined by the sensitivity and specificity of the test, and the prevalence rate of disease in the population being tested.

Prevalence Rate: The number of cases of illness existing at a given time divided by the population

	Average Sensitivity*	Average Specificity*
CT	95.9%	98.2%
GC	97.8%	98.8%

*Sensitivity and Specificity information obtained from package inserts on testing materials by Gen-Probe APTIMA.

Notes on Testing:

- A negative test result does not preclude the presence of chlamydia or gonorrhea infection because results are dependent on adequate specimen collection, absence of inhibitors, and sufficient matter to be detected. Test results may be affected by improper specimen collection, improper specimen storage, technical error, or specimen mix-up.
- The Gen-Probe APTIMA is NOT intended for the evaluation of suspected sexual abuse or for other medical-legal indications.
- The minimum patient age for collecting a specimen is thirteen years of age. If a specimen is sent to KHEL for any patient less than the age of thirteen, the specimen will be rejected and the result reported as unsatisfactory.
- Reliable results are dependent on adequate specimen collection. Because the transport system used for this test does not permit microscopic assessment of specimen adequacy, training of clinicians in proper specimen collection techniques is necessary.
- Results from the Gen-Probe APTIMA should be interpreted in conjunction with other laboratory and clinical data available to the clinician.

Copies of the package inserts for collection devices can be found following this page.



APTIMA[®] Unisex Swab Specimen Collection Kit for Endocervical and Male Urethral Swab Specimens

For *in vitro* diagnostic use.

Intended Use

The APTIMA Unisex Swab Specimen Collection Kit for Female Endocervical and Male Urethral Swab Specimens is for use with APTIMA assays. The APTIMA Unisex Swab Specimen Collection Kit is intended to be used for the collection of female endocervical or male urethral swab specimens.

Materials Provided

50 APTIMA Unisex Swab Specimen Collection Kits for Endocervical and Male Urethral Swab Specimens (Cat. No. 301041)

Each kit contains:

Component	Quantity	Description
Unisex collection swab*	1	Swab for endocervical or male urethral swab specimens.
Cleaning swab*	1	Female cleaning swab.
Transport tube	1	Tube containing APTIMA swab transport medium (2.9 mL).

Warnings and Precautions

- A. Do not apply the transport medium directly to skin or mucous membranes or take internally.

Kit Storage Requirements

Store collection kit at room temperature (15°C to 30°C).

Swab Specimen Performance

The assay performance characteristics of the female endocervical and male urethral swab specimens are provided in the appropriate APTIMA assay package insert. The APTIMA assay package inserts may be referenced online at www.gen-probe.com. The table below identifies the acceptable specimen types for each of the APTIMA assays.

APTIMA Assay for	Female Swab Specimens	Male Swab Specimens
<i>Chlamydia trachomatis</i>	Yes	Yes
<i>Chlamydia trachomatis</i> and <i>Neisseria gonorrhoeae</i> (APTIMA Combo 2 Assay)		
<i>Neisseria gonorrhoeae</i>		

Specimen Collection and Handling

A. Endocervical swab specimens

1. Remove excess mucus from the cervical os and surrounding mucosa using the cleaning swab (white shaft swab in the package with red printing). Discard this swab.
Note: To remove excess mucus from the cervical os, a large-tipped swab (not provided) may be used.
2. Insert the specimen collection swab (blue shaft swab in the package with the green printing) into the endocervical canal.
3. Gently rotate the swab clockwise for 10 to 30 seconds in the endocervical canal to ensure adequate sampling.
4. Withdraw the swab carefully; avoid any contact with the vaginal mucosa.
5. Remove the cap from the swab specimen transport tube and immediately place the specimen collection swab into the transport tube.
6. Carefully break the swab shaft against the side of the tube at the scoreline and discard the top portion of the swab shaft; use care to avoid splashing of contents.
7. Re-cap the swab specimen transport tube tightly.

B. Male urethral swab specimens

1. The patient should not have urinated for at least 1 hour prior to sample collection.
2. Insert the specimen collection swab (blue shaft swab in the package with the green printing) 2 to 4 cm into the urethra.
3. Gently rotate the swab clockwise for 2 to 3 seconds in the urethra to ensure adequate sampling.
4. Withdraw the swab carefully.
5. Remove the cap from the swab specimen transport tube and immediately place the specimen collection swab into the transport tube.
6. Carefully break the swab shaft against the side of the tube at the scoreline and discard the top portion of the swab shaft; use care to avoid splashing of contents.
7. Re-cap the swab specimen transport tube tightly.

Specimen Transport and Storage

After collection, transport and store the swab in the swab specimen transport tube at 2°C to 30°C until tested. Specimens must be assayed with the APTIMA assays within 60 days of collection. If longer storage is needed, refer to the appropriate APTIMA assay package insert.

Note: Specimens should be transported in compliance with Federal regulations for transport of etiological agents. Please refer to HHS Publication No. CDC 93-8395 or latest revision.

Limitations

- A. Use this collection kit only with the APTIMA assays. Performance has not been established with other products.



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APTIMA® Vaginal Swab Specimen Collection Kit

For *in vitro* diagnostic use.

Intended Use

The APTIMA Vaginal Swab Specimen Collection Kit is for use with APTIMA assays. The APTIMA Vaginal Swab Specimen Collection Kit is intended to be used for clinician and patient collection of vaginal swab specimens. Patient-collected vaginal swab specimens are an option for screening women when a pelvic exam is not otherwise indicated. The APTIMA Vaginal Swab Specimen Collection Kit is not for home use.

Materials Provided

50 Vaginal Swab Specimen Collection Kits (Cat. No. 301162)

Each kit contains:

Component	Quantity	Description
Swab	1	<i>Individually wrapped, sterile swab.</i>
Transport tube	1	<i>Tube containing transport medium (2.9 mL).</i>
Patient collection instructions	1 package	<i>Pack of patient collection instructions.</i>

Warnings and Precautions

- A. For *in vitro* diagnostic use.
- B. Do not apply the transport medium directly to skin or mucous membranes or take internally.
- C. Specimens may be infectious. Use Universal Precautions when handling specimens. Only personnel adequately trained in handling infectious materials should be permitted to handle specimens.
- D. Take care to avoid cross-contamination during the specimen handling steps. Specimens can contain extremely high levels of organisms. Ensure that specimen containers do not contact one another, and discard used materials without passing over the containers. If gloves come in contact with specimen, change gloves to avoid cross-contamination.
- E. If the contents of the transport tube are spilled at any time during the collection procedure, use a new APTIMA Vaginal Swab Specimen Collection Kit. Failure to use a new kit may invalidate the test results.
- F. Maintain proper storage conditions during specimen shipping to ensure the integrity of the specimen. Specimen stability under shipping conditions other than those recommended has not been evaluated.

Kit Storage Requirements

Store collection kit at room temperature (15°C to 30°C).

Vaginal Swab Specimen Performance

The assay performance characteristics of the vaginal swab specimen are provided in the appropriate APTIMA assay package insert. The APTIMA assay package inserts may be referenced online at www.gen-probe.com. The performance of the patient-collected vaginal swab specimen has not been established for all APTIMA assays. The table below identifies acceptable specimen types for each of the APTIMA assays.

APTIMA Assay for	Clinician Collected	Patient Collected
<i>Chlamydia trachomatis</i>		
<i>Chlamydia trachomatis</i> and <i>Neisseria gonorrhoeae</i> (APTIMA COMBO 2 Assay)	Yes	Yes
<i>Neisseria gonorrhoeae</i>		
<i>Trichomonas vaginalis</i>	Yes	No

Specimen Collection and Handling

Note: Ensure that patients read the Patient Collection Instructions before providing them with a collection kit.

Instructions for vaginal swab specimen collection:

1. Partially peel open the swab package. Remove the swab. Do not touch the soft tip or lay the swab down. If the soft tip is touched, the swab is laid down, or the swab is dropped, use a new APTIMA Vaginal Swab Specimen Collection Kit.
2. Hold the swab, placing your thumb and forefinger in the middle of the swab shaft covering the score line. Do not hold the swab shaft below the score line.
3. Carefully insert the swab into the vagina about 2 inches (5 cm) past the introitus and gently rotate the swab for 10 to 30 seconds. Make sure the swab touches the walls of the vagina so that moisture is absorbed by the swab and then withdraw the swab without touching the skin.
4. While holding the swab in the same hand, unscrew the cap from the tube. Do not spill the contents of the tube. If the contents of the tube are spilled, use a new APTIMA Vaginal Swab Specimen Collection Kit.
5. Immediately place the swab into the transport tube so that the score line is at the top of the tube.
6. Carefully break the swab shaft at the score line against the side of the tube.
7. Immediately discard the top portion of the swab shaft.
8. Tightly screw the cap onto the tube.

Specimen Transport and Storage

Vaginal swab specimens must be transported to the laboratory in the provided swab specimen transport medium and tube. Vaginal swab specimens must be transported to the laboratory at 2°C to 30°C and tested within 60 days of collection. If longer storage is needed, refer to the appropriate APTIMA assay package insert.

Note: Federal requirements for packaging must be met when specimens are transported by common land and air carriers. Refer to 42 CFR, Part 72. The most current requirements may be obtained from the Centers for Disease Control and Prevention Office of Health and Safety in Atlanta, Georgia, USA, at +1 800 467 4922 or the CDC web site.

Limitations

- A. Use this collection kit only with the APTIMA assays. Performance has not been established with other products.
- B. Vaginal swab sampling is not designed to replace cervical exams and endocervical samples for diagnosis of female urogenital infections. Patients may have cervicitis, urethritis, urinary tract infections, or vaginal infections due to other causes or concurrent infections with other agents.
- C. Women who have symptoms suggesting pelvic inflammatory disease (PID) should not use the patient-collected vaginal swab specimen as a replacement for a pelvic exam.
- D. The performance of vaginal swab specimen has not been evaluated in pregnant women.

- E. The performance of vaginal swab specimen has not been evaluated in teenage women less than 16 years of age.
- F. The patient-collected vaginal swab specimen application is limited to health care facilities where support/counseling is available to explain the procedures and precautions.
- G. The performance of the patient-collected vaginal swab specimen has not been established for the APTIMA Trichomonas vaginalis assay.



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www.gen-probe.com

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502259 Rev. A

2011-02



APTIMA[®] Urine Specimen Collection Kit for Male and Female Urine Specimens

For *in vitro* diagnostic use.

Intended Use

The APTIMA Urine Specimen Collection Kit for Male and Female Urine Specimens is for use with APTIMA assays. The APTIMA Urine Specimen Collection Kit is intended to be used for the collection and transport of male or female urine specimens.

Materials Provided

50 APTIMA Urine Specimen Collection Kits for Male and Female Urine Specimens (Cat. No. 301040)

Each kit contains:

Component	Quantity	Description
Pipette	1	<i>Disposable transfer pipette.</i>
Specimen transport tube	1	<i>Tube containing 2.0 mL APTIMA urine transport medium.</i>

Warnings and Precautions

- A. Do not apply the transport medium directly to skin or mucous membranes or take internally.

Kit Storage Requirements

Store collection kit at room temperature (15°C to 30°C).

Urine Specimen Performance

The assay performance characteristics of the male and female urine specimens are provided in the appropriate APTIMA assay package insert. The APTIMA assay package inserts may be referenced online at www.gen-probe.com. The table below identifies the acceptable specimen types for each of the APTIMA assays.

APTIMA Assay for	Female Urine Specimens	Male Urine Specimens
<i>Chlamydia trachomatis</i>	Yes	Yes
<i>Chlamydia trachomatis</i> and <i>Neisseria gonorrhoeae</i> (APTIMA Combo 2 Assay)		
<i>Neisseria gonorrhoeae</i>		

Specimen Collection and Handling

1. The patient should not have urinated for at least 1 hour prior to specimen collection.
2. Direct patient to provide a first-catch urine (approximately 20 to 30 mL of the initial urine stream) into a urine collection cup free of any preservatives. Collection of larger volumes of urine may result in rRNA target dilution that may reduce test sensitivity. Female patients should not cleanse the labial area prior to providing the specimen.

