

Expedited Partner Therapy of *Chlamydia trachomatis* and *Neisseria gonorrhoeae*

Interim* Guidance for Medical Providers in North Dakota

I. Introduction

Expedited Partner Therapy (EPT), defined as treatment of partners without an intervening personal assessment by a health-care provider, is an accepted method of treatment of chlamydial and gonorrhea infections in North Dakota as of January 2009 (ND Administrative Code, Chapters 61-04-04-01 Unprofessional Conduct, 54-05-03.1-10 Authority to Prescribe, 50-05-01 Expedited partner therapy).

A. Board of Pharmacy: 61-04-04: Unprofessional Conduct

Notwithstanding any other provision, a practitioner who diagnoses a sexually transmitted disease, such as chlamydia, gonorrhea, or any other sexually transmitted infection, in an individual patient may prescribe or dispense, and a pharmacist may dispense, prescription antibiotic drugs to that patient's sexual partner or partners, without there having been an examination of that patient's sexual partner or partners.

B. Board of Nursing 54-05-03.1-10: Authority to Prescribe

Notwithstanding any other provision, a practitioner who diagnoses a sexually transmitted disease, such as chlamydia, gonorrhea, or any other sexually transmitted infection, in an individual patient may prescribe or dispense, and a pharmacist may dispense, prescription antibiotic drugs to that patient's sexual partner or partners, without there having been an examination of that patient's sexual partner or partners.

C. Board of Medical Examiners 50-05-01: Expedited partner therapy.

Notwithstanding any other provision, a practitioner who diagnoses a sexually transmitted disease, such as chlamydia, gonorrhea, or any other sexually transmitted infection, in an individual patient may prescribe or dispense, and a pharmacist may dispense, prescription antibiotic drugs to that patient's sexual partner or partners, without there having been an examination of that patient's sexual partner or partners.

II. Brief Description of EPT

EPT is the clinical practice of treating the sex partners of patients diagnosed with chlamydia and/or gonorrhea by providing prescriptions or medications to the patient to take to his/her partner(s) without the health-care provider first examining the partner(s).

*These Interim Guidelines, published July 2011, have been revised to include updated gonorrhea treatment recommendations for dual therapy and precautions related to the treatment of pharyngeal gonorrhea infection.

The preferred method for interrupting the transmission of sexually transmitted diseases (STDs) is to examine, perform diagnostic testing and appropriately treat all sex partners of people diagnosed with an STD. EPT has been demonstrated to be effective in treating partners as a last resort of ensuring treatment of infected partners. More information about the background of EPT, supporting documentation and research may be found at <http://region8ipp.com/epttoolkit/eptindex.htm>.

Some findings include:

- EPT is most useful when partners of heterosexual men and women with chlamydia or gonorrhea are deemed unlikely to access health care themselves or when a patient presents with re-infection(s).
- EPT is *not* recommended for men who have sex with men due to higher risk of under-treating a complicated infection or missing a concurrent infection such as syphilis or HIV.
- EPT should *not* be used for patients with syphilis.
- EPT may be considered for pregnant partners; however, all pregnant women should be referred for comprehensive prenatal care that includes syphilis, hepatitis B and HIV testing in addition to chlamydia and gonorrhea testing. The antibiotics azithromycin (Zithromax*) and cefixime (Suprax*) are not contraindicated during pregnancy. (*Use of trade names is for identification only and does not imply endorsement.)
- EPT is at least equivalent in efficacy to standard partner management for chlamydia and gonorrhea.
- EPT is a cost-saving and cost-effective partner management strategy.
- EPT should be accompanied by educational materials that advise partners to seek health care in addition to the medication. Fact sheets and educational materials are available at NDDOH STD EPT website at www.ndhealth.gov/STD/Expedited/ under 'EPT Toolkit.'

III. Procedural Recommendations

These recommendations are to assist clinicians in deciding when to offer EPT and to outline procedures to follow when choosing this option.

A. Selecting Appropriate Patients

The standard of care for the partner(s) of a patient diagnosed with chlamydia or gonorrhea is to be evaluated, examined, tested, counseled and treated by a medical provider. Every patient who is diagnosed with an STD should be counseled to have their sexual partner(s) evaluated by a health-care provider and not to engage in sexual intercourse until adequately treated. Clinical services provide the opportunity to ensure treatment; confirm the diagnosis; examine the patient; test for other STDs, HIV, and pregnancy; provide needed vaccinations; and offer risk-reduction counseling and community referrals. Clinical services also afford partners who have been exposed to gonorrhea the most effective treatment: dual therapy with ceftriaxone 250 mg IM plus either azithromycin 1 g orally once or doxycycline 100 mg twice a day for 7 days.

