

## DEFINITION

- Exposure to someone with a sexually transmitted infection (STI).
- Definition of Exposure: Sexual intercourse (oral, vaginal, or anal) with someone who was diagnosed with an STI or has symptoms of an STI.
- The exposed person has NO symptoms of STI. If the patient has symptoms, go to that specific symptom-based guideline.
- STD stands for sexually transmitted disease and means the same thing
- Also Included: STI Prevention

**STI Conditions Covered:** This guideline covers facts about the following STIs listed alphabetically in the Home Care disposition. Go directly to the specific STI your caller has questions about:

- Preventing STIs
- AIDS (HIV)
- Bacterial Vaginosis (not transmitted to males)
- Chlamydia
- Gonorrhea
- Hepatitis B
- Herpes Simplex (Genital)
- Lice (Genital or Pubic)
- Molluscum Contagiosum (Genital)
- Monkeypox (not an STI, but can be spread during intimate contact and sex)
- Syphilis
- Trichomonas Infections
- Warts (Genital)
- Yeast Infections (Vaginal) (not transmitted to males)

## INITIAL ASSESSMENT QUESTIONS

1. STI EXPOSURE: "Were you exposed to an STI?" If so, ask: "What kind of contact did you have?" "When did that happen?"
2. TYPE of STI: "Do you know what type of STI (their diagnosis) the other person has?"
3. STI SYMPTOMS: "Do you have any symptoms of a STI?" If so, ask: "What are they?"
4. QUESTIONS ABOUT STIs: "Do you have questions about a particular STI?"
5. PREVENTION: "Do you have questions about preventing AIDS and other STIs?"

- Author's note: IAQ's are intended for training purposes and not meant to be required on every call.

## TRIAGE ASSESSMENT QUESTIONS

### See More Appropriate Guideline

Sexual assault or rape (forced to have sex)

*Go to Guideline: Sexual Assault or Rape (Pediatric)*

Penis or scrotum symptoms of STI (such as painful scrotum or urination)

*Go to Guideline: Penis-Scrotum Symptoms - After Puberty (Pediatric)*

Vaginal symptoms of STI (such as vaginal discharge or pain)

*Go to Guideline: Vaginal Symptoms or Discharge - After Puberty (Pediatric)*

Needlestick, questions about

*Go to Guideline: Needlestick (Pediatric)*

Other symptoms of a STI

*Go to Guideline: STI - Guideline Selection (Pediatric)*

### **Go to ED Now**

Sexual intercourse (in the past 72 hours) with someone who was diagnosed with or is suspected of having HIV (AIDS)

*CA: 51, 3*

### **See PCP Within 24 Hours**

Sexual intercourse (oral, vaginal, or anal) with someone who was diagnosed with or is suspected of having a STI

*Reason: Needs evaluation. May need testing and treatment. Caution: avoid intercourse pending appointment.*

*CA: 54, 3*

[1] Patient is worried they might have an STI BUT [2] NO symptoms

*Reason: address fear and prevent possible spread of STI. Caution: avoid intercourse pending appointment.*

*CA: 54, 3*

### **Call PCP Within 24 Hours**

[1] Monkeypox exposure in past 21 days (close contact with person who has a confirmed diagnosis of monkeypox) AND [2] no fever, rash or other symptoms

*CA: 60, 3*

### **Home Care**

Preventing sexually transmitted infections (STIs), questions about

*CA: 58, 1, 26, 27, 28, 31, 2, 3*

AIDS (HIV), questions about

*CA: 58, 4, 5, 3*

Bacterial Vaginosis, questions about

CA: 58, 6, 7, 3

Chlamydia, questions about

CA: 58, 8, 9, 3

Gonorrhea, questions about

CA: 58, 10, 11, 3

Hepatitis B, questions about

CA: 58, 29, 30, 3

Herpes Simplex (Genital), questions about

CA: 58, 12, 13, 3

Lice (Genital or Pubic), questions about

CA: 58, 14, 15, 3

Molluscum Contagiosum (Genital), questions about

CA: 58, 16, 17, 3

Monkeypox, questions about

CA: 58, 33, 32, 13, 3

Syphilis, questions about

CA: 58, 18, 19, 3

Trichomonas Infections, questions about

CA: 58, 20, 21, 3

Warts (Genital), questions about

CA: 58, 22, 23, 3

Yeast Infections (Vaginal), questions about

CA: 58, 24, 25, 3

## CARE ADVICE (CA) -

- Prevention Of Sexually Transmitted Infections (STIs) - Transmission:**
  - Most STIs are transmitted by exchange of body fluids (semen, vaginal secretions or blood) during oral, anal, or vaginal sex.
  - Also can occur following direct contact with any sores/lesions during sex.
  - Condoms are the only effective way to prevent most STIs during sexual intercourse.