3. Remove the cap and transfer 2 mL of urine into the urine specimen transport tube using the disposable pipette provided. The correct volume of urine has been added when the fluid level is between the black fill lines on the urine specimen transport tube label.
4. Re-cap the urine specimen transport tube tightly. This is now known as the processed urine specimen.

Specimen Transport and Storage

After collection, transport the processed urine specimens in the APTIMA urine specimen transport tube at 2°C to 30°C and store at 2°C to 30°C until tested. Processed urine specimens should be assayed with the APTIMA assay within 30 days of collection. If longer storage is needed, refer to the appropriate APTIMA assay package insert.

Urine samples that are still in the primary collection container must be transported to the lab at 2°C to 30°C. Transfer the urine sample into the APTIMA urine specimen transport tube within 24 hours of collection. Store at 2°C to 30°C and test within 30 days of collection.

Note: Specimens should be transported in compliance with Federal regulations for transport of etiological agents. Please refer to HHS Publication No. CDC 93-8395 or latest revision.

Limitations

- A. Use this collection kit only with the APTIMA assays. Performance has not been established with other products.



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501936EN Rev. A

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CONTENT DOWNLOADED: MAY 2012

Guidelines for Gen-Probe Chlamydia/Gonorrhea Sample Submission:

Gen-Probe Aptima specimen collection kits **are not** interchangeable.

Swabs:

For **Endocervical** (Female) and **Urethral** (Male) specimens use ONLY the Gen-Probe Aptima Unisex Swab Collection Kit (**Blue Swab** and White labeled tube with **Purple print**).



For clinician or patient collected **Vaginal** specimens use ONLY the Gen-Probe Aptima Vaginal Swab Collection Kit (**Pink swab** and **Orange** labeled tube).



These are the only swabs that should be submitted and are accepted. **Do NOT** use the cleaning swab (White swab) to collect sample and insert into the collection tube, this will be an **unsatisfactory** sample and will be rejected.



Urine:

Add sufficient urine (2 ml) to the Gen-Probe Aptima Urine Collection tube (**Yellow** label) so that the final sample level is between the black fill lines on the tube. If the fill volume is not correct, either over or under filled, it will be an **unsatisfactory** sample and will be rejected.



Bar code on Sample Tube:

The bar code label must be placed correctly on the sample tube so that the instrument that runs the sample scans/identifies the sample correctly. The bar code label must be centered vertically on the sample tube (approximately ½” space between the bottom of the sample tube cap and the top of the label and ½” space between the bottom of the label and the bottom the sample tube).

- Do NOT apply the label horizontally.
- Do NOT cover the black indicator lines or the fill volume window on the urine sample tube.
- Do NOT cover the sample tube’s lot number and expiration date.
- Do NOT wrap the sample tube cap with paraffin wrap or scotch tape.

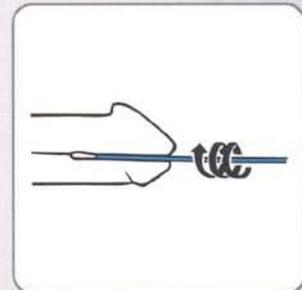
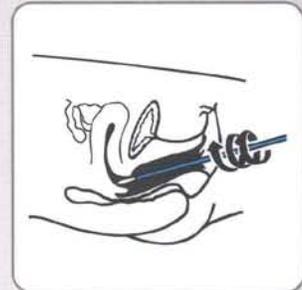
Please see the illustrations below for proper barcode labeling.



Illustrated instructions for Swab Specimen Collection, Vaginal Swab, Urine Specimen Swab Collection, and proper Bar Code Label Placement can be found following this page.

Collection for Endocervical Swab Specimens

1. Remove excess mucus from cervical os and surrounding mucosa using cleaning swab (white shaft swab in package with red printing).
Discard this swab.
A large-tipped cleaning swab (not provided) may be used to remove excess mucus.
2. Insert specimen collection swab (blue shaft swab in package with green printing) into endocervical canal.
3. Gently rotate swab clockwise for 10 to 30 seconds in endocervical canal to ensure adequate sampling.
4. Withdraw swab carefully; avoid any contact with vaginal mucosa.
5. Remove cap from swab specimen transport tube and immediately place specimen collection swab into specimen transport tube.
6. Carefully break swab shaft at scoreline; use care to avoid splashing contents.
7. Re-cap swab specimen transport tube tightly.



Collection for Male Urethral Swab Specimens

Patient should not have urinated for at least 1 hour prior to specimen collection.

1. Insert specimen collection swab (blue shaft swab in package with green printing) 2 to 4 cm into urethra.
2. Gently rotate swab clockwise for 2 to 3 seconds in urethra to ensure adequate sampling.
3. Withdraw swab carefully.
4. Remove cap from swab specimen transport tube and immediately place specimen collection swab into specimen transport tube.
5. Carefully break swab shaft at scoreline; use care to avoid splashing contents.
6. Re-cap swab specimen transport tube tightly.

Specimen Transport and Storage

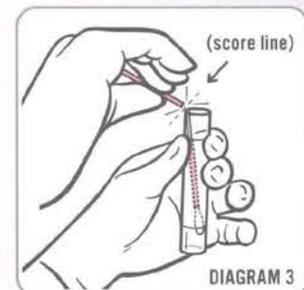
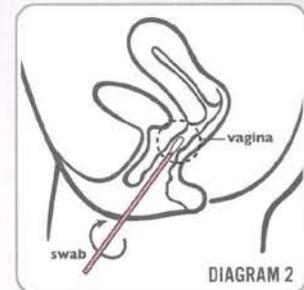
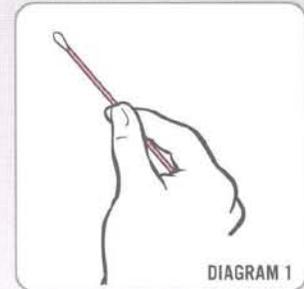
After collection, transport and store swab in swab specimen transport tube at 2°C to 30°C until tested. Specimens must be assayed with the APTIMA Assay for CT and/or GC within 60 days of collection. If longer storage is needed, freeze at -20°C to -70°C for up to 90 days after collection.



Patient Collection of APTIMA Vaginal Swab Specimens*

Wash hands before starting. If you have any questions about this procedure, please ask your doctor, nurse, or care provider.

1. Partially peel open swab package. Do not touch soft tip or lay swab down. *If soft tip is touched, swab is laid down, or swab is dropped, request new APTIMA Vaginal Swab Specimen Collection Kit.*
2. Remove swab.
3. Hold swab as shown in Diagram 1, placing thumb and forefinger in the middle of the swab shaft.
4. Carefully insert swab into the inside opening of the vagina, about two inches (as shown in Diagram 2), and gently rotate swab for 10 to 30 seconds. Make sure swab touches the walls of the vagina so that moisture is absorbed by swab.
5. Withdraw swab without touching skin.
6. While holding swab in same hand, unscrew the tube cap. Do not spill tube contents. *If tube contents are spilled, request new APTIMA Vaginal Swab Specimen Collection Kit.*
7. Immediately place swab into transport tube so that the tip of the swab is visible below tube label.
8. Carefully break swab shaft at the score line against the side of the tube as shown in Diagram 3.
9. Tightly screw cap onto tube as shown in Diagram 4. Return tube as instructed by care provider.



* Clinicians should refer to instructions for use provided on the APTIMA Vaginal Swab Specimen Collection Kit (Catalog #1162).



Collection for Male and Female Urine Specimens

Patient should not have urinated for at least 1 hour prior to specimen collection.

1. Direct patient to provide first-catch urine (approximately 20 to 30 mL of initial urine stream) into urine collection cup free of any preservatives. Collection of larger volumes of urine may result in specimen dilution that may reduce test sensitivity. Female patients should not cleanse labial area prior to providing specimen.
2. Remove cap from urine specimen transport tube and transfer 2 mL of urine into urine specimen transport tube using disposable pipette provided. The correct volume of urine has been added when fluid level is between black fill lines on urine specimen transport tube label.
3. Re-cap urine specimen transport tube tightly. This is now known as the "processed urine specimen."



Specimen Transport and Storage

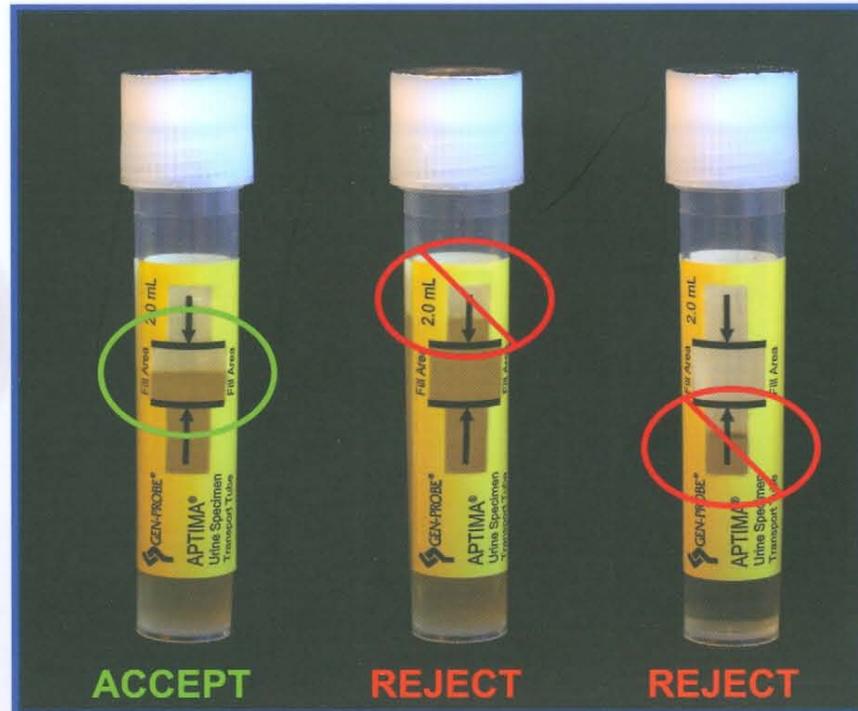
1. After collection, transport and store the processed urine specimens in the APTIMA urine specimen transport tube at 2°C to 30°C until tested. Processed urine specimens should be assayed with the APTIMA Assay for CT and/or GC within 30 days of collection. If longer storage is needed, freeze at -20°C to -70°C for up to 90 days after collection.
2. Urine samples that are still in the primary collection container must be transported to the lab at 2°C to 30°C. Transfer urine sample into APTIMA urine specimen transport tube within 24 hours of collection. Store at 2°C to 30°C and test within 30 days of collection.





Check the Transport Tubes before Loading the Sample Racks

Visually inspect the tubes to ensure correct fill volume...
Over-Filled = **REJECT**
Under-Filled = **REJECT**



**THE BAR CODE LABEL MUST BE PLACED CORRECTLY.
THIS ALLOWS FOR ACCURATE SAMPLE IDENTIFICATION.**

1/4" or less
clear space



1/4" or less
clear space

**CORRECT
PLACEMENT**



**DO NOT
WRAP
AROUND**

**DO NOT
PUT
DIAGONALLY**

**DO NOT PUT
CLOSE TO
THE BOTTOM**

**DO NOT PUT
CLOSE TO
THE TOP**

Screening Criteria:

The KIPP is charged with utilizing a finite amount of resources provided under the federal infertility grant in the most efficient way possible. Because the intent of the Infertility Prevention Project is to provide screening for chlamydia and gonorrhea to those women at highest risk of infection, screening criteria have been developed to ensure the appropriate populations are being screened with KIPP federal grant dollars. The current KIPP screening criteria is as follows:

- Screen all women \leq 25 years of age*
- Re-screen all pregnant women \leq 25 years of age who test positive at first screen
(Be sure to wait at least 3 weeks after completion of treatment)

*Screen at least annually and subsequently as indicated by client request or clinical indications.