Thus, patients most appropriate for EPT are those with partners who are unable or unlikely to seek prompt clinical services. Factors to consider are whether the partner is uninsured, lacks a primary care provider, faces significant barriers to accessing clinical services or will be unwilling to seek care. Furthermore, EPT is not appropriate for patients co-infected with STDs that are not covered by EPT medications; cases of suspected child abuse, sexual assault, or abuse; or a situation in which the patient's safety is in doubt.

Whenever possible, telephone contact should be made with the sexual partner(s) to explain the reason for providing EPT, to ask about allergies to medications, medical problems and medications being taken. Partners with known severe allergies to antibiotics should not be offered EPT. Questions about symptoms of STDs (such as whether there are sores, ulcers, discharge, testicular, or abdominal pains that need medical evaluation) also should be asked. Female partners for EPT should be asked if they are pregnant or breastfeeding, and if they have any symptoms such as abdominal pain that may require immediate medical evaluation. If the partner is pregnant, every effort should be made to contact her for referral to pregnancy services and/or prenatal care.

B. Documentation

Chlamydia and gonorrhea are reportable diseases (North Dakota Century Codes [23-07-02.1](#) and [23-07-02.2](#)) and can be reported by completing the NDDoH Morbidity Report Card available at www.ndhealth.gov/disease/reportcard/ or call the Division of Disease Control at 800.472.2180. An STD self-interview questionnaire (Appendix A) is available to providers to collect the minimal required fields on reporting STDs to the health department as well as reporting sex partners and treatment outcomes of both patients and partners. This form can be downloaded at www.ndhealth.gov/STD/Expedited/ under 'EPT Toolkit' and may be faxed to 701.328.0355 or directly to your local field epidemiologist www.ndhealth.gov/Disease/Contacts/AreaCall.htm.

At a minimum, a note in the index patient's medical chart should document the number of partners who are being provided EPT, the total number of partners (including those not offered EPT), the medication and dosage being provided to the partners, and whether the partner is known to be allergic to any medications. It is recommended that the names of the partners *not* be written in the patient's chart.

Sexual partners do not require a medical chart in order to be provided with EPT. However, when the patient is being treated with medications provided by the NDDoH STD Program through 340B certification, federal regulation requires that "records of the individual's health care" be maintained. The federal register specifically used this language versus stating a "medical chart" or "medical record" to ensure some documentation was kept while removing the barrier of needing a specific document. The STD self-interview questionnaire may serve as the health-care documentation of the individual receiving EPT.

IV. Recommended Treatment Regimens

Chlamydia

Azithromycin (Zithromax*) 1 gram **by mouth in a single dose.**

Common side effects include headache, abdominal pain, diarrhea and vomiting.

Note: Seven-day doxycycline is not recommended for EPT due to patient compliance.

Gonorrhea (with or without chlamydia co-infection):

Cefixime (Suprax*) 400 mg **by mouth in a single dose.**

Common side effects include loss of appetite, nausea, diarrhea and vomiting.

PLUS

Azithromycin (Zithromax*) 1 gram **by mouth in a single dose.**

PLUS

Test of Cure in 1 week

Note: Cefixime has limited efficacy in treating pharyngeal infections. Ceftriaxone is the recommended treatment if there is oral sex exposure.

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

As of April 2007, fluoroquinolones were no longer recommended for gonorrhea treatment in the United States (3). Since then, reports of *N. gonorrhoeae* with decreased susceptibility to cefixime or azithromycin, and a limited number with decreased susceptibility to ceftriaxone have been documented (1). Dual therapy for all patients with gonorrhea is being recommended, regardless of the chlamydia test result, as a strategy that might slow the development of antimicrobial-resistant *N. gonorrhoeae*. Due to the possibility of widespread resistance prompted updated gonorrhea treatment guidelines published by CDC (www.cdc.gov/mmwr/preview/mmwrhtml/mm6131a3.htm).