2. **Call Back If:**
  - You develop any symptoms that you think might be a STI
  - You have sex without a condom or the condom breaks during sex (Reason: emergency contraception pills can prevent pregnancy if taken within 5 days after intercourse)
  - Female patient misses her period and might be pregnant
  - You have other questions or concerns
3. **Care Advice** given per STI Exposure or Questions (Pediatric) guideline.
4. **AIDS (HIV) Facts:**
  - **Cause:** A virus. HIV (Human Immunodeficiency Virus) is the cause of AIDS (Acquired Immunodeficiency Syndrome)
  - The virus attacks a person's immune system, eventually making them susceptible to a variety of different infections.
  - **Symptoms:** Flu-like symptoms start in 2-6 weeks. They include fever, sore throat, swollen lymph nodes, rash and muscle pains. These symptoms last 1 to 2 weeks. After many years of silence, the virus attacks a person's immune system (AIDS). That causes fevers, rapid weight loss, chronic diarrhea, pneumonia and many other severe infections.
  - **Transmission:** Spread by any sexual behaviors that involve the exchange of body fluids, including vaginal fluids, semen or blood. Also spread by injecting street drugs with dirty (used) needles or syringes. Can be spread from a mother to her baby during pregnancy or delivery, or during breastfeeding.
  - The following does **not** transmit HIV: saliva, tears, sweat or urine. It is highly unlikely that a human bite would transmit HIV. Donating blood does not transmit HIV. All donated blood in the USA is screened for HIV so that receiving donated blood is considered safe.
  - **Incubation Period:** In 6-12 weeks after exposure the HIV antibody test becomes positive. HIV usually does not cause any symptoms of AIDS for several years (1-10 years).
  - **HIV Exposure:** Risk assessment must be done urgently. If high risk for HIV and less than 72 hours since exposure, prophylactic medication may be beneficial.
  - **Diagnosis/Testing:** A blood test, usually performed 3 months after exposure if no symptoms. This test may be done anonymously (patient is given the result without his or her name ever being known) or confidentially (through patient's PCP). Anonymous testing sites can be located by calling the CDC AIDS Hotline at 1-800-342-AIDS. Whether done anonymously or confidentially, it is important that the patient share the information with a trusted PCP.
  - **Treatment:** There is no current cure for HIV/AIDS. There are many medications that can control HIV and prevent future complications. Most patients with HIV can be kept feeling healthy for many years. All sexual partners should be tested.
5. **Call Back If**
  - Future HIV exposure occurs
  - Female patient misses her period and might be pregnant

6. **Bacterial Vaginosis (Gardnerella) Facts**
  - **Cause:** A common vaginal infection in post-pubertal young women. Caused by an overgrowth of certain bacteria in the vagina.
  - **Symptoms:** May cause a thin, white vaginal discharge with foul (fishy) odor. Usually doesn't cause itching or pain. May also be asymptomatic.
  - **Transmission:** Unclear, but probably not an STI. Can also occur in non-sexually active adolescents.
  - **Incubation Period:** Unknown.
  - **Diagnosis/Testing:** A sample of vaginal discharge is examined under a microscope.
  - **Treatment:** Oral medication requiring a prescription. Sometimes topical vaginal medication is prescribed.
  - **Prevention of Spread:** This is not a STI. Males do not get this infection. Treatment of male sexual partners is not needed.
7. **Call Back If**
  - Vaginal discharge occurs
  - Female patient misses her period and might be pregnant
8. **Chlamydia Facts**
  - **Cause:** Chlamydia bacterium
  - **Symptoms:** Chlamydia is usually a cervical infection in women. If a woman is symptomatic, will have a vaginal discharge (often yellow or green). In men, Chlamydia causes urethritis. Men with symptoms will have discharge from penis and/or dysuria. Both sexes can rarely present with eye discharge. Frequently asymptomatic in both men and women.
  - **Transmission:** By intercourse (vaginal or anal)
  - **Incubation Period:** Varies. Days to weeks.
  - **Diagnosis/Testing:** Diagnosed with PCR test on a urine sample or a specimen taken from the urethra or vagina.
  - **Treatment:** Antibiotics. Reinfection is common. Sexual partners should be evaluated. If not treated, can result in significant complications (e.g., pelvic inflammatory disease, ectopic pregnancy, infertility).
  - **Prevention of Spread:** Avoid sexual contact until treatment is completed and all symptoms are gone. If unable to avoid sexual contact, always use condoms.
9. **Call Back If**
  - Vaginal or penile discharge or dysuria
  - Female patient misses her period and might be pregnant