All other specimens can be sent to Kansas Health and Environmental Laboratories for the cost incurred to process the specimen (\$15) or the specimens can be sent to private laboratories for processing as needed.

Male Screening:

According to the CDC, evidence is insufficient to recommend routine screening for *C. trachomatis* in sexually active men, based on feasibility, efficacy, and cost-effectiveness. However, symptomatic males and male sexual partners should, at the very least, be preventatively treated as soon as possible. If possible, male partners should be tested and the use of urine tests is encouraged. Male specimens may be sent to KHEL for processing for the standard \$15 reimbursement or specimens can be sent to private laboratories for processing.

Ordering Specimen Collection Kits:

Current Gen-Probe Agreement Information (as of: October 28, 2011)

Customer Service Number: 1-800-523-5001

Your Site's Account Number: _____

NOTE: If your site does not have an account number you must contact Al Absher before placing an order with Gen-Probe. Please see below for Al's contact information:

Phone: (636) 614-8510

E-Mail: Alan.Absher@gen-probe.com

The following are the specimen collection kits approved for processing at KHEL:

Kit, APTIMA COMBO 2 Swab Specimen Collection

Product Number: 301041

Collection Kit, Vaginal Swab

Product Number: 301162

Kit, APTIMA COMBO 2 Urine Specimen Collection

Product Number: 301040

Cost for all devices is \$62.50/ box of 50. There is **NO** shipping surcharge.

Urine specimen collection kits: If your site is unable to use the 50 minimum order within the 5-6 month shelf life, the urine kits may be ordered from the STD Section at KDHE directly in any quantity (1-30) that you prefer. For information on ordering urine specimen collection kits, please see "Ordering State Medications" on page 37.

Universal Specimen Submission Form:

In return for funding it was established that each IPP would submit data to the Centers for Disease Control and Prevention (CDC). The data must be accurate and complete. The CDC has a core data set that must be collected. The Universal Specimen Submission Form is used by the Kansas IPP to collect this information. It is vital that all fields are legible, complete, and accurate on every form, every time. In criteria and out-of-criteria status is based on the information obtained from the Universal Specimen Submission Form. Information incorrectly reported on the Universal Specimen Submission Form that results in the \$15.00 out-of-criteria fee will not be corrected and the \$15.00 fee will not be waived. Below you will find explanations of the data fields on the Universal Specimen Submission Form used for ct/gc testing. This is NOT a comprehensive explanation for the use of these fields for any other test. Please note that the Universal Specimen Submission Forms should NOT be “shared” among agencies. The forms are scanned before they leave KHEL, and if the facility ID provided on the form does not match the facility that the form was scanned out to, it creates a problem in sending results in a timely fashion.

Birthdate: The birthdate of the patient being tested, in the format mm/dd/yyyy.

Clinic Source: Indicate the proper description of the clinic that the patient is being seen in.

Clinical Observations: Indicate which (if any) clinical observations are present at exam. If no clinical observations are present (or an exam was not performed as in the case of urine testing), mark “None”.

County of Residence: The County of residence for the patient being tested (not the facility performing the test).

Date of Collection: The date that the endocervical/urethral/urine specimen was obtained from the patient.

Date of Onset: The date of onset of any related symptoms the patient has been experiencing. If no symptoms are present, leave this field blank.

Ethnicity: The ethnicity (either Hispanic/Latino or not Hispanic/Latino) of the patient being tested.

Exam Purpose: Indicate the reason why the patient is being tested as indicated below:

Comp FP Exam: (Comprehensive Family Planning Exam)-the patient is being screened because they are presenting for an annual/well woman/pap exam.

PN Exam: (Prenatal Exam)-the patient is being screened because they are pregnant.

STD Exam: (Sexually Transmitted Disease Exam)-the patient is being screened because they are asking to be tested. (Either they presented at a stand-alone STD clinic for testing, or they presented at another clinic specifically requesting STD testing.)

Repeat: This field should be marked ONLY when the patient has previously tested positive for chlamydia and/or gonorrhea. Repeat testing should occur 3-4 months after treatment.

Facility ID: The four or five digit numeric code given to your facility by the KHEL. This code must be completed correctly, or KHEL will not be able to send results to the correct location.

Medicaid Number: The Medicaid number of the patient being tested.

Patient Symptoms: Indicate either “yes” or “no” that the patient was experiencing symptoms.

Patient’s Code: *Optional Field* For local use

Patient’s First Name: The first name of the patient being tested.

Patient’s Last Name: The last name of the patient being tested.

Physician’s Last Name: The last name of the physician (or other provider) ordering the testing.

Race: The race of the patient being tested (select all that apply).

Risk History: Indicate what behavioral risks apply to the patient. If none apply, please mark “None”.

Sex: The sex of the patient being tested.

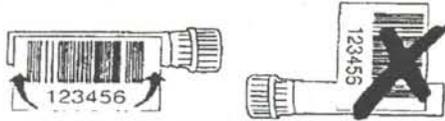
Specimen Type: Indicate the type(s) of specimens being submitted to KHEL for processing. Because this is a Universal Specimen Submission Form, there may be multiple specimens sent in on one patient. However, for the purposes of chlamydia/gonorrhea testing, only the following specimen types are appropriate: Endocervical, Urine, Urethral, and Vaginal.

A copy of the Universal Specimen Submission Form can be found following this page.

- 1 Print firmly and neatly.
- 2 Use only pens with dark ink.
- 3 Fill in squares LIKE THIS:
 or this
- 4 Print capital letters only and numbers completely inside boxes:
A B C 1 2 3
- 5 Please complete all items on form.



NOTE: THE ENTIRE LABEL MUST BE APPLIED LENGTHWISE ON THE COLLECTION TUBE. ENTIRE BARCODE MUST BE VISIBLE AND SCANNABLE LENGTHWISE! (SEE DIAGRAM BELOW):



PROVIDER INFORMATION:

FACILITY ID

PHYSICIAN'S LAST NAME

PATIENT INFORMATION:

PATIENT'S LAST NAME

PATIENT'S FIRST NAME

KDHE Approved Label Only
 Affix 4" x 1" Label Upright and Level!!
 Call (785) 296-1620 for Information

PATIENT'S CODE

SEX
 M F

BIRTHDATE
 / /

CO OF RES

MEDICAID NUMBER

RACE
 White Asian AI, AN
 Black HN, PI

ETHNICITY
 Hispanic or Latino
 Non-Hispanic or Non-Latino

SAMPLE INFORMATION:

DATE OF COLLECTION

DATE OF ONSET

PATIENT SYMPTOMS

- Yes
- No

CLINIC SOURCE

- Adolescent Prison
- C & T University
- Drug STD
- FP TB
- M & I Other*
- Prenatal *Specify _____

SPECIMEN TYPE

- Blood Plasma Urine Pericardial Fluid
- Bronchial Serum Urethral Peritoneal Fluid
- CSF Sputum Vaginal Pleural Fluid
- Endocervical Stool Wound Synovial Fluid
- Genital Throat Other* Thoracentesis Fluid
- Nasopharyngeal Tissue *Specify _____

ACUTE SERUM

CONVALESCENT SERUM

DO NOT WRITE IN THE SPACE BELOW - DO NOT PHOTOCOPY THIS FORM

Kansas Department of Health and Environment
 Division of Health & Environmental Laboratories
 Forbes Field, Building 740, Topeka, KS 66620
 CLIA #17DO648254
 Phone (785) 296-1620
 Fax (785) 296-1641

V03.1



TEST INFORMATION/REQUEST

HIV Serology

Risk Code Ref Code Prior Confirmation Yes No Specimen Initial Specimen Referral Repeat Test Purpose Diagnosis Prenatal Other

Hepatitis

If a HBsAG is requested with another serology test, 5 ml of serum or 2 tubes of blood must be submitted (HAV, HCV, HIV, RUB, SYPH, etc.)

HAV-IgM Exposure Risk HCV-IgG IVDU History/Sexual Partner
 HBsAG Household Contact & Prenatal Other Assays
 Sexual Contact

Other Serological Assays

IgM Vaccine Preventable
 IgG Other
 CSF Specify _____

Syphilis Serology

Test Purpose Diagnosis Prenatal Other
 Clinical Information Asymptomatic Late Syphilis Symptoms Treatment Control
 Prior Reagin Reactive Test RPR, RST or VDRL
 Test Date 1) _____
 2) _____

Rubella

Immune Status/Prenatal
 Diagnosis
 Date of Exposure _____

Nucleic Acid Amplified Tests for Chlamydia and Gonorrhea

Exam Purpose Comp FP Exam PN Exam STD Exam Repeat
 Clinical Observations Cervicitis Urethritis PID-Like Friable None
 Risk History New Partner Multiple Partners Contact of STD Case None

Pertussis

PCR
 Other _____

Viral Cultures

Specimen ID Culture Material Swab Biopsy Autopsy Body Fluid
 Viral Syndrome Observed Gastroenteritis Genital Lesion Vaccine Preventable Disease Other - Specify _____
 Ocular Respiratory Neurological Vesicles Specific Viral Agents
 Specify _____

Blood Lead

Patient Address Required for Blood Lead Specimens

Capillary Venous Repeat Specimen
 Patient Address _____
 City, State, Zip _____

Bacteriology Culture

Enteric Screen R/O Other Enteric Organisms
 Specify _____
 Bacterial Identification Suspected _____
 Gonorrhea Culture (non-genital/legal)

Parasitology

Intestinal Parasite (Not Cryptosporidium) Non-Fecal Specimen
 R/O Cryptosporidium (Patient Condition should include one of the following):
 Watery Diarrhea Arthropod/Insect ID
 Institution Resident Pinworm Exam (Co. Health Dept. Only)
 Immune Suppressed
 < 5 Years Old

Tuberculosis

Culture w/Smear
 Mycobacterium Isolate for ID

CDC Provided Tests

Specify

Submitter Comments

DO NOT WRITE IN THE SPACE BELOW - DO NOT PHOTOCOPY THIS FORM

Kansas Department of Health and Environment
 Division of Health & Environmental Laboratories
 Forbes Field, Building 740, Topeka, KS 66620
 CLIA #17DO648254
 Phone (785) 296-1620
 Fax (785) 296-1641

V03.1



Shipping Specimens:

Specimens must be shipped in accordance with state, federal, and KHEL guidelines or they may not be accepted for processing.

Universal Specimen Submission forms, multi-tube bottles with mailing box, blood tubes and mailers can be ordered directly from KHEL.

A copy of the Requisition for Laboratory Supplies and detailed, illustrated instructions for shipping endocervical, urethral, urine, and blood specimens can be found following this page.