Cephalosporins, including the oral antibiotic cefixime and the injectable antibiotic ceftriaxone became the only treatment available to effectively treat gonorrhea when fluoroquinolones were no longer recommended. Evidence from CDC's Gonococcal Isolate Surveillance Project (www.cdc.gov/std/gisp/) suggests that cefixime is becoming less effective in treating gonorrhea. Although no patients have failed treatment with either cefixime in the United States, a small number of patients have experienced cefixime treatment failures in other countries. The possibility of widespread resistance prompted updated gonorrhea treatment guidelines. As of August 2012, cefixime is no longer a recommended treatment for gonorrhea (5). It is listed as an alternative treatment if an injection is not an option. Although cefixime is no longer a recommended treatment for gonorrhea, it can still be used for EPT.

Partners being treated for gonorrhea exposure should be informed that the oral medications (cefixime 400 mg and azithromycin 1 g) used for EPT are not as effective for treating pharyngeal gonorrhea infection, compared with an injection. The gonorrhea regimen that provides the most effective treatment with sustained bactericidal levels in

the blood is ceftriaxone IM. Cefixime is recommended for EPT because IM injection is not an option. The recommended therapy for gonorrhea (ceftriaxone 250 mg IM plus either azithromycin 1 g orally or doxycycline 100 mg orally twice a day for 7 days) is available in many clinical settings. If partners are at risk for pharyngeal infection (i.e., history of performing oral sex), they should be informed that the EPT medication may not cure pharyngeal gonorrhea in all patients and that they should be seen by a medical provider. Patients and partners treated with cefixime for gonorrhea infections are recommended to have a test-of-cure approximately one week after treatment.

Azithromycin two grams orally should not be used for EPT. Although small studies have shown that this regimen is effective against uncomplicated gonococcal infections, there are concerns that widespread use would increase *N. gonorrhoeae* antimicrobial resistance (4). In addition, the two-gram dose of azithromycin causes significant gastrointestinal distress and may be expensive.

V. Counseling

Key counseling messages to discuss with patients and partners:

- Encourage patients to have partners seen by a medical provider for complete STD testing and treatment.
- Discuss possible allergic reactions to antibiotics.
- Discuss possible drug interactions.
- Patients and partners should not engage in sexual activity for 7 days after taking the medication.
- Patients and partners should be referred for STD re-testing in 3 months.

Additional key counseling message to be discussed with patients when prescribing EPT for gonorrhea:

- Partners who are at risk for gonorrhea infection in the pharynx (history of performing oral sex on a man) should be informed that the EPT medicines given to them may not cure pharyngeal gonorrhea in all patients. These partners should seek care regardless of whether they take the medication.

VI. Reporting Adverse Events

Adverse reactions to single-dose cefixime and azithromycin, beyond mild to moderate side effects, are rare. This risk of allergy and adverse drug reactions may be best mitigated through educational materials that accompany the medication, which include explicit warnings and instructions for partners who may be allergic to antibiotics seek medical advice before taking the medication. Please report any adverse events that result from EPT via phone to the NDDoH STD Program at 701-328-2378 or 800.472.2180.

VII. Options for EPT

EPT can be accomplished upon variations of the following ways:

1. **Partner Delivered Partner Therapy (PDPT)** – dispense medication directly to the patient for delivery to partner(s).

- a. PDPT occurs when a patient delivers the medications to his/her partner(s).
 - b. The patients should be given enough doses to treat each sex partner in the past 60 days whom the patient feels confident contacting. If the patient reports no sex partners in the past 60 days, provide one dose for the most recent sex partner.
 - c. Medication should be accompanied with information about possible allergic reactions to antibiotics, possible side effects and drug interactions. Fact sheets for azithromycin and cefixime are available at www.ndhealth.gov/STD/Expedited/ under ‘EPT Toolkit.’
2. **Partner Delivered Prescriptions** – Dispense a prescription to the patient to be delivered to partner(s), who presents the prescription to a pharmacy of their choice to be filled.
- a. The patients should be given one prescription for each sex partner in the past 60 days whom the patient feels confident contacting. If the patient reports no sex partners in the past 60 days, provide one dose for the most recent sex partner.
 - b. Prescriptions will *not* be filled without a name unless prior approval is made with the pharmacy.
3. **Field Delivered/Directly Observed Therapy (FDT/DOT)** – occurs when a public health professional, such as a state health department-employed field epidemiologist or public health nurse employed by a local public health department, delivers the prescriptions or medications to the partner(s). This method of EPT should be used as a last resort and only when primary care providers need assistance with complicated STD cases that are difficult to reach.
- a. If the patient is unwilling or unable to notify his/her partner(s), a state health department field epidemiologist can be offered to provide FDT/DOT for **any gonorrhea case** and *prioritized* chlamydia cases. The high volume of chlamydia restricts the availability of staff to offer partner follow up and DOT in every chlamydia case. *Prioritized* chlamydia cases include:
 - Patients re-infected
 - Pregnant females
 - Partners who are pregnant should seek care as soon as possible. EPT for pregnant women should be considered as a last resort.