10. **Gonorrhea Facts**

- **Cause:** Neisseria gonorrhoeae bacteria.
- **Symptoms:** In women, usually causes a cervical infection. In men, it causes urethritis. In both men and women, can also be an infection of the eyes, throat or of the rectum. Symptoms for women may be nonspecific: increased vaginal discharge, abnormal menses (increased flow or dysmenorrhea), dyspareunia (painful intercourse) or dysuria. Many women are asymptomatic. Symptoms in men are urethral discharge and/or dysuria. Most men will have symptoms. Both sexes: Throat infections may cause a sore throat with pus on the tonsils or may be asymptomatic. Eye infections cause a purulent discharge and eye pain.
- **Transmission:** By intercourse (vaginal or anal), or oral sex.
- **Incubation Period:** Usually 2-7 days.
- **Diagnosis/Testing:** Diagnosed with PCR test on a urine sample or a specimen taken from the urethra, vagina, rectum or throat.
- **Treatment:** Antibiotics. Sexual partners should also be evaluated and treated. If not treated, can result in significant complications (e.g., pelvic inflammatory disease and possible infertility, ectopic pregnancy, and epididymitis in men).
- **Prevention of Spread:** Avoid sexual contact until treatment is completed and all symptoms are gone. If unable to avoid sexual contact, always use condoms.

11. **Call Back If**

- Vaginal, rectal, or penile discharge or dysuria
- Female patient misses her period and might be pregnant

12. **Herpes Simplex (Genital Herpes) Facts**

- **Cause:** The herpes simplex virus.
- **Symptoms:** Painful, fluid-filled blisters which usually are grouped in clusters. Occur anywhere around the vagina or on the penis. Blisters dry out, crust over and heal in 7-10 days. With the first episode, the symptoms are worse. Recurrences can occur and are often less painful and of shorter duration.
- **Transmission:** Genital herpes is spread by intercourse (vaginal or anal) or by any direct contact with the genitals of a person who has an active herpes infection (initial episode or recurrence). Oral herpes (fever blisters) can also be spread to the partner's genitals during oral sex.
- **Incubation Period:** 2 days to 2 weeks
- **Diagnosis/Testing:** Genital herpes can be diagnosed with a specimen taken from a blister.
- **Treatment:** Antiviral medication may be used for genital herpes if started within the first 3 days of having the blisters. Medication doesn't cure the disease, but can shorten the duration of symptoms. Sexual partners should be evaluated.
- **Prevention of Spread:** Avoid sexual contact until treatment is completed and all symptoms are gone. If unable to avoid sexual contact, always use condoms.

13. **Call Back If**

- Blister or sore around the vagina, penis, or anus
- Female patient misses her period and might be pregnant

14. **Lice (Genital Or Pubic Lice) Facts**

- **Cause:** A parasite, also known as the pubic louse crab louse. Most often infests the genital and anal areas, although other hairy parts of the body may also be involved. The scalp, however, is rarely involved by the pubic louse.
- **Symptoms:** Itching and a rash are common symptoms.
- **Transmission:** Usually is transmitted by sexual contact, but may also be transferred on contaminated items such as clothing and bedding.
- **Incubation Period:** Symptoms of itching may occur 1-2 weeks after contact.
- **Diagnosis/Testing:** Eggs (nits), nymphs and adult lice may be seen with the naked eye. Nits are small, yellowish-white, glistening, oval eggs attached to pubic hair shafts. Lice are grayish-white, oval, wingless insects 1-4 mm in length.
- **Treatment:** Medicines which kill the lice are available over the counter and by prescription. Common brands are RID, Nix, and Kwell. Retreatment is suggested 7-10 days after initial treatment. Bedding and clothes should be machine washed after treatment to destroy all parasites. All sexual contacts within the last month should be treated. Reinfection is possible.
- **Prevention of Spread:** Avoid sexual contact until treatment is completed and all symptoms are gone.

15. **Call Back If**

- Persistent itching after treatment or presence of new lice/nits
- Female patient misses her period and might be pregnant

16. **Molluscum Contagiosum Facts**

- **Cause:** A virus.
- **Symptoms:** Flesh-colored round bumps on skin, sometimes with a dimple in the center. Usually asymptomatic.
- **Transmission:** By direct contact with molluscum anywhere on the body. May or may not be sexually transmitted. May also be transmitted on towels.
- **Incubation Period:** A few weeks to a few months.
- **Diagnosis/Testing:** Usually by visual appearance. Sometimes a specimen is squeezed from a lesion and sent to the lab.
- **Treatment:** Mechanical removal by PCP. Also medications applied to the surface or "freezing" with liquid nitrogen. Sexual partners should be evaluated and treated if molluscum are present.
- **Prevention of Spread:** Avoid sexual contact until treatment is completed and all symptoms are gone.