HEALTH AND ENVIRONMENTAL LABORATORIES
 DEPARTMENT OF HEALTH AND ENVIRONMENT
 6700 Topeka blvd. Forbes Field Building 740 Topeka Kansas 66620
 Fax: (785) 296-1641 Telephone: (785) 296-1623

REQUISITION FOR LABORATORY SPECIMEN KITS

Please use this form to order specimen collection kits from the laboratory. Universal Specimen Submission forms do not come with the kits, so you must order them separately. If you have any questions about submitting specimens, please refer to the KDHE website <http://www.kdheks.gov/labs/> or call (785) 296-1623. **Please enter the quantity needed on the line next to the item.**

Universal Specimen Submission Forms

_____ Specify number required

Serology

_____ Multi-tube bottle with mailing box (5 tube box)
 (for shipping blood and/or Chlamydia/gonorrhea specimens)
 _____ Serum Separator Tubes (SST Yellow Top)
 _____ Rubella Kit with Serum Collection SST Tubes

Viral Culture

_____ Virus Kit with VTM
 _____ Flu Kit with VTM
 (Only ILI net sites or Hospital may receive Flu kits without EPI approval)

Pertussis

_____ Nasopharyngeal Mailer

Other

_____ (Specify): _____

Health Chemistry

_____ Blood Lead Filter Paper Forms
 _____ EDTA (Purple Top) Blood Tubes

Neonatal Screening

_____ Neonatal Screening Collection Unit
 Brochures English Spanish

Bacterial

_____ Enteric Mailer
 _____ Infectious Disease Shipper (IDS)(Category A)
 _____ Miscellaneous Category B shipper

Parasite (O&P)

_____ Feces Mailer
 _____ Pinworm Paddle (Health Departments Only)

TB

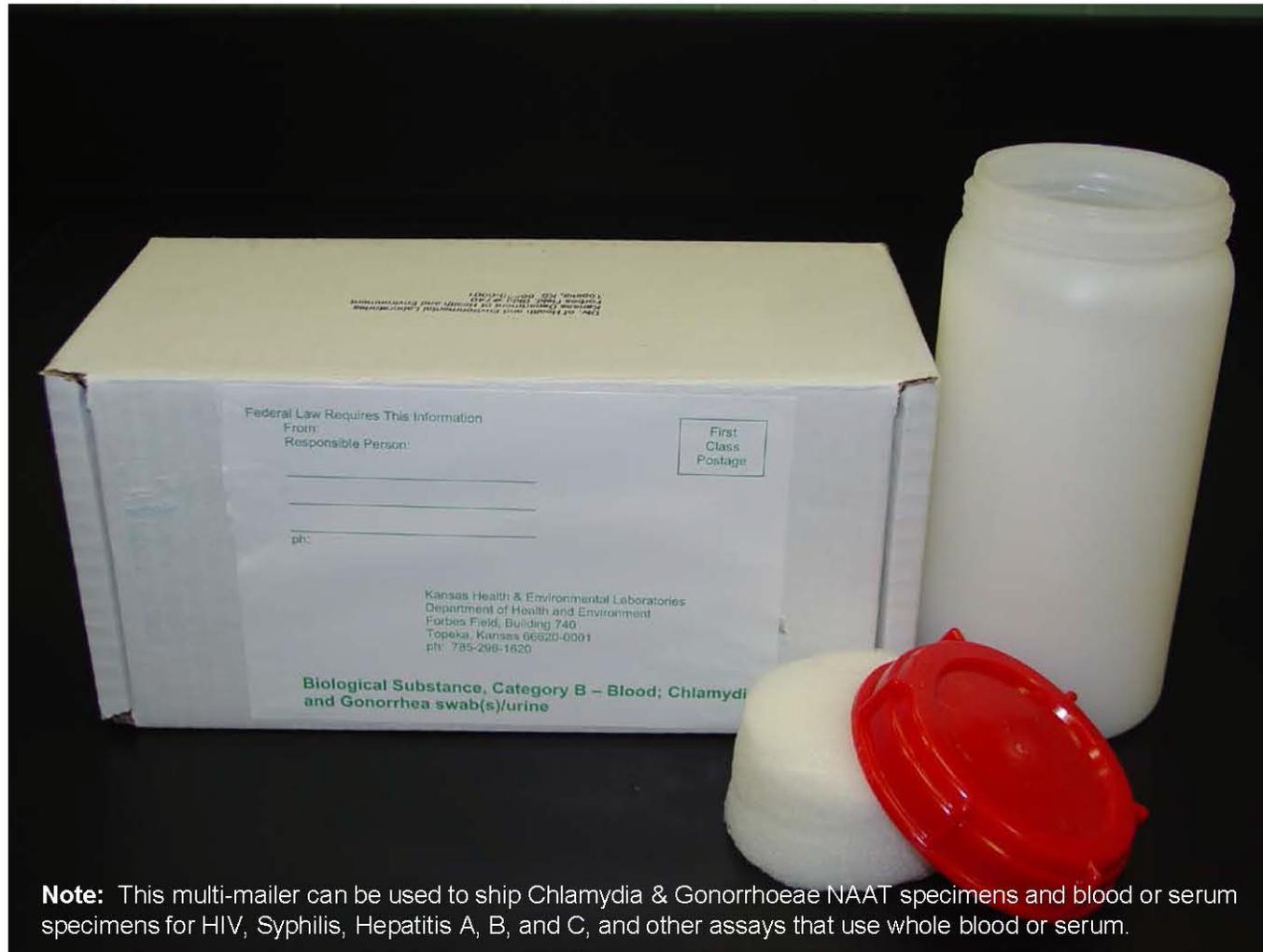
_____ Sputum Mailer

Contact Epidemiologic Services at (877)427-7317 for HIV, Prenatal, Hepatitis A and WNV testing approval

Send to:
 Facility ID No.: _____
 Facility Name: _____
 Attn: _____
 Address: _____
 City: _____, KS _____
 Phone: _____

LAB USE ONLY	
Order Number:	_____
Date Received:	_____
Shipped By:	_____
Date Shipped:	_____
Transport Method:	_____
Material Lot#:	_____

Kansas Health and Environmental Laboratories Biological Substance, Category B Packaging and Shipping System Guide: Blood, Chlamydia & Gonorrhea Multi-mailer (e.g. HIV, Hepatitis A, B & C, Syphilis; Chlamydia and Gonorrhoeae NAAT)



Note: This multi-mailer can be used to ship Chlamydia & Gonorrhoeae NAAT specimens and blood or serum specimens for HIV, Syphilis, Hepatitis A, B, and C, and other assays that use whole blood or serum.

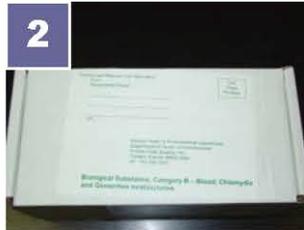
- As of October 1, 2006, Federal Law requires that the To, From, and **UN3373 Biological Substance, Category B** labels be attached to this fiberboard shipper; if it is not attached one should be attached by your facility.
- This guide is based on a Triple Packaging system: the Primary specimen container; Secondary red top 95 kPa polyethylene container; cushioning material; and Tertiary Fiberboard Shipper.
- Bubble wrap or other cushioning material should be wrapped around the Primary Container to prevent breakage of the Primary Container.

Kansas Health and Environmental Laboratories Biological Substance, Category B Packaging and Shipping System Guide: Blood, Chlamydia & Gonorrhea Multi-mailer

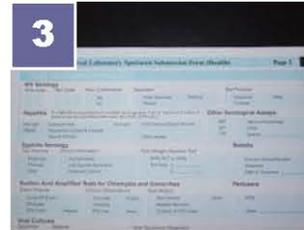
(e.g. HIV, Hepatitis A, B & C, Syphilis; Chlamydia and Gonorrhoeae NAAT)



1) Fiberboard Shipper; Red-Topped 95kPa Biohazard Secondary Container with five-tube foam insert and topper.



2) Category B-Blood; Chlamydia/GC swab/Urine Label includes To/From address blocks and sample type.



3) Complete [Universal Laboratory Specimen Submission Form](#) (Universal Form); mark required test(s) on page 2 (back) of form.



4) Collect specimen in proper Vacutainer, [Unisex Swab](#), [Vaginal Swab](#), or [Urine](#) collection tube (Primary Container).



5) Use barcode sticker from Universal Form to label Primary Container and keep one for your records



6) Place a barcode sticker from Universal Form on Primary Container, in addition to patient information and date.



7) The same bar code number can be used for one patient that has a blood sample and a CT/GC sample per Universal Form).



8) Place Primary Container(s) in 5-tube foam insert inside Secondary Container. Cover tubes with foam topper to prevent shifting.



9) Secure top of Secondary Container firmly; **DO NOT** write on this container.



10) Place Secondary Container into Fiberboard Shipper.



11) Place cushioning material and completed Universal Form(s) inside Fiberboard Shipper **OUTSIDE OF SECONDARY CONTAINER**.



12) Secure Fiberboard Shipper with tape. Complete return address label; **DO NOT** write on the box. This package is now ready to ship to KHEL.

Note: Order [Universal Forms](#) and blood tubes separately from Multi-Mailer system. Chlamydia/Gonorrhoeae specimen collection kits must be ordered from the manufacturer (contact STD KIPP program at 785-296-5595).

Charging for testing:

Patients who receive laboratory services provided by the STD Section of KDHE may NOT be charged more than the cost incurred for the laboratory services they receive (\$0.00 for in-criteria and \$15.00 for out-of-criteria). Facilities may bill patients for other services provided during the visit (office visits, nursing services, etc.) not to exceed the cost incurred to provide the service. In cases where the patient does not fall within KIPP screening criteria, sites are able (and encouraged) to seek repayment (up to the \$15 cost of the test) from the patient.

Positive Test Results:

Contacting the Client

- An attempt to contact the client should be made within 24 hours of receiving a positive test result.
- Each attempt to contact the client should be recorded in the medical record.
- Due to confidentiality, if the patient is attempted to be contacted over the phone and is not able to be reached, a message should be left to have the phone call returned.
Test information should not be given to anyone other than the client.
- If, after a minimum effort of two phone calls and one letter mailed to the patient's home address, the client is still unable to be reached, the matter should be referred to the appropriate Behavioral Intervention Specialist (BIS). A map showing assignment areas and contact information for each of the BIS can be found on page 45.

Management of Sex Partners – A partner referral system for assuring the examination and treatment of sex partners must be in place at all KIPP sites.

- Notification and referral of sex partners for evaluation, testing, and treatment can be accomplished in two ways:
 - Patient Referral – the patient is told to refer their sex partners in for testing and/or treatment, and is provided guidance by the provider on how to accomplish this. Contact Referral Cards are no longer provided, however if your facility would like a template for the cards please contact the KIPP Coordinator.
 - Provider Referral – the patient is interviewed by the provider to gather locating and exposure information on sex partners, and the provider contacts the partners (without revealing information about the patient who named the partners) for testing and/or treatment.
- BIS Assistance – In instances where contacts refuse to come in, can't be located, or are out of the city, county, or state where your facility is located, the appropriate BIS servicing your area can be contacted to complete the task.
- Sex partners should be evaluated and treated if they had sexual contact with the patient during the 60 days preceding onset of symptoms or diagnosis of chlamydia/gonorrhea in the patient.
- The most recent sex partner should be evaluated and treated even if the time of the last sexual contact was greater than 60 days before symptom onset or diagnosis.

Treatment

On-Site Treatment:

In accordance with current CDC recommendations (as found on page 38), all participating KIPP sites must provide CDC recommended treatment **on-site** for patients who test positive for chlamydia and/or gonorrhea. All patients testing positive for chlamydia and/or gonorrhea should be treated within fourteen (14) days from the date of specimen collection. The STD Section of KDHE provides medications at no charge for the curative and preventative treatment of chlamydia and gonorrhea. For more information, see “Ordering State Medications” on page 37. It is also strongly recommended by the KIPP that treatment be provided for sexual contacts of individuals testing positive. Please note that medications may be used to provide curative and/or preventative treatment for patients who are tested and/or exposed by individuals tested outside of your facility with local approval as appropriate (health officers, administrators, etc.).

Charging for Treatment:

Patients who receive medications provided by the STD Section of KDHE may NOT be charged for the medications they receive. Facilities may bill patients for other services provided during the visit (administration fee, nursing services, etc.) not to exceed the cost incurred to provide the service.