Documentation from the health-care provider requesting the assistance from public health to provide appropriate treatment to sex partners is required. An STD self-interview questionnaire can be downloaded at www.ndhealth.gov/STD/Expedited/, under ‘EPT Toolkit,’ and may be completed and sent to the STD Program central office **confidential fax number at 701.328.0355** or sent directly to the local field epidemiologist. A list of field epidemiologists and the regions they cover can be found at www.ndhealth.gov/Disease/Contacts/AreaCall.htm.

VIII. Patient Education: The EPT Toolkit

All documents referred to in the EPT Toolkit are available for print at www.ndhealth.gov/STD/Expedited.

1. The patient should be given an information sheet such as the NDDoH *Important Medical Information STD Brochure* (Appendix B) for each partner in the past 60 days whom the patient feels confident contacting. The *Important Medical Information STD Brochure* states information about the diagnosis, why it is important to treat sex partner(s), and urges partners to seek medical care.
2. The patient should be counseled to have their sexual partner(s) evaluated by a health-care provider and not to engage in sexual intercourse until adequately treated. Provide a *Referral Contact Card* (Appendix C) for each partner in the past 60 days whom the patient feels confident contacting. The *Referral Contact Card* may be completed by the provider and states where the partner(s) may obtain medical care.
3. Fact sheets about chlamydia and gonorrhea may be included.
4. Medication should be accompanied with information about possible allergic reactions to antibiotics, possible side effects and drug interactions. Fact sheets for azithromycin (Zithromax*) and cefixime (Suprax*) are available for print in the EPT Toolkit. (*Use of trade names is for identification only and does not imply endorsement.)
5. Fax the completed STD self-interview questionnaire to 701.328.0355 (confidential fax number) or contact your local field epidemiologist directly at www.ndhealth.gov/Disease/Contacts/AreaCall.htm to report positive STD cases, partners and treatment outcomes of both patients and partners.

IX. Provider Liability

North Dakota Administrative code (ND Administrative Code, Chapters 61-04-04-01 Unprofessional Conduct, 54-05-03.1-10 Authority to Prescribe, 50-05-01 Expedited partner therapy) does not protect health-care providers from lawsuits resulting from adverse outcomes related to the practice of EPT. The risk of liability or litigation in the event of adverse outcomes is no different from the liability of any other action taken by a health-care provider, including prescribing or dispensing medicine for any medical condition, in which the provider remains liable. However, these guidelines establish a standard of care, and standard of care is the primary medicolegal standard for appropriate practice.

XII. Payment for Partner Drugs

The cost of EPT medication must be borne by the patient (either out-of-pocket or through third party payers) or, when partner medications are given directly to the patient, by the patient's clinic. The NDDoH does not provide reimbursements for medications used for EPT to clinics practicing EPT in North Dakota. State-supplied medications to treat partners of confirmed chlamydia and gonorrhea cases are available to those who are not insured or who cannot otherwise afford medication. Call the NDDoH STD Program at 701.328.2378 for more information.

A significant barrier to EPT in other states has turned out to be the inability to get Medicaid reimbursement. Because partners of Medicaid enrollees are generally not enrolled themselves, payment for their medication would be considered fraudulent under current Medicaid policy. This issue will need on-going discussion.

At this time, it is not known how many insurance providers in North Dakota would finance EPT for their enrollees' sex partners. The potential for EPT to provide preventive care for the patient by reducing recurrent infection and subsequent reproductive health complications by eliminating infection in his/her sexual partners may persuade some companies to provide such coverage.