17. **Call Back If**

- Bumps develop, especially around the genitals or inner thighs.
- Female patient misses her period and might be pregnant

18. **Syphilis Facts**

- **Cause:** Treponema pallidum bacteria.
- **Symptoms:** Syphilis initially causes a chancre (syphilis sore) which is a superficial skin ulcer on the genitals, anus or mouth. It's usually painless (so it may go unnoticed). Several weeks after the chancre, a viral-like illness with a rash may occur. After 3-6 weeks, the chancre disappears spontaneously, but the person is still infected.
- **Transmission:** Mainly by sexual contact, including vaginal, anal or oral sex. Also by kissing (if the syphilis sore is located in the mouth), or by touching someone's open syphilis sore. Anyone who may have been exposed should have a blood test. (Reason: many infections are asymptomatic.)
- **Incubation Period:** Chancre (sore) develops within 10-90 days (average: 3 weeks).
- **Diagnosis/Testing:** Blood tests and sometimes a specimen taken from an open sore.
- **Treatment:** Antibiotics. Sexual partners should be evaluated and treated. If not diagnosed and treated, syphilis can lead to many complications, including disease of the brain and problems with pregnancy.
- **Prevention of Spread:** Avoid sexual contact until treatment is completed and all symptoms are gone. If unable to avoid sexual contact, always use condoms.

19. **Call Back If**

- Sore develops around the genitals or in the mouth
- Female patient misses her period and might be pregnant

20. **Trichomonas Infection Facts**

- **Cause:** Trichomonas vaginalis protozoa.
- **Symptoms:** In women, may cause a foul-smelling, yellow, possibly bubbly vaginal discharge. May also cause vaginal itching and redness, or dysuria. Many women and most men are asymptomatic.
- **Transmission:** By sexual intercourse. Reinfection is common.
- **Incubation Period:** Average: varies from 4-28 days
- **Diagnosis/Testing:** Inspection of a sample of the vaginal discharge under the microscope. May also be found on a PAP smear.
- **Treatment:** Antibiotics. Sexual partners should be evaluated and treated.
- **Prevention of Spread:** Avoid sexual contact until treatment is completed and all symptoms are gone. If unable to avoid sexual contact, always use condoms.

21. **Call Back If:**

- Vaginal discharge develops
- Female patient misses her period and might be pregnant



22. **Warts, Genital - Facts:**

- **Cause:** Human papilloma virus (HPV). Some types of these viruses also cause nongenital "common" warts on other parts of the body. These are different from sexually transmitted warts.
- **Symptoms:** Warts are skin-colored growths. They may be very flat and unnoticeable or have a cauliflower-like surface. They can grow together and become quite large. Warts can occur anywhere on the genitals of men or women, and on the anus. Most infections are asymptomatic.
- **Transmission:** By intercourse (vaginal or anal) or oral sex.
- **Incubation Period:** Varies from 3 months to 2 years.
- **Diagnosis/Testing:** Usually by visual appearance. Sometimes requires magnification in the PCP's office to be able to see the infection. In women, warts occurring inside the vagina or on the cervix require a pelvic exam for diagnosis.
- **Treatment:** Various. Application of medicines in the PCP's office or "freezing" with liquid nitrogen are the most common. Often requires multiple retreatments over time. Over-the-counter wart medicines for "common" warts are not effective in the treatment of sexual warts. All sexual partners should be evaluated. (Reason: Reinfection by untreated partners is common.)
- **Prevention:** The Human Papilloma Virus vaccine (HPV) can prevent most genital warts and cervical cancer. Between 15 and 24 years of age, 25% of sexually active teens become infected with HPV. Young girls should be vaccinated before they become sexually active. The target age is 11-12 years. Also recommended for males at the same age.
- **Prevention of Spread:** Avoid sexual contact until treatment is completed and all symptoms are gone. If unable to avoid sexual contact, always use condoms.

23. **Call Back If:**

- Warts or other rashes occur in the genital area
- Female patient misses her period and might be pregnant

24. **Yeast Infections (Vaginal) Facts**

- **Cause:** A yeast, *Candida albicans*. Not usually considered to be a sexually transmitted infection.
- **Symptoms:** Vaginal discharge (often thick and white), vulvar itching, redness, or pain. Also dysuria is possible.
- **Transmission:** Person to person. *Candida* is found everywhere. It normally lives on the skin, in the mouth, in the vagina, and in the intestines of healthy people without causing infection or symptoms. Overgrowth of yeast can occur with diabetes, taking antibiotics and for unknown reasons.
- **Incubation Period:** Unknown
- **Diagnosis/Testing:** A swab taken from the vagina is examined under the microscope or cultured.
- **Treatment:** Anti-fungal medications (usually topicals). Some medications (Clotrimazole and Miconazole) can be purchased over the counter.
- **Prevention of Spread:** This is not a STI. Males do not get this infection. Treatment of male sexual partners is not needed.