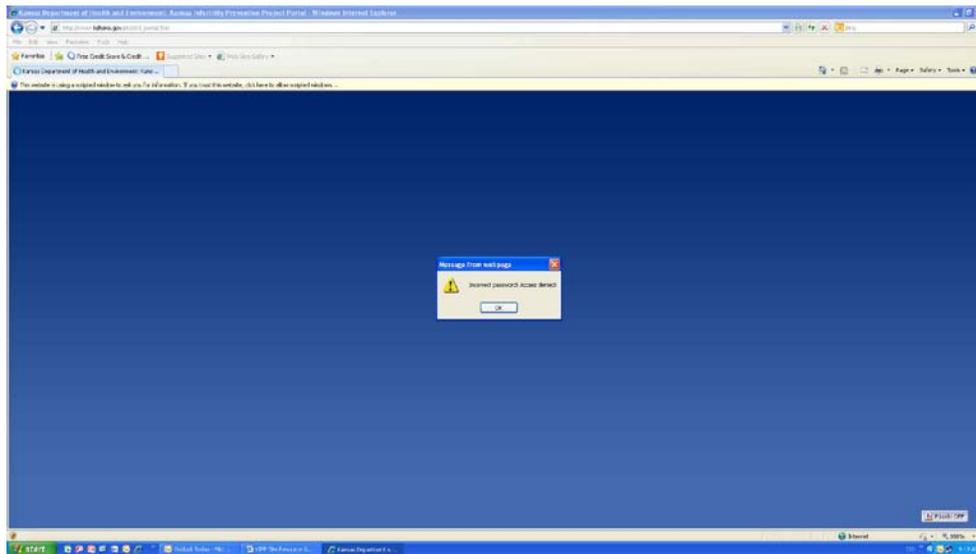
Ordering State Medications:

Medications, urine specimen collection kits, and 'KNOW WHERE TO GO' wristbands can be ordered (by KIPP sites only) from the STD Section at KDHE by visiting our website at: <http://www.kdheks.gov/std> Once at the website, click on:



When prompted, enter the password "oneinfour". Once you are logged in, you will see the KIPP Site Order Form. The form will immediately be sent to the STD Section electronically. You should receive a confirmation email from the STD Section that they have received your order and they will notify you of the anticipated ship date. Please note that all medications, dosages, and packaging may not be available to all sites, depending on current morbidity trends and budgetary restrictions.

Note: If you click on KIPP Member Order form and the following screen appears:



Pop-up message reads: Incorrect password! Access denied! Your Internet settings need to be adjusted. Click on Tools on the Menu Bar and select Internet Options. Click on the Security Tab and click the Custom level... button. Scroll down to the bottom of the box and look for 'Allow websites to prompt for information using scripted windows' (usually the fourth option from the bottom) and select Enable. Click OK, a Warning message may appear asking 'Are you sure you want to change the settings for this zone?' select Yes then OK. Click on the KIPP Member Order Form button again and when prompted enter the password. This setting should only need to be changed once.

SUMMARY OF THE 2010 CDC STD TREATMENT GUIDELINES

These guidelines for the treatment of STDs reflect the recommendations of the **2010 CDC Treatment Guidelines**. These are outlines for quick reference that focus on STDs encountered in an outpatient setting and are not an exhaustive list of effective treatments. Please refer to the complete document of the CDC for more information or call the STD Program for your state. These guidelines are to be used for clinical guidance and are not to be construed as standards or inflexible rules. Clinical and epidemiological services are available through your state STD Program and staff is available to assist healthcare providers with confidential notification of sexual partners of patients infected with STDs and HIV.

Please call for any assistance at 314/747-0294 OR e-mail at drother@dom.wustl.edu.

DISEASE	RECOMMENDED Treatment	ALTERNATIVE REGIMENS: To be used if medical contraindication to recommended regimen
SYPHILIS ^{21,22}		
Primary, Secondary, and Early Latent	<ul style="list-style-type: none"> Benzathine penicillin G 2.4 million units IM 	<ul style="list-style-type: none"> Doxycycline ²³ 100 mg po bid x 14 d OR Tetracycline ²³ 500 mg po qid x 14 d OR Ceftriaxone ²³ 1 g IM or IV daily x 10-14 d
Late Latent and Latent of Unknown Duration	<ul style="list-style-type: none"> Benzathine penicillin G 7.2 million units, administered as 3 doses of 2.4 million units IM each, at 1-week intervals 	<ul style="list-style-type: none"> Doxycycline ²³ 100 mg po bid x 28 d OR Tetracycline ²³ 500 mg po qid x 28 d
Neurosyphilis ²⁴	<ul style="list-style-type: none"> Aqueous crystalline penicillin G 18-24 million units daily, administered as 3-4 million units IV q 4 hrs x 10-14 d 	<ul style="list-style-type: none"> Procaine penicillin G, 2.4 million units IM daily x 10-14d plus Probenecid 500 mg po qid x 10-14 d OR Ceftriaxone ²³ 2 g IM or IV daily x 10-14 d
Pregnant Women ²⁵		
Primary, Secondary, and Early Latent	<ul style="list-style-type: none"> Benzathine penicillin G 2.4 million units IM 	<ul style="list-style-type: none"> None
Late Latent and Latent of Unknown Duration	<ul style="list-style-type: none"> Benzathine penicillin G 7.2 million units, administered as 3 doses of 2.4 million units IM each, at 1-week intervals 	<ul style="list-style-type: none"> None
Neurosyphilis ²⁴	<ul style="list-style-type: none"> Aqueous crystalline penicillin G 18-24 million units daily, administered as 3-4 million units IV q 4 hrs x 10-14 d 	<ul style="list-style-type: none"> Procaine penicillin G 2.4 million units IM daily x 10-14d plus Probenecid 500 mg po qid x 10-14 d
CHLAMYDIA		
Uncomplicated Genital, Rectal, or Pharyngeal Infections ¹¹	<ul style="list-style-type: none"> Azithromycin 1 g po single dose OR Doxycycline 100 mg po bid x 7 d ²¹ 	<ul style="list-style-type: none"> Erythromycin base 500 mg po qid x 7 d OR Erythromycin ethylsuccinate 800 mg po qid x 7 d OR Levofloxacin 500 mg po qd x 7 d OR Ofloxacin 300 mg po bid x 7 d
Pregnant Women ¹¹	<ul style="list-style-type: none"> Azithromycin 1 g po OR Amoxicillin 500 mg po tid x 7 d 	<ul style="list-style-type: none"> Erythromycin base 500 mg po qid x 7 d OR Erythromycin base 250 mg po qid x 14 d OR Erythromycin ethylsuccinate 800 mg po qid x 7 d OR Erythromycin ethylsuccinate 400 mg po qid x 14 d
GONORRHEA: Ceftriaxone is the preferred treatment for adults and adolescents with uncomplicated gonorrhea. Dual therapy with ceftriaxone 250 mg IM (increased from 125 mg) plus either azithromycin 1 g po or doxycycline 100 mg po bid x 7 d is recommended for all patients with gonorrhea, regardless of chlamydia test results. ⁴		
Uncomplicated Genital or Rectal Infections ¹	Dual therapy with <ul style="list-style-type: none"> Ceftriaxone 250 mg IM OR, if not an option Cefixime 400 mg po ⁵ PLUS <ul style="list-style-type: none"> Azithromycin 1 g po OR Doxycycline 100 mg po bid x 7 d ² 	<ul style="list-style-type: none"> Cefpodoxime 400 mg po OR Cefuroxime axetil 1 g po OR Azithromycin ⁶ 2 g po single dose
Pharyngeal Infections	Dual therapy with <ul style="list-style-type: none"> Ceftriaxone 250 mg IM PLUS <ul style="list-style-type: none"> Azithromycin 1 g po OR Doxycycline 100 mg po bid x 7 d ² 	<ul style="list-style-type: none"> Azithromycin ⁶ 2 g po single dose
Pregnant Women ³	Dual therapy with <ul style="list-style-type: none"> Ceftriaxone 250 mg IM OR, if not an option Cefixime 400 mg po ⁵ PLUS <ul style="list-style-type: none"> Azithromycin 1 g po 	<ul style="list-style-type: none"> Cefpodoxime 400 mg po OR Cefuroxime axetil 1 g po OR Azithromycin ⁶ 2 g po in a single dose
PELVIC INFLAMMATORY DISEASE ^{4,7,8}	Parenteral – Regimen A ⁹ <ul style="list-style-type: none"> EITHER Cefotetan 2 g IV q 12 hrs OR Cefoxitin 2 g IV q 6 hrs Plus <ul style="list-style-type: none"> Doxycycline 100 mg po or IV q 12 hrs ² Parenteral – Regimen B ⁹ <ul style="list-style-type: none"> Clindamycin 900 mg IV q 8 hrs Plus <ul style="list-style-type: none"> Gentamicin 2 mg/kg IV or IM followed by 1.5 mg/kg IV or IM q 8 hrs IM / Oral Regimen <ul style="list-style-type: none"> Ceftriaxone 250 mg IM OR Cefoxitin 2 g IM, with Probenecid 1 g po Plus <ul style="list-style-type: none"> Doxycycline 100 mg po bid x 14 d ² plus Metronidazole 500 mg po bid x 14 d if BV is present or cannot be R/O 	Parenteral ⁹ : Ampicillin/Sulbactam 3 g IV q 6 hrs plus Doxycycline ² 100 mg po or IV q 12 hrs ORAL ¹⁰ <ul style="list-style-type: none"> Levofloxacin ² 500 mg po daily x 14 d OR Ofloxacin ² 400 mg po bid x 14 d OR Ceftriaxone 250 mg IM single dose and Azithromycin 1 g po once a week for 2 weeks plus Metronidazole 500 mg po bid x 14 d if BV is present or cannot be R/O