X. Special Considerations When Caring for Adolescents

North Dakota law stipulates that any minor 14 years of age or older may contract for and receive examination, care or treatment for sexually transmitted diseases without permission, authority or consent of a parent or guardian. Health-care providers seeing adolescent patients should provide assurance regarding the confidential nature of the visit, the testing for chlamydia and gonorrhea, and any treatment received. Providers can encourage adolescents to tell their parents/guardians about their medical condition when appropriate and help them determine how and what to say.

Adolescents are more likely to confide in providers if they know their conversations will be kept confidential. Arrangements within the health-care facility should be made to ensure confidentiality for every aspect of the visit, including the billing, laboratory fee for the STD tests, notification of test results, and provision of treatment.

References

1. CDC. Cephalosporin Susceptibility among *Neisseria gonorrhoeae* Isolates—United States, 200-2010. MMWR 2011; 60 (26) 873-877
2. CDC. Expedited partner therapy in the management of sexually transmitted diseases. Atlanta, GA: US Department of Health and Human Services, 2006.
3. CDC. Update to CDC's sexually transmitted diseases treatment guidelines, 2006: flouroquinolones no longer recommended for treatment of gonococcal infections. MMWR 2007; 56:332-6.
4. CDC. Sexually Transmitted Diseases Treatment Guidelines, 2010. MMWR 2010;59 (No.RR-12).
5. CDC. Update to CDC's Sexually Transmitted Diseases Treatment Guidelines, 2010: Oral Cephalosporins No Longer a Recommended Treatment for Gonococcal Infections, 2012. 61(31);590-594.
6. North Dakota Century Code chapter 14-10 Minors:
www.legis.nd.gov/information/statutes/cent-code.html
7. Patient-Delivered Partner Therapy (PDPT) for *Chlamydia trachomatis* and *Neisseria gonorrhoeae*: Interim* Guidance for Medical Providers in California. California Department of Public Health (CDPH), Sexually Transmitted Diseases (STD) Control Branch.
8. Region VIII Infertility Prevention Project Expedited Partner Therapy Toolkit:
<http://region8ipp.com/epttoolkit/eptindex.htm>.

Appendix A

For provider use only:

PATIENT NAME _____ DATE OF SPECIMEN COLLECTION _____
PATIENT DATE OF BIRTH _____
DIAGNOSIS _____
NAME OF DIAGNOSING PHYSICIAN _____
NAME OF DIAGNOSING FACILITY/CLINIC _____
TREATMENT (include drug, dosage, duration) _____
DATE OF TREATMENT _____
PREGNANCY STATUS _____
COMPLICATIONS (i.e., pelvic inflammatory disease, etc.) _____

PLEASE READ VERY CAREFULLY!

You are being treated for a sexually transmitted disease (STD). An important part of your health care is treatment of your sex partners. Sex partners of persons infected with an STD may not know they are infected or may only notice a mild infection. It is very important that ALL of your current sex partners are treated in order to prevent you from becoming re-infected. Your name is **strictly confidential** and will not be used if the Department of Health refers partners to the clinic for medication.

If you have questions about STDs, please contact your health-care provider, local public health department or the North Dakota Department of Health toll free at 1-800-472-2180.

Please list ALL persons with whom you are currently having sex. Provide as much information as you can.

If we need to contact you, where are you currently living?

Phone # _____ Cell Phone # _____

Address _____ City _____

E-mail address _____

.....
PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT EACH OF YOUR CURRENT PARTNERS

1. Name: _____ Gender _____ Race _____
Age _____ Date of Birth _____ If partner is female, is she pregnant? Yes/No
Address _____ Phone _____ Cell _____
E-mail address _____

Name and relation (i.e. John Smith, dad) of person your partner lives with?

DESCRIBE WHERE your partner lives:_____

Name/Phone of place where your partner goes to work/school_____

WHEN is the LAST time you had sex with this person?_____

Please check one of the following:

- My current partner is with me and is being treated now.
- I will bring my current partner with me to the clinic to be treated.
- I will contact my partner(s) directly and refer him/her to the clinic.

Anything else you can think of to help locate, identify and contact this partner (nickname, piercings, tattoos, car)?_____

For provider use only:

TREATMENT OF PARTNER (include drug, dosage, duration)_____

TREATMENT OF PARTNER BY EPT (CIRCLE YES or NO)

DATE OF TREATMENT/DISPENSED_____

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2. Name:_____ Gender_____ Race_____

Age_____ Date of Birth_____ If partner is female, is she pregnant? Yes/No

Address_____ Phone_____ Cell_____

E-mail address_____

Name and relation (i.e. John Smith, dad) of person your partner lives with?