25. **Call Back If**

- Vaginal discharge, pain, or itching develops
- Female patient misses her period and might be pregnant

26. **Abstinence And Other "Safe" Sexual Activities:**
- Abstaining from sexual intercourse (vaginal or anal) and from oral sex is the only 100% effective means of avoiding STIs.
  - Sexual behaviors which are considered safe (and don't usually transmit STIs) include holding hands, hugging, touching and kissing (as long as there are no sores on the lips or in the mouth).
  - Touching semen during mutual masturbation is generally safe.
27. **Use Of Condoms:**
- Condoms are the only effective way to prevent most STIs during sexual intercourse.
  - Putting on a Condom: (1) Hold the condom at the tip to squeeze out the air. (2) Roll the condom all the way down the erect penis. (Don't try to put a condom on a soft penis.)
  - Taking off a Condom: (1) After sex, hold onto the condom while the penis is being pulled out. This will keep the condom from coming off before the penis is out. (2) The penis should be pulled out while still erect, so that sperm (semen) doesn't leak out of the condom.
  - Buy latex rubber or plastic condoms. (Never use condoms made from animal skins, they can leak.)
  - If you use a lubricant during sex, make sure it is water-based (like K-Y Liquid). Do not use petroleum jelly, vegetable oil or baby oil. These can cause a condom to break.
  - For more information about condoms, see websites such as the CDC or [www.bedsiders.org](http://www.bedsiders.org)
28. **Behaviors That Don't Prevent STIS:**
- Douching (rinsing out the vagina with water or other fluids) or showering after sex does not prevent STIs.
  - Withdrawal (when a man pulls his penis out before he ejaculates/"comes") is not a way to prevent STIs or pregnancy.
  - Having a STI once does not prevent you from getting it again.
  - Using other forms of birth control, such as the IUD, birth control pill, implant or shot, doesn't prevent you from getting a STI.
  - You still need to protect yourself with condoms.

29. **Hepatitis B (HBV) Facts:**

- **Cause:** Hepatitis B Virus (HBV). Hepatitis means inflammation of the liver.
- **Symptoms:** Hepatitis from HBV is a serious illness. However, it affects different people in different ways. Some people have no symptoms. Some people become ill with fatigue, nausea, muscle aches, fevers, yellow eyes, and yellow skin. Some people are never able to completely fight off the infection. These people go on to have chronic hepatitis.
- Sometimes people die from hepatitis B.
- **Transmission:** The highest concentrations of HBV are found in the blood. Body fluids with visible blood can also transmit HBV. HBV is present in lower concentrations in semen and vaginal secretions.
- **Safe Body Fluids:** The following body fluids do not transmit HBV: saliva, tears, sweat or urine.
- HBV can be spread by any sexual behaviors (heterosexual or homosexual) that involve the exchange of body fluids, including vaginal fluids, semen or blood.
- It also can be spread by injecting street drugs with dirty (used) needles or syringes.
- Can be spread from a mother to her baby during pregnancy, delivery, or breastfeeding.
- **Incubation Period:** 6 weeks to 6 months.
- **Diagnosis/Testing:** Blood tests.
- **Treatment:** There are several anti-viral drugs for treating hepatitis from HBV.
- **Prevention:** There are two different medicines that are available to help prevent HBV: hepatitis B vaccine and hepatitis B immune globulin.
- **Vaccine:** The Hepatitis B vaccine helps prevent you from getting HBV in the future. It is recommended for all newborns. It is also recommended for any teen or adult at risk for getting HBV. For example, all health care providers should get this vaccine.
- **Immune globulin:** Hepatitis B immune globulin (HBIG) is used to prevent HBV after you have been exposed to it. The medical term for this is post-exposure prophylaxis (PEP). HBIG is not needed after an HBV exposure if you have already gotten the HBV vaccine.

30. **Call Back If:**

- You are exposed to HBV
- Female patient misses her period and might be pregnant

31. **Get the Vaccines that Prevent Genital Warts and Hepatitis B:**

- Two STIs have vaccines that can protect you from getting them.
- Human Papilloma Virus vaccine (HPV) can prevent most genital warts.
- Young girls and males should be vaccinated before they become sexually active if possible. The target age is 11-12 years. Also recommended for males at the same age.
- The HPV vaccine also prevents cancer of the cervix and throat. That's right, cancer!
- Hepatitis B vaccine (HBV) helps prevent getting Hepatitis B. It is recommended for all newborns and young babies. It is also recommended for any teens or adults who did not get it and are at risk for getting hepatitis should also get the shots.
- Hepatitis B vaccine also can prevent chronic liver disease and liver cancer.
- In the future, vaccines to prevent other STIs are being researched.