CERVICITIS ^{4,7,11}	<ul style="list-style-type: none"> Azithromycin 1 g po OR Doxycycline 100 mg po bid x 7 d ^{2d} plus Metronidazole 500 mg po bid x 7 d if BV or trichomoniasis is present 	
NONGONOCOCCAL URETHRITIS ⁷	<ul style="list-style-type: none"> Azithromycin 1 g po OR Doxycycline 100 mg po bid x 7 d ² 	<ul style="list-style-type: none"> Erythromycin base 500 mg po qid x 7 d OR Erythromycin ethylsuccinate 800 mg po qid x 7 d OR Levofloxacin 500 mg po daily x 7 d OR Ofloxacin 300 mg po bid x 7 d
EPIDIDYMITIS ^{4,7}	<p>Likely due to Gonorrhea or Chlamydia</p> <ul style="list-style-type: none"> Ceftriaxone 250 mg IM plus Doxycycline 100 mg po bid x 10d <p>Likely due to enteric organisms</p> <ul style="list-style-type: none"> Levofloxacin 500 mg po daily x 10d ¹² OR Ofloxacin 300 mg po bid x 10 d ¹² 	
TRICHOMONIASIS ^{13,14}		
Non-pregnant Women	<ul style="list-style-type: none"> Metronidazole 2 g po single dose OR Tinidazole 2 g po single dose ¹⁵ 	<ul style="list-style-type: none"> Metronidazole 500 mg po bid x 7 d
Pregnant Women	<ul style="list-style-type: none"> Metronidazole 2 g po single dose 	<ul style="list-style-type: none"> Metronidazole 500 mg po bid x 7 d
BACTERIAL VAGINOSIS		
Adults/Adolescents	<ul style="list-style-type: none"> Metronidazole 500 mg po bid x 7 d OR Metronidazole gel 0.75%, one full applicator (5g) intravaginally daily x 5 d OR Clindamycin cream 2%, one full applicator (5g) intravaginally qhs x 7d ¹⁶ 	<ul style="list-style-type: none"> Tinidazole ¹⁵ 2 g po daily x 2 d OR Tinidazole ¹⁵ 1 g po daily x 5 d OR Clindamycin 300 mg po bid x 7 d OR Clindamycin ovules 100 mg intravaginally qhs x 3 d
Pregnant Women	<ul style="list-style-type: none"> Metronidazole 500 mg po bid x 7 d OR Metronidazole 250 mg po tid x 7 d OR Clindamycin 300 mg po bid x 7 d 	
CHANCROID	<ul style="list-style-type: none"> Azithromycin 1 g po single dose OR Ceftriaxone 250 mg IM single dose OR Ciprofloxacin 500 mg po bid x 3 d ² OR Erythromycin base 500 mg po tid x 7 d 	
ANOGENITAL WARTS		
External Genital/Perianal Warts	<p>Patient-Applied</p> <ul style="list-style-type: none"> Imiquimod ^{15,16} 5% cream topically qhs 3x/wk for up to 16 wks OR Podofilox ¹⁵ 0.5% solution or gel topically bid x 3 d followed by 4 d off, for up to 4 cycles OR Sinecatechins ¹⁵ 15% ointment topically tid, for up to 16 wks <p>Provider-Administered</p> <ul style="list-style-type: none"> Cryotherapy Apply once q 1-2 wks OR Podophyllin ¹⁵ resin 10%-25% in tincture of benzoin - apply once q 1-2 wks OR Trichloroacetic acid (TCA) 80%-90% - apply once q 1-2 wks OR Bichloroacetic acid (BCA) 80%-90% apply once q 1-2 wks OR Surgical removal 	<p>Alternative Regimen</p> <ul style="list-style-type: none"> Intralesional interferon OR Laser surgery OR Photodynamic therapy OR Topical cidofovir
Mucosal Genital Warts ¹⁷	<ul style="list-style-type: none"> Cryotherapy (vaginal, urethral meatus, and anal) OR TCA or BCA 80%-90% (vaginal and anal) OR Podophyllin ¹⁵ resin 10%-25% in tincture of benzoin (urethral meatus) OR Surgical removal 	
ANOGENITAL HERPES ¹⁸		
First Clinical Episode of Anogenital Herpes	<ul style="list-style-type: none"> Acyclovir 400 mg po tid x 7-10 d OR Acyclovir 200 mg po 5x/day x 7-10 d OR Famciclovir 250 mg po tid x 7-10 d OR Valacyclovir 1 g po bid x 7-10 d 	
Established Infection	<ul style="list-style-type: none"> Acyclovir 400 mg po bid OR Famciclovir 250 mg po bid ¹⁹ OR Valacyclovir 500 mg po daily OR Valacyclovir 1 g po daily 	
Suppressive Therapy ^{19,20}	<ul style="list-style-type: none"> Acyclovir 400 mg po tid x 5 d OR Acyclovir 800 mg po bid x 5 d OR Acyclovir 800 mg po tid x 2 d OR Famciclovir 125 mg po bid x 5 d OR Famciclovir 1000 mg po bid x 1 d OR Famciclovir 500 mg once, then 250 mg bid x 2 d OR Valacyclovir 500 mg po bid x 3 d OR Valacyclovir 1 g po daily x 5 d 	
HIV Co-Infected ²⁰		
Suppressive Therapy ¹⁹	<ul style="list-style-type: none"> Acyclovir 400-800 mg po bid or tid OR Famciclovir 500 mg po bid ¹⁹ OR Valacyclovir 500 mg po bid 	
Episodic Therapy for Recurrent Episodes	<ul style="list-style-type: none"> Acyclovir 400 mg po bid OR Famciclovir 500 mg po bid OR Valacyclovir 1 g po bid x 5-10 d 	

Footnotes are located on our website <http://std.wustl.edu> We thank the California PTC for their efforts to compile this summary.

Reporting Medications Used:

Medication provided by the STD Section at KDHE that are used at your facility must be reported on the “Kansas Notifiable Disease Form”. The Kansas Notifiable Disease Form can be accessed by visiting our website at: www.kdheks.gov/std . All forms must be sent to our central office by fax: (785) 296-5590 or mail: 1000 SW Jackson, Ste. 210, Topeka, KS 66612.

Please note that if a person has been preventatively treated (and either is not tested, or tests negative), they should be marked as an “Epi” or “preventative” treat next to the disease (ex. “Chlamydia – Epi” or, “Chlamydia – Contact”). Contacts should only have their information on the disease form, please do not include the positive patient’s information on the form. A patient who is treated and tested at the same visit should have their form held until test results are received to determine if they are a positive or “Epi” case. Failure to report medications used may result in suspension or revocation of medication privileges.

A copy of the Kansas Notifiable Disease Form can be found following this page.

**REPORTABLE DISEASES IN KANSAS for health care providers, hospitals, and laboratories
(K.S.A. 65-118, 65-128, 65-6001 - 65-6007, K.A.R. 28-1-2, 28-1-4, and 28-1-18. Changes effective as of 4/28/2006)**

 - Indicates that a telephone report is required by law within four hours of suspect or confirmed cases to KDHE toll-free at 877-427-7317

 - Indicates that an isolates must be sent to: Division of Health and Environmental Laboratories
Forbes Field, Building #740, Topeka, KS 66620-0001
Phone: (785) 296-1633

Acquired Immune Deficiency Syndrome (AIDS)

Amebiasis

Anthrax 

Arboviral disease (including West Nile virus, Western Equine encephalitis (WEE) and St. Louis encephalitis (SLE)) - indicate virus whenever possible

Botulism 

Brucellosis

Campylobacter infections

Chancroid

Chlamydia trachomatis genital infection

Cholera 

Cryptosporidiosis

Cyclospora infection

Diphtheria

Ehrlichiosis

Escherichia coli O157:H7 (and other shiga-toxin producing *E. coli*, also known as STEC) 

Giardiasis

Gonorrhea

Haemophilus influenzae, invasive disease

Hantavirus Pulmonary Syndrome

Hemolytic uremic syndrome, postdiarrheal

Hepatitis, viral (acute and chronic)

Hepatitis B during pregnancy

Human Immunodeficiency Virus (HIV) (includes Viral Load Tests)

Influenza deaths in children <18 years of age

Legionellosis

Leprosy (Hansen disease)

Listeriosis

Lyme disease

Malaria

Measles (rubeola) 

Meningitis, bacterial 

Meningococemia  

Mumps 

Pertussis (whooping cough) 

Plague (*Yersinia pestis*) 

Poliomyelitis 

Psittacosis

Q Fever (*Coxiella burnetii*) 

Rabies, human and animal 

Rocky Mountain Spotted Fever

Rubella, including congenital rubella syndrome 

Salmonellosis, including typhoid fever 

Severe Acute Respiratory Syndrome (SARS)  

Shigellosis 

Smallpox 

Streptococcal invasive, drug-resistant disease from Group A *Streptococcus* or *Streptococcus pneumoniae* 

Syphilis, including congenital syphilis

Tetanus

Toxic shock syndrome, streptococcal and staphylococcal

Transmissible Spongiform Encephalopathy (TSE) or prion disease (includes CJD)

Trichinosis

Tuberculosis, active disease  

Tuberculosis, latent infection

Tularemia

Varicella (chickenpox)

Viral hemorrhagic fever 

Yellow fever

In addition, laboratories must report:

- Viral load results of reportable diseases
- ALL blood lead levels, as of 12/2002 (KCLPPP/ABLES)
- CD4+ T-lymphocyte count < 500/ μ l or CD4+ T-lymphocytes <29% of total lymphocytes

Outbreaks, unusual occurrence of any disease, exotic or newly recognized diseases, and suspect acts of terrorism should be reported within 4 hours by telephone to the Epidemiology Hotline: 877-427-7317

Mail or fax reports to your local health department and/or to:

KDHE Office of Surveillance and Epidemiology, 1000 SW Jackson, Suite 210, Topeka, KS 66612-1274
Fax: 877-427-7318 (toll-free)

Additional Resources

Important Phone Numbers:

Gen-Probe Customer Service.....	1-800-523-5001
Kansas Health & Environmental Laboratories	
Customer Service	785-296-1620
Serology.....	785-296-1653
Virology	785-296-1645
KIPP Committee:	
Stephanie Green – KIPP Coordinator	785-296-5595
Brenda Walker –Director,	
Bureau of Disease Control & Prevention	785-368-6427
Jennifer VandeVelde – Director, STD Section	785-296-6544
Derek Coppedge – Deputy Director, STD Section.....	785-296-5598
Christina VanCleave – Lead BIS,	
Wyandotte County Health Department	913-573-6774
Stacey Sandstrom – Health Section Chief, KHEL	785-296-2244
Ruth Werner – Director, Title X Family Planning.....	785-296-1304
STD Section.....	785-296-5596

Helpful Websites:

CDC – 2010 STD Treatment Guidelines:

<http://www.cdc.gov/std/treatment/>

CDC – Division of STD Prevention:

<http://www.cdc.gov/std/>

CDC – STD Fact Sheets:

http://www.cdc.gov/std/healthcomm/fact_sheets.htm

Kansas Department of Health and Environment (KDHE) – STD Website:

<http://www.kdheks.gov/std>

KDHE – STD Statistics:

http://www.kdheks.gov/std/std_reports.html

Kansas Department of Health and Environment (KDHE) – HIV/AIDS Website:

<http://www.kdheks.gov/hiv>

KNOW:

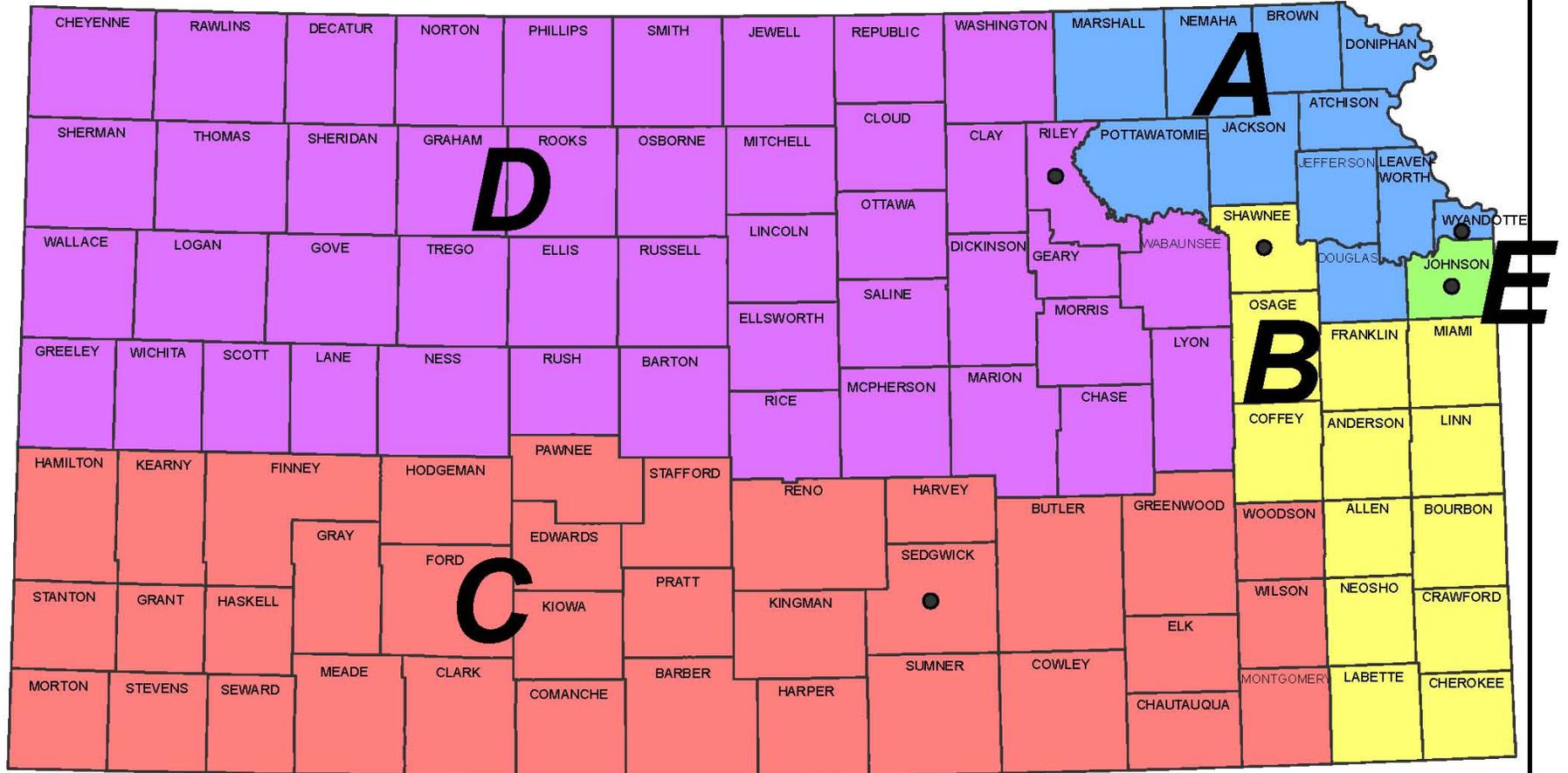
The STD Section has implemented a social marketing campaign, 'KNOW'. 'KNOW' is used in several ways, the first being 'KNOW WHERE TO GO' for providers to obtain information about STD Testing.