DESCRIBE WHERE your partner lives:_____

Name/Phone of place where your partner goes to work/school_____

WHEN is the LAST time you had sex with this person?_____

Please check one of the following:

- My current partner is with me and is being treated now.

I will bring my current partner with me to the clinic to be treated.

I will contact my partner(s) directly and refer him/her to the clinic.

Anything else you can think of to help locate, identify and contact this partner (nickname, piercings, tattoos, car)? _____

For provider use only:

TREATMENT OF PARTNER (include drug, dosage, duration) _____

TREATMENT OF PARTNER BY EPT (CIRCLE YES or NO)

DATE OF TREATMENT/DISPENSED _____

.....

3. Name: _____ Gender _____ Race _____

Age _____ Date of Birth _____ If partner is female, is she pregnant? Yes/No

Address _____ Phone _____ Cell _____

E-mail address _____

Name and relation (i.e. John Smith, dad) of person your partner lives with?

DESCRIBE WHERE your partner lives: _____

Name/Phone of place where your partner goes to work/school _____

WHEN is the LAST time you had sex with this person? _____

Please check one of the following:

My current partner is with me and is being treated now.

I will bring my current partner with me to the clinic to be treated.

I will contact my partner(s) directly and refer him/her to the clinic.

Anything else you can think of to help locate, identify and contact this partner (nickname, piercings, tattoos, car)? _____

For provider use only:

TREATMENT OF PARTNER (include drug, dosage, duration) _____

TREATMENT OF PARTNER BY EPT (CIRCLE YES or NO)

DATE OF TREATMENT/DISPENSED _____

Patient Information

Important

Medical

Information

Find an STD clinic near you.

Call the North Dakota Department of Health at 701.328.2378 (toll free 1.800.472.2180) or visit www.findSTDtest.org.

For more information:

- www.ndhealth.gov/STD/
- www.ndhealth.gov/knowyourrisk
- www.cdc.gov/std/



NORTH DAKOTA
DEPARTMENT of HEALTH

Important things to remember

- You have been treated for chlamydia or gonorrhea, diseases that can be spread by oral, vaginal or anal sex.
- You need to help your sex partner(s) get tested and treated otherwise they can develop serious health problems, re-infect you, or infect others.
- Do not have sex with your partner(s) until they have taken all of the medicine for this infection.
- If you think the infection was not cured or has come back, go back to your doctor or the clinic immediately.
- The only way to be sure to avoid an STD is to abstain from sex. If you do have sex, use a condom **EVERY TIME** you have sex.
- Since most people with chlamydia or gonorrhea may not have any symptoms, it is very important that **all** of your sex partners need to be told and treated.
- Give one card to every person you had sex with in the past 60 days.
- See a doctor in 3 months to get tested again. Re-infection with chlamydia and gonorrhea is common.

Partner section of booklet

Someone who says they had sex with you has been treated for chlamydia or gonorrhea. STDs can be spread through oral, vaginal or anal sex.

You may be infected but not have any symptoms. In fact, most infected people don't know it.

If you have symptoms, they can include:

- ✓ Vaginal or penile discharge
- ✓ Pain or burning during urination (when you pee)
- ✓ Pain or discharge in the rectum, if you had anal sex

Chlamydia and gonorrhea can be treated with antibiotics. If you don't get treated, you could become sterile or develop painful symptoms.

You need to get tested and treated.

You can go to your doctor's office, a local public health unit/family planning clinic or an urgent care medical clinic.

You should also be tested for other STDs and HIV. **This is especially important if you are or think you may be pregnant.**

Condoms can prevent the spread of chlamydia and gonorrhea if you use them correctly **every time** you have sex. However, condoms may not protect you from other STDs that can be spread by contact such as genital warts and herpes. You may be able to get condoms at your local health department, pharmacy, or private provider.

Appendix C

Referral Contact Card

_____ You have test positive

_____ Your sex partner has tested
positive

For _____(Disease) at
_____(Facility) on _____(Date).

This is a sexually-transmitted disease,
and can be serious if left untreated. A
confidential exam and treatment are
available on a walk-in basis at: xxxxx

Photo identification required

Please call xxxx for clinic hours and
information

For appointment, call xxxx