32. **Monkeypox Rash Appearance:**
- Initial symptoms are fever, headache, muscle ache and swollen lymph nodes. These symptoms last 1 to 5 days. Small sores may appear in the mouth.
  - A rash appears about 1 to 3 days after the start of the fever. Sometimes people get the rash first and afterwards other symptoms.
  - The rash usually starts on the face, sometimes on the genital area. It spreads quickly within 24 hours to the arms and legs, even the palms and soles.
  - Each monkeypox sore is about 0.5 cm to 1 cm wide. Each sore progresses through the following stages: small red spot (macule), small red bump (papule), small water blister (vesicle), small cloudy blister (pustule). Then, the sore crusts over and the scab falls off. The entire process takes about 2 weeks.
  - The rash is usually the same size and at the same stage on different areas of the body, unlike chickenpox.
33. **Monkeypox Disease Facts:**
- **Cause:** Monkeypox is a rare disease caused by the monkeypox virus.
  - **Spread:** Monkeypox spreads from person-to-person by direct skin contact. For example, spread can occur during intimate contact and sex. While not technically an STI, most monkeypox is occurring in adult men who have sex with other men in current US outbreak. Very rare in children unless household exposure (less than 1% of total cases).
  - **Diagnosis:** Suspected by appearance of rash and monkeypox contact. Diagnosis confirmed by lab test on fluid from monkeypox sore. Most testing done through public health department.
  - **Incubation period:** Symptoms usually start between 1 to 2 weeks after exposure. Range is from 4 to 21 days.
  - **Contagious period:** A person can spread monkeypox from the time symptoms start until all the monkeypox sores have crusted over and fallen off (usually 7 to 14 days).
  - **Isolation is Needed:** To protect others, stay at home (isolate) until all of the scabs have fallen off the monkeypox spots and the skin is healing. Avoid close contact with others in your home.
  - **Treatment:** Symptoms are treated with home remedies and OTC meds. Prescription medicines are not needed for most healthy people.
  - **Outcome:** Most healthy people do not develop any complications.
51. **Go To ED Now:**
- Your child needs to be seen in the Emergency Department immediately.
  - Go to the ED at \_\_\_\_\_ Hospital.
  - Leave now. Drive carefully.
52. **Go To ED Now (or PCP Triage):**
- **If No PCP (Primary Care Provider) Second-Level Triage:** Your child needs to be seen within the next hour. Go to the ED/UCC at \_\_\_\_\_ Hospital. Leave as soon as you can.
  - **If PCP Second-Level Triage Required:** Your child may need to be seen. Your doctor (or NP/PA) will want to talk with you to decide what's best. I'll page the on-call provider now. If you haven't heard from the provider (or me) within 30 minutes, go directly to the ED/UCC at \_\_\_\_\_ Hospital.

53. **See HCP Within 4 Hours (or PCP triage):**
- **If Office Will Be Open:** Your child needs to be seen within the next 3 or 4 hours. Call your doctor's (or NP/PA) office as soon as it opens.
  - **If Office Will Be Closed and No PCP (Primary Care Provider) Second-Level Triage:** Your child needs to be seen within the next 3 or 4 hours. A nearby Urgent Care Center (UCC) is often a good source of care. Another choice is to go to the ED. Go sooner if your child becomes worse.
  - **If Office Will Be Closed and PCP Second-Level Triage Required:** Your child may need to be seen. Your doctor (or NP/PA) will want to talk with you to decide what's best. I'll page the on-call provider now. If you haven't heard from the provider (or me) within 30 minutes, call again. **Note:** If on-call provider can't be reached, send to UCC or ED.
- Note to Triager:**
- Use nurse judgment to select the most appropriate source of care.
  - Consider both the urgency of the patient's symptoms AND what resources may be needed to evaluate and manage the patient.
- Sources of Care:**
- **ED:** Patients who may need surgery or hospital admission need to be sent to an ED. So do most patients with serious symptoms or complex medical problems.
  - **UCC:** Some UCCs can manage patients who are stable and have less serious symptoms (e.g., minor illnesses and injuries). The triager must know the UCC capabilities before sending a patient there. If unsure, call ahead.
  - **OFFICE:** If patient sounds stable and not seriously ill, consult PCP (or follow your office policy) to see if patient can be seen NOW in office.
54. **See PCP Within 24 Hours:**
- **If Office Will Be Open:** Your child needs to be examined within the next 24 hours. Call your child's doctor (or NP/PA) when the office opens and make an appointment.
  - **If Office Will Be Closed:** Your child needs to be examined within the next 24 hours. A clinic or an urgent care center is often a good source of care if your doctor's office is closed or you can't get an appointment.
  - **If Patient Has No PCP:** Refer patient to a clinic or urgent care center. Also try to help caller find a PCP (medical home) for future care.
- Note to Triager:**
- Use nurse judgment to select the most appropriate source of care.
  - Consider both the urgency of the patient's symptoms AND what resources may be needed to evaluate and manage the patient.
55. **See PCP Within 3 Days:**
- Your child needs to be examined within 2 or 3 days.
  - **PCP Visit:** Call your doctor (or NP/PA) during regular office hours and make an appointment. A clinic or urgent care center are good places to go for care if your doctor's office is closed or you can't get an appointment. **Note:** If office will be open tomorrow, tell caller to call then, not in 3 days.
  - **If Patient Has No PCP (Primary Care Provider):** Try to help caller find a PCP for future care (e.g., use a physician referral line). Having a PCP or "medical home" means better long-term care.