The second is 'KNOW WHERE TO GO' for the target population of males and females between the ages of 18 to 40 who live in Kansas. The STD Section has business cards and wristbands available for distribution. To order, please see "Ordering State Medications" on page 37.



Behavioral Intervention Specialist Assignment Areas



A: Wyandotte County Health Department

Christina - WY
 (913) 573-6774
 Cell: (913) 671-9288
Jamie - WY
 (913) 573-6773
Kristen - WY
 (913) 573-6771
Greg - WY
 CD Program Manager
 (913) 573-6735
 Cell: (913) 244-2660

B: Shawnee County Health Department

David - SN
 (785) 291-2433
 Cell: (785) 338-6159
B: Topeka, KS Central Office
KS Dept Health & Env
Stephanie Green
 (785) 296-5595
 Cell: (785) 338-6157
Scott Strobel
 (785) 296-5596

C: Sedgwick County Health Department

Jason - SG
 (316) 660-7369
 Cell: (316) 213-5231
John - SG
 (316) 660-7384
 Cell: (316) 833-1106
Beth - SG
 (316) 660-7371
 Cell: (316) 308-8678
Jada - SG
 Reactor Analyst
 (316) 660-7345

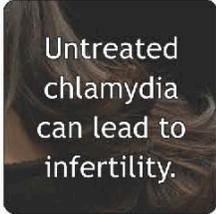
D: Riley County Health Department

Elise - RL
 (785) 776-4779 x 111
 Cell: (785) 338-0520
E: Johnson County Health Dept. Mission
Kristine - JO
 JO: (913) 477-8359
 Cell: (785) 213-9631
Megan - JO
 JO: (913) 826-1257
 Cell: (785) 256-3159



www.kdheks.gov/std

Chlamydia – CDC Fact Sheet



What is chlamydia?

Chlamydia is a common sexually transmitted disease (STD) caused by the bacterium, *Chlamydia trachomatis*, which can damage a woman's reproductive organs. Even though symptoms of chlamydia are usually mild or absent, serious complications that cause irreversible damage, including infertility, can occur "silently" before a woman ever recognizes a problem. Chlamydia also can cause discharge from the penis of an infected man.

How common is chlamydia?

Chlamydia is the most frequently reported bacterial sexually transmitted disease in the United States. In 2010, 1,307,893 chlamydial infections were reported to CDC from 50 states and the District of Columbia. Under-reporting is substantial because most people with chlamydia are not aware of their infections and do not seek testing. Also, testing is not often done if patients are treated for their symptoms. An estimated 2.8 million infections occur annually in the U.S. Women are frequently re-infected if their sex partners are not treated.

How do people get chlamydia?

Chlamydia can be transmitted during vaginal, anal, or oral sex. Chlamydia can also be passed from an infected mother to her baby during vaginal childbirth.

Any sexually active person can be infected with chlamydia. The greater the number of sex partners, the greater the risk of infection. Because the cervix (opening to the uterus) of teenage girls and young women is not fully matured and is probably more susceptible to infection, they are at particularly high risk for infection if sexually active. Since chlamydia can be transmitted by oral or anal sex, men who have sex with men are also at risk for chlamydial infection.

What are the symptoms of chlamydia?

Chlamydia is known as a "silent" disease because the majority of infected people have no symptoms. If symptoms do occur, they usually appear within 1 to 3 weeks after exposure.

In women, the bacteria initially infect the cervix and the urethra (urine canal). Women who have symptoms might have an abnormal vaginal discharge or a burning sensation when urinating. If the infection spreads from the cervix to the fallopian tubes (tubes that carry fertilized eggs from the ovaries to the uterus), some women still have no signs or symptoms; others have lower abdominal pain, low back pain, nausea, fever, pain during intercourse, or bleeding between menstrual periods. Chlamydial infection of the cervix can spread to the rectum.

Men with signs or symptoms might have a discharge from their penis or a burning sensation when urinating. Men might also have burning and itching around the opening of the penis. Pain and swelling in the testicles are uncommon.

Men or women who have receptive anal intercourse may acquire chlamydial infection in the rectum, which can cause rectal pain, discharge, or bleeding. Chlamydia can also be found in the throats of women and men having oral sex with an infected partner.

What complications can result from untreated chlamydia?

If untreated, chlamydial infections can progress to serious reproductive and other health problems with both short-term and long-term consequences. Like the disease itself, the damage that chlamydia causes is often "silent."

In women, untreated infection can spread into the uterus or fallopian tubes and cause pelvic inflammatory disease (PID). This happens in about 10 to 15 percent of women with untreated chlamydia. Chlamydia can also cause fallopian tube infection without any symptoms. PID and "silent" infection in the upper genital tract can cause permanent damage to the fallopian tubes, uterus, and surrounding tissues. The damage can lead to chronic pelvic pain, infertility, and potentially fatal ectopic pregnancy (pregnancy outside the uterus). Chlamydia may also increase the chances of becoming infected with HIV, if exposed.

To help prevent the serious consequences of chlamydia, screening at least annually for chlamydia is recommended for all sexually active women age 25 years and younger. An annual screening test also is recommended for older women with risk factors for chlamydia (a new sex partner or multiple sex partners). All pregnant women should have a screening test for chlamydia.

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Division of STD Prevention



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Complications among men are rare. Infection sometimes spreads to the epididymis (the tube that carries sperm from the testis), causing pain, fever, and, rarely, sterility.

Rarely, genital chlamydial infection can cause arthritis that can be accompanied by skin lesions and inflammation of the eye and urethra (Reiter's syndrome).

How does chlamydia affect a pregnant woman and her baby?

In pregnant women, there is some evidence that untreated chlamydial infections can lead to premature delivery. Babies who are born to infected mothers can get chlamydial infections in their eyes and respiratory tracts. Chlamydia is a leading cause of early infant pneumonia and conjunctivitis (pink eye) in newborns.

How is chlamydia diagnosed?

There are laboratory tests to diagnose chlamydia. Some can be performed on urine, other tests require that a specimen be collected from a site such as the penis or cervix.

What is the treatment for chlamydia?

Chlamydia can be easily treated and cured with antibiotics. A single dose of azithromycin or a week of doxycycline (twice daily) are the most commonly used treatments. HIV-positive persons with chlamydia should receive the same treatment as those who are HIV negative.

All sex partners should be evaluated, tested, and treated. Persons with chlamydia should abstain from sexual intercourse for 7 days after single dose antibiotics or until completion of a 7-day course of antibiotics, to prevent spreading the infection to partners.

Women whose sex partners have not been appropriately treated are at high risk for re-infection. Having multiple infections increases a woman's risk of serious reproductive health complications, including infertility. Women and men with chlamydia should be retested about three months after treatment of an initial infection, regardless of whether they believe that their sex partners were treated.

How can chlamydia be prevented?

The surest way to avoid transmission of STDs is to abstain from sexual contact, or to be in a long-term mutually monogamous relationship with a partner who has been tested and is known to be uninfected.

Latex male condoms, when used consistently and correctly, can reduce the risk of transmission of chlamydia.

CDC recommends yearly chlamydia testing of all sexually active women age 25 or younger, older women with risk factors for chlamydial infections (those who have a new sex partner or multiple sex partners), and all pregnant women. An appropriate sexual risk assessment by a health care provider should always be conducted and may indicate more frequent screening for some women.

Any genital symptoms such as an unusual sore, discharge with odor, burning during urination, or bleeding between menstrual cycles could mean an STD infection. If a woman or man has any of these symptoms, they should stop having sex and consult a health care provider immediately. Treating STDs early in women can prevent PID. Women and men who are told they have an STD and are treated for it should notify all of their recent sex partners (sex partners within the preceding 60 days) so they can see a health care provider and be evaluated for STDs. Sexual activity should not resume until all sex partners have been examined and, if necessary, treated.

Where can I get more information?

Division of STD Prevention (DSTDP)
Centers for Disease Control and Prevention
Email: www.cdc.gov/std

CDC-INFO Contact Center
1-800-CDC-INFO (1-800-232-4636)
Email: cdcinfo@cdc.gov

If untreated, chlamydial infections can progress to serious reproductive and other health problems with both short-term and long-term consequences. Like the disease itself, the damage that chlamydia causes is often "silent."



Content Updated: February, 2012

Gonorrhea - CDC Fact Sheet



What is gonorrhea?

Gonorrhea is a sexually transmitted disease (STD) caused by a bacterium. Gonorrhea can grow easily in the warm, moist areas of the reproductive tract, including the cervix (opening to the womb), uterus (womb), and fallopian tubes (egg canals) in women, and in the urethra (urine canal) in women and men. The bacterium can also grow in the mouth, throat, eyes, and anus.



How common is gonorrhea?

Gonorrhea is a very common infectious disease. CDC estimates that, annually, more than 700,000 people in the United States get new gonorrhea infections and less than half of these infections are reported to CDC. In 2010, 309,341 cases of gonorrhea were reported to CDC.

How do people get gonorrhea?

People get gonorrhea by having sex with someone who has the disease. "Having sex" means anal, vaginal, or oral sex. Gonorrhea can still be transmitted via fluids even if a man does not ejaculate. Gonorrhea can also be spread from an untreated mother to her baby during childbirth.

People who have had gonorrhea and have been treated may get infected again if they have sexual contact with a person infected with gonorrhea.

Who is at risk for gonorrhea?

Any sexually active person can be infected with gonorrhea. It is a very common STD. In the United States, the highest reported rates of infection are among sexually active teenagers, young adults, and African Americans.

What are the symptoms of gonorrhea?

Some men with gonorrhea may have no symptoms at all. However, common symptoms in men include a burning sensation when urinating, or a white, yellow, or green discharge from the penis that usually appears 1 to 14 days after infection. Sometimes men with gonorrhea get painful or swollen testicles.

Most women with gonorrhea do not have any symptoms. Even when a woman has symptoms, they are often mild and can be mistaken for a bladder or vaginal infection. The initial symptoms in women can include a painful or burning sensation when urinating, increased vaginal discharge, or vaginal bleeding between periods. Women with gonorrhea are at risk of developing serious complications from the infection, even if symptoms are not present or are mild.

Symptoms of rectal infection in both men and women may include discharge, anal itching, soreness, bleeding, or painful bowel movements. Rectal infections may also cause no symptoms. Infections in the throat may cause a sore throat, but usually cause no symptoms.

What are the complications of gonorrhea?

Untreated gonorrhea can cause serious and permanent health problems in both women and men.

In women, gonorrhea can spread into the uterus (womb) or fallopian tubes (egg canals) and cause pelvic inflammatory disease (PID). The symptoms may be mild or can be very severe and can include abdominal pain and fever. PID can lead to internal abscesses (pus-filled pockets that are hard to cure) and chronic (long-lasting) pelvic pain. PID can damage the fallopian tubes enough that a woman will be unable to have children. It also can increase her risk of ectopic pregnancy. Ectopic pregnancy is a life-threatening condition in which a fertilized egg grows outside the uterus, usually in a fallopian tube.

In men, gonorrhea can cause a painful condition called epididymitis in the tubes attached to the testicles. In rare cases, this may prevent a man from being able to father children.

If not treated, gonorrhea can also spread to the blood or joints. This condition can be life-threatening.

What about gonorrhea and HIV?

Untreated gonorrhea can increase a person's risk of acquiring or transmitting HIV—the virus that causes AIDS.

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Division of STD Prevention



How does gonorrhea affect a pregnant woman and her baby?

If a pregnant woman has gonorrhea, she may give the infection to her baby as the baby passes through the birth canal during delivery. This can cause serious health problems for the baby. Treating gonorrhea as soon as it is detected in pregnant women will make these health outcomes less likely. Pregnant women should consult a health care provider for appropriate examination, testing, and treatment, as necessary.

Who should be tested for gonorrhea?

Any sexually active person can be infected with gonorrhea. Anyone with genital symptoms such as discharge, burning during urination, unusual sores, or rash should stop having sex and see a health care provider immediately.

Also, anyone with an oral, anal, or vaginal sex partner who has been recently diagnosed with an STD should see a health care provider for evaluation.

Some people should be tested for gonorrhea even if they do not have symptoms or know of a sex partner who has gonorrhea. Anyone who is sexually active should discuss his or her risk factors with a health care provider and ask whether he or she should be tested for gonorrhea or other STDs.

People who have gonorrhea should also be tested for other STDs.

How is gonorrhea diagnosed?

Most of the time, a urine test can be used to test for gonorrhea. However, if a person has had oral and/or anal sex, swabs may be used to collect samples from the throat and/or rectum. In some cases, a swab may be used to collect a sample from a man's urethra (urine canal) or a woman's cervix (opening to the womb).

Find an STD testing facility near you

What is the treatment for gonorrhea?

Gonorrhea can be cured with the right treatment. It is important to take all of the medication prescribed to cure gonorrhea. Medication for gonorrhea should not be shared with anyone. Although medication will stop the infection, it will not repair any permanent damage done by the disease. Drug-resistant strains of gonorrhea are increasing, and successful treatment of gonorrhea is becoming more difficult. If a person's symptoms continue for more than a few days after receiving treatment, he or she should return to a health care provider to be reevaluated.

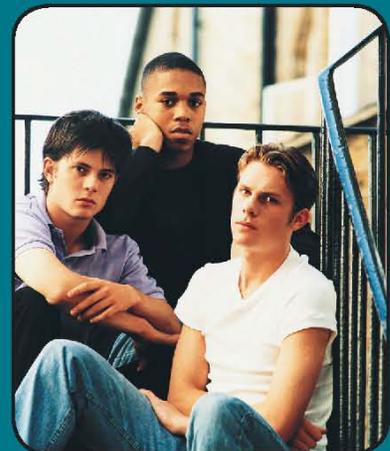
What about partners?

If a person has been diagnosed and treated for gonorrhea, he or she should tell all recent anal, vaginal, or oral sex partners so they can see a health care provider and be treated. This will reduce the risk that the sex partners will develop serious complications from gonorrhea and will also reduce the person's risk of becoming re-infected. A person with gonorrhea and all of his or her sex partners must avoid having sex until they have completed their treatment for gonorrhea and until they no longer have symptoms. For tips on talking to partners about sex and STD testing, visit www.gytnow.org/talking-to-your-partner/.

How can gonorrhea be prevented?

Latex condoms, when used consistently and correctly, can reduce the risk of getting or giving gonorrhea. The most certain way to avoid gonorrhea is to not have sex or to be in a long-term, mutually monogamous relationship with a partner who has been tested and is known to be uninfected.

"The highest reported rates of infection are among sexually active teenagers, young adults, and African Americans."



Where can I get more information?

Division of STD Prevention (DSTDP)
Centers for Disease Control and Prevention
www.cdc.gov/std

CDC-INFO Contact Center
1-800-CDC-INFO (1-800-232-4636)
Email: cdcinfo@cdc.gov

Content Updated: August, 2012



Syphilis



What is syphilis?

Syphilis is a sexually transmitted disease (STD) caused by the bacterium *Treponema pallidum*. It has often been called “the great imitator” because so many of the signs and symptoms are indistinguishable from those of other diseases.

■ How common is syphilis?

In the United States, health officials reported over 36,000 cases of syphilis in 2006, including 9,756 cases of primary and secondary (P&S) syphilis. In 2006, half of all P&S syphilis cases were reported from 20 counties and 2 cities; and most P&S syphilis cases occurred in persons 20 to 39 years of age. The incidence of P&S syphilis was highest in women 20 to 24 years of age and in men 35 to 39 years of age. Reported cases of congenital syphilis in newborns increased from 2005 to 2006, with 339 new cases reported in 2005 compared to 349 cases in 2006.

Between 2005 and 2006, the number of reported P&S syphilis cases increased 11.8 percent. P&S rates have increased in males each year between 2000 and 2006 from 2.6 to 5.7 and among females between 2004 and 2006. In 2006, 64% of the reported P&S syphilis cases were among men who have sex with men (MSM).

■ How do people get syphilis?

Syphilis is passed from person to person through direct contact with a syphilis sore. Sores occur mainly on the external genitals, vagina, anus, or in the rectum. Sores also can occur on the lips and in the mouth. Transmission of the organism occurs during vaginal, anal, or oral sex. Pregnant women with the disease can pass it to the babies they are carrying. Syphilis cannot be spread through contact with toilet seats, doorknobs, swimming pools, hot tubs, bathtubs, shared clothing, or eating utensils.

■ What are the signs and symptoms?

Many people infected with syphilis do not have any symptoms for years, yet remain at risk for late complications if they are not treated. Although transmission occurs from persons with sores who are in the primary or secondary stage, many of these sores are unrecognized. Thus, transmission may occur from persons who are unaware of their infection.

Primary Stage: The primary stage of syphilis is usually marked by the appearance of a single sore (called a chancre), but there may be multiple sores. The time between infection with syphilis and the start of the first symptom can range from 10 to 90 days (average 21 days). The chancre is usually firm, round, small, and painless. It appears at the spot where syphilis entered the body. The chancre lasts 3 to 6 weeks, and it heals without treatment. However, if adequate treatment is not administered, the infection progresses to the secondary stage.

Secondary Stage: Skin rash and mucous membrane lesions characterize the secondary stage. This stage typically starts with the development of a rash on one or more areas of the body. The rash usually does not cause itching. Rashes associated with secondary syphilis can appear as the chancre is healing or several weeks after the chancre has healed. The characteristic rash of secondary syphilis may appear as rough, red, or reddish brown spots both on the palms of the hands and the bottoms of the feet. However, rashes with a different appearance may occur on other parts of the body, sometimes resembling rashes caused by other diseases. Sometimes rashes associated with secondary syphilis are so faint that they are not noticed. In addition to rashes, symptoms of secondary syphilis may include fever, swollen lymph glands, sore throat, patchy hair loss, headaches, weight loss, muscle aches, and fatigue. The signs and symptoms of secondary syphilis will resolve with or without treatment, but without treatment, the infection will progress to the latent and possibly late stages of disease.

Late and Latent Stages: The latent (hidden) stage of syphilis begins when primary and secondary symptoms disappear. Without treatment, the infected person will continue to have syphilis even though there are no signs or symptoms; infection remains in the body. This latent stage can last for years. The late stages of syphilis can develop in about 15% of people who have not been treated for syphilis,

and can appear 10–20 years after infection was first acquired. In the late stages of syphilis, the disease may subsequently damage the internal organs, including the brain, nerves, eyes, heart, blood vessels, liver, bones, and joints. Signs and symptoms of the late stage of syphilis include difficulty coordinating muscle movements, paralysis, numbness, gradual blindness, and dementia. This damage may be serious enough to cause death.

■ How does syphilis affect a pregnant woman and her baby?

The syphilis bacterium can infect the baby of a woman during her pregnancy. Depending on how long a pregnant woman has been infected, she may have a high risk of having a stillbirth (a baby born dead) or of giving birth to a baby who dies shortly after birth. An infected baby may be born without signs or symptoms of disease. However, if not treated immediately, the baby may develop serious problems within a few weeks. Untreated babies may become developmentally delayed, have seizures, or die.

■ How is syphilis diagnosed?

Some health care providers can diagnose syphilis by examining material from a chancre (infectious sore) using a special microscope called a dark-field microscope. If syphilis bacteria are present in the sore, they will show up when observed through the microscope.

A blood test is another way to determine whether someone has syphilis. Shortly after infection occurs, the body produces syphilis antibodies that can be detected by an accurate, safe, and inexpensive blood test. A low level of antibodies will likely stay in the blood for months or years even after the disease has been successfully treated. Because untreated syphilis in a pregnant woman can infect and possibly kill her developing baby, every pregnant woman should have a blood test for syphilis.

■ How are syphilis and HIV linked?

Genital sores (chancres) caused by syphilis make it easier to transmit and acquire HIV infection sexually. There is an estimated 2- to 5-fold increased risk of acquiring HIV if exposed to that infection when syphilis is present.

Ulcerative STDs that cause sores, ulcers, or breaks in the skin or mucous membranes, such as syphilis, disrupt barriers that provide protection against infections. The genital ulcers caused by syphilis can bleed easily, and when they come into contact with oral and rectal mucosa during sex, increase the infectiousness of and susceptibility to HIV. Having other STDs is also an important predictor for becoming HIV infected because STDs are a marker for behaviors associated with HIV transmission.

■ What is the treatment for syphilis?

Syphilis is easy to cure in its early stages. A single intramuscular injection of penicillin, an antibiotic, will cure a person who has had syphilis for less than a year. Additional doses are needed to treat someone who has had syphilis for longer than a year. For people who are allergic to penicillin, other antibiotics are available to treat syphilis. There are no home

remedies or over-the-counter drugs that will cure syphilis. Treatment will kill the syphilis bacterium and prevent further damage, but it will not repair damage already done.

Because effective treatment is available, it is important that persons be screened for syphilis on an on-going basis if their sexual behaviors put them at risk for STDs.

Persons who receive syphilis treatment must abstain from sexual contact with new partners until the syphilis sores are completely healed. Persons with syphilis must notify their sex partners so that they also can be tested and receive treatment if necessary.

■ Will syphilis recur?

Having syphilis once does not protect a person from getting it again. Following successful treatment, people can still be susceptible to re-infection. Only laboratory tests can confirm whether someone has syphilis. Because syphilis sores can be hidden in the vagina, rectum, or mouth, it may not be obvious that a sex partner has syphilis. Talking with a health care provider will help to determine the need to be re-tested for syphilis after being treated.

■ How can syphilis be prevented?

The surest way to avoid transmission of sexually transmitted diseases, including syphilis, is to abstain from sexual contact or to be in a long-term mutually monogamous relationship with a partner who has been tested and is known to be uninfected.

Avoiding alcohol and drug use may also help prevent transmission of syphilis because these activities may lead to risky sexual behavior. It is important that sex partners talk to each other about their HIV status and history of other STDs so that preventive action can be taken.

Genital ulcer diseases, like syphilis, can occur in both male and female genital areas that are covered or protected by a latex condom, as well as in areas that are not covered. Correct and consistent use of latex condoms can reduce the risk of syphilis, as well as genital herpes and chancroid, only when the infected area or site of potential exposure is protected.

Condoms lubricated with spermicides (especially Nonoxynol-9 or N-9) are no more effective than other lubricated condoms in protecting against the transmission of STDs. Use of condoms lubricated with N-9 is not recommended for STD/HIV prevention. Transmission of an STD, including syphilis cannot be prevented by washing the genitals, urinating, and/or douching after sex. Any unusual discharge, sore, or rash, particularly in the groin area, should be a signal to refrain from having sex and to see a doctor immediately.

■ FOR MORE INFORMATION:

Division of STD Prevention (DSTDP)
Centers for Disease Control and Prevention
<http://www.cdc.gov/std/>

CDC-INFO Contact Center
1-800-CDC-INFO (1-800-232-4636)
Email: cdcinfo@cdc.gov

American Social Health Association (ASHA)
1-800-783-9877
www.ashastd.org