56. **See PCP Within 2 Weeks:**
- Your child needs an evaluation for this ongoing problem within the next 2 weeks.
  - **PCP Visit:** Call your child's doctor (or NP/PA) during regular office hours and make an appointment.
  - **If Patient Has No PCP (Primary Care Provider):** A primary care clinic is where you need to be seen for chronic health problems. **Note:** Try to help caller find a PCP (e.g., use a physician referral line). Having a PCP or 'medical home' means better long-term care.
58. **Home Care:**
- You should be able to treat this at home.
59. **Call PCP Now:**
- You need to discuss this with your child's doctor (or NP/PA).
  - I'll page the on-call provider now. If you haven't heard from the provider (or me) within 30 minutes, call again.
60. **Call PCP Within 24 Hours:**
- You need to discuss this with your child's doctor (or NP/PA) within the next 24 hours.
  - **If Office Will Be Open:** Call the office when it opens tomorrow morning.
  - **If Office Will Be Closed:** I'll page the on-call provider now. Exception: From 9 pm to 9 am. Since this isn't urgent, we'll hold the page until morning.
61. **Call PCP When Office Is Open:**
- You need to discuss this with your child's doctor (or NP/PA) within the next few days.
  - Call the office when it is open.

## FIRST AID



N/A

## BACKGROUND INFORMATION

### General Information

- A sexually transmitted infection (STI) is an infection that is transmitted through sexual intercourse (vaginal, anal, oral). It used to be also referred to as a sexually transmitted disease (STD).
- Examples of STIs include chlamydia, gonorrhea, genital herpes, HIV, pubic lice, and trichomonas.
- Some STIs can be cured with antibiotics (e.g., gonorrhea, chlamydia).
- Some STIs cannot be cured, but the symptoms can be reduced (e.g., herpes, HIV) by taking prescription medications.

### Transmission

- Most STIs are transmitted by exchange of body fluids (e.g., semen, vaginal secretions or blood) during oral, anal, or vaginal sex.
- Also can occur following direct contact with any sores/lesions during sex.
- A latex condom acts as barrier and is the only effective way to prevent most STIs.

### Abstinence and Other "Safe" Sexual Activities

- There are only two 100% effective means of avoiding STIs: abstinence and monogamy.

- Abstinence means not having sexual intercourse or oral sex.
- Monogamy means having only one sexual partner and neither partner has a STI.
- Sexual behaviors that are considered safe (and do not usually transmit STIs) include holding hands, hugging, touching and kissing (as long as there are no sores on the lips or in the mouth).
- Touching semen during mutual masturbation generally is safe.
- Condoms if used properly can prevent most STIs, but not all.

### **Behaviors That Do Not Prevent STIs**

- Douching (rinsing out the vagina with water or other fluids) or showering after sex does not prevent STIs.
- Withdrawal (when a man pulls his penis out before he ejaculates) is not a way to prevent STIs or pregnancy.
- Having an STI once does not prevent one from getting it again.
- Using other forms of birth control, such as the birth control pill, implant, or shot does not prevent STIs.
- You still need to protect yourself with condoms.

### **Expedited Partner Therapy (EPT)**

- Definition: For patients diagnosed with a STI, the treatment of sexual partners without medical evaluation.
- Method: Give the patient the extra antibiotic to pass on or write the extra prescription.
- Purpose: Prevent re-infections and transmission to others.
- Main indication: The patient believes the sexual partner will not come in for evaluation and treatment. Mainly used for Chlamydia and GC infections.
- Endorsed by: AAP, ACOG, AMA and Society for Adolescent Health and Medicine.
- Laws: Allowed in 45 States in 2020. First law was passed in California in 2001.
- Resource: [www.cdc.gov/std/ept](http://www.cdc.gov/std/ept)

## **REFERENCES**

1. AAP Committee on Adolescence. Condom use by adolescents. *Pediatrics* 2013;132:973-980.
2. Beharry MS, Shafii T, Burstein GR. Diagnosis and treatment of chlamydia, gonorrhea, and trichomonas in adolescents. *Pediatr Ann.* 2013 Feb;42(2):26-33.
3. Burstein GR, Murray PJ. Diagnosis and management of sexually transmitted disease pathogens among adolescents. *Pediatr Rev.* 2003;24:75-82.
4. Burstein GR, Murray PJ. Diagnosis and management of sexually transmitted diseases among adolescents. *Pediatr Rev.* 2003;24:119-127.
5. Cavanaugh RM. Screening for genitourinary abnormalities in adolescent males. *Pediatr Rev.* 2009;30(11):431-438.
6. Comkornruecha M. Gonococcal infections. *Pediatr Rev* 2013;34(5):228-234.
7. Darville T. Gonorrhea. *Pediatr Rev.* 1999;20:125-128.
8. Diclemente RJ, Sales JM, Danner F, et al: Association between sexually transmitted diseases and young adults' self-reported abstinence. *Pediatrics* 2011;127:208-213.
9. Forhan SE, Gottlieb SL, Sternberg MR, et al. Prevalence of sexually transmitted infections among female adolescents aged 14 to 19 in the United States. *Pediatrics.* 2009;124:1505-1512.



10. Fortenberry J. Sexually transmitted infections. *Pediatr Ann.* 2005; 34(10): 803-810.
11. Gevelbeer MA and Biro FM. Adolescents and sexually transmitted diseases. *Pediatr Clin North Am.* 1999;46(4):747-766.
12. Gold MA. Providing emergency contraception in the office. *Contemp Pediatr.* 1999;16(3):53-77.
13. Grubb LK, Powers M, AAP Committee on Adolescence. Emerging issues in male adolescent sexual and reproductive health care. *Pediatrics.* 2020 May;145(5):e20200627.
14. Gupta N. Sexually transmitted infections: part I: Genital bumps and genital ulcers. *Pediatr Rev.* 2020 Sep;41(9):455-468.
15. Holder NA. Gonococcal infections. *Pediatr Rev.* 2008;29(7):228-234.
16. Holland-Hall C. Sexually transmitted infections in teens. *Contemp Pediatr.* 2008;25(4):56-66.
17. Hsii A, Hillard P, Yen S, Golden NH. Pediatric residents' knowledge, use, and comfort with expedited partner therapy for STIs. *Pediatrics.* 2012;130(4):705-711.
18. Kaskowitz A, Quint E. A practical overview of managing adolescent gynecologic conditions in the pediatric office. *Pediatr Rev.* 2014 Sep;35(9):371-380.
19. Marcell AV, Burstein GR, AAP Committee on Adolescence. Sexual and reproductive health care services in the pediatric setting. *Pediatrics.* 2017 Nov;140(5). pii: e20172858.
20. Perry M, Allison BA. Gonorrheal diseases. *Pediatr Rev.* 2018 Aug;39(8):427-429.
21. Petsis D, Min J, Huang YV, et al. HIV testing among adolescents with acute sexually transmitted infections. *Pediatrics.* 2020 Apr;145(4):e20192265.
22. Sinclair KA, Woods CR, Sinal SH: Venereal warts in children. *Pediatr Rev* 2011;32:115-120.
23. Siqueira LM. Chlamydia infections in children and adolescents. *Pediatr Rev.* 2014 Apr;35(4):145-154.
24. Sung L and MacDonald NE. Gonorrhea: A pediatric perspective. *Pediatr Rev.* 1998;19:13-16.
25. Tomcho MM, Lou Y, O'Leary SC, et al. An intervention to improve Chlamydia and Gonorrhea testing among adolescents in primary care. *Pediatrics.* 2021 Nov;148(5):e2020027508.
26. Tu W, Batteiger BE, Wiehe S, et al. Time from first intercourse to first sexually transmitted infection diagnosis among adolescent women. *Arch Pediatr Adolesc Med.* 2009;163(12):1106-1111.

## SEARCH WORDS

ADMINISTRATIVE ISSUES AND GENERAL HEALTH INFO

ADOLESCENTS

AIDS

AIDS (HIV)

ANUS

BACTERIAL VAGINOSIS

CHLAMYDIA

CONDOM

CONDOM BREAKS



GENITAL HERPES  
GENITAL LICE  
GENITAL WARTS  
GENITALS  
GONORRHEA  
HEPATITIS B  
HERPES  
HERPES SIMPLEX  
HERPES SIMPLEX (GENITAL)  
HIV  
HPV  
LICE (GENITAL OR PUBIC)  
MOLLUSCUM CONTAGIOSUM  
MOLLUSCUM CONTAGIOSUM (GENITAL)  
MONKEYPOX  
PENIS  
PREVENTING STDS  
PUBIC LICE  
SCROTUM  
SEX  
SEXUALLY TRANSMITTED DISEASE  
SEXUALLY TRANSMITTED INFECTION  
STD  
STDS  
STI  
STIS  
SYPHILIS  
TEENAGERS  
TEENS  
TESTIS  
TRICHOMONAS INFECTIONS  
VAGINA  
VD  
VENEREAL DISEASE  
VENEREAL DISEASES  
WARTS (GENITAL)  
YEAST INFECTIONS  
YEAST INFECTIONS (VAGINAL)

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**Company:** Schmitt-Thompson Clinical Content  
**Content Set:** After Hours Telehealth Triage Guidelines | Pediatric  
**Version Year:** 2022  
**Last Revised:** 8/10/2022  
**Last Reviewed:** 8/10/2022