SEXUALLY TRANSMITTED DISEASE CONTROL PROGRAM

1. **Purpose**: To provide for Sexually Transmitted Disease (STD) screening and treatment of residents in order that Florida State Hospital may:
   a. Provide appropriate counseling and testing services for STD infection;
   b. Establish infection control procedures to protect staff and residents where necessary
   c. Provide safe and appropriate levels of medical care for residents with STD infection;
   d. Establish reporting requirements.

2. **Policy**: Florida State Hospital shall have an effective STD Control Program that provides for early detection of disease and promotes the prevention of disease transmission.

3. **Scope**: This operating procedure will apply to the Civil Services, Agencies for Persons with Disabilities, Health Care Services, Forensic Services, and Administrative Support Services of the Florida State Hospital.

4. **Training Requirements**: All Florida State Hospital Employees will be trained on this operating procedure upon hire into the position during Worksite Education and by their supervisor each time the operating procedure is revised.

5. **References**:
   b. Florida Statutes (F.S.) Section 381.606, the section dealing with the general public health provisions for infectious diseases, which includes testing procedure and confidentiality.
   c. Florida Administrative Code Chapter 64D-3.002, Notifiable Disease or Conditions to be Reported, Human, Revised 2003.
   e. Florida State Hospital Operating Procedure 150-43, Family Planning Practices.
6. **Definition:**
   
a. Sexually Transmitted Diseases (STDs) are those diseases transmitted primarily by sexual activity and include venereal diseases as well as non-specific urethra and genital infections, enteric infections and parasitic infections.

   b. Reportable STDs are those diseases transmitted primarily as STDs which constitute a threat to the public health and welfare of residents and visitors to the state and are governed by Chapter 384, Florida Statutes (F.S.), Sexually Transmissible Diseases. Failure to comply with this regulation is punishable by law and can result in a penalty.

7. **General:**
   
a. STDs are the most common infections in the United States; residents present with common symptoms, e.g., urethra/vaginal discharge, lesions and rashes. Gonorrhea and syphilis are most prevalent and constitute world-wide health problems.

   b. Persons at high risk for STDs are those who frequently exchange sex partners or those with multiple partners.

   c. STDs that are considered dangers to public health and are governed by the STD Act of 1998:
      
      (1) Acquired Immune Deficiency Syndrome;

      (2) Chancroid;

      (3) Gonorrhea;

      (4) Granuloma Inguinale;

      (5) Human Immunodefiency Virus Infection;

      (6) Lymphogranuloma Venereum; and

      (7) Syphilis

   d. Other diseases by which sexual transmission is common and are considered high risk in an institutional setting:
      
      (1) Acquired Immune Deficiency Syndrome (Reportable Communicable Disease);

      (2) Amebiasis (Reportable Communicable Disease);

      (3) Candida;

      (4) Chlamydia Trachomatis (Reportable Communicable Disease);

      (5) Genital Herpes;

      (6) Genital/Anal Warts;
(7) Giardiasis (Reportable Communicable Disease);
(8) Phthirius Pubis (pubic lice);
(9) Scabies;
(10) Shigellosis (Reportable Communicable Disease);
(11) Trichomonas Vaginalis; and
(12) Hepatitis B (Reportable Communicable Disease).

e. The following diseases require additional guidelines and are covered more specifically in Florida State Hospital Operating Procedures:

(1) Acquired Immune Deficiency Syndrome--Florida State Hospital Operating Procedure 153-31, Acquired Immune Deficiency Syndrome (AIDS) Control Program.

(2) Hepatitis B--Florida State Hospital Operating Procedure 153-29, Hepatitis Control Program.

f. The occurrence or suspected occurrence of STD of an employee requires additional guidelines and is covered more specifically in Florida State Hospital Operating Procedure 153-9, Employee Health Services Program.

g. Procedures for Family Planning requires additional guidelines and is covered is more specifically in Florida State Hospital Operating Procedure 150-43, Family Planning Services.

8. Procedure:

a. Screening:

(1) All residents at Florida State Hospital shall receive health screening for STDs. Screening shall include a Rapid Plasma Reagin (RPR) test.

(2) The Hospital Infection Control Nurse shall be responsible to confirm previous treatment of all new admissions with a reactive RPR confirmed with a fluorescent treponemal antibody (FTA) to be positive for syphilis.

b. Prevention:

(1) All Florida State Hospital residents shall have access to family planning and STDs and Human immunodeficiency virus (HIV) infection prevention services as needed by each individual.

(2) It shall be the responsibility of each Unit Recovery Team to designate an appropriate staff member to offer family planning services and preventive measures for STDs to all sexually active residents. Also the Unit Recovery Team may involve educational services or a referral to the Health Department (reference Florida State Hospital Operating Procedure 150-43).
(3) Upon achieving satisfactory completion of Family Planning/STD education provided by the Recovery Team (designee), each resident may, upon request, be provided appropriate preventive measures, including condoms and/or other prophylactic devices.

(4) The individual female resident who requests family planning services other than condoms shall be referred to the GYN clinic by the Ward Physician, ARNP, or Physician's Assistant.

c. **Treatment:**

(1) All residents at Florida State Hospital will comply with the treatment required for the prevention of STDs.

(2) Residents who have a known or suspected STD will be placed on proper isolation precautions in accordance with Centers for Disease Control (CDC) and Prevention guidelines during the infectious stage of the disease.

(3) Residents with a diagnosed STD will receive counseling regarding the disease, risk behaviors involved and precautions to be taken to prevent disease transmission. (see Attachment 1)

(4) The resident's Recovery Team will be responsible for counseling and the decisions regarding behavioral management during the infectious stage of the disease.

(5) Laboratory specimen collection will be done in accordance with current recommended specimen collection guidelines (Attachment 2).

(6) It is the responsibility of the medical physician to monitor the occurrence of disease and provide appropriate medical treatment (Refer to 1998 Centers for Disease Control [CDC] and Prevention Guidelines for Treatment of STDs available in each unit).

d. **Reporting Requirements:**

(1) Laboratory Requirements--The Hospital Clinical Laboratory will receive test results and forward them to the respective units. Any positive HAA or HIV results will be called to Infection Control and to the Unit by the laboratory.

(2) Unit Reporting Requirements--Units will report to the Hospital Infection Control Nurse:

   (a) Occurrence or suspected occurrence of any resident with a STD;

   (b) Any resident with a significant rise in RPR titer or a reactive RPR on a previous non-reactive RPR; or

   (c) Positive FTA results.

(3) External Reporting--Medically diagnosed cases and treatment of any reportable STD shall be reported by the Hospital Infection Control section, by name, to the Gadsden County Public Health Unit in accordance with the confidential reporting procedure for communicable diseases, as required by state law and regulations. Exception: Human
Immunodeficiency Virus Infection is reported in accordance with Florida State Hospital Operating Procedure 153-31, Acquired Immune Deficiency Syndrome (AIDS) Control Program.

(a) The time within which the report must be submitted shall be within 24 hours by telephone for all cases of early syphilis and antibiotic resistant gonorrhea.

(b) All other reports shall be within three (3) working days from diagnosis.

(c) Identifying information required on the report is:

1. Tests performed and results including titer quantitative procedure;
2. Name;
3. Age;
4. Race;
5. Sex;
6. Address and telephone number of person from whom specimen was collected (e.g., Florida State Hospital, Unit Name);
   a. Name and address of submitting physician; and
   b. Name and address of processing clinical laboratory

e. Contact Investigation: The STD Control Program Office is responsible for contact investigation. The Hospital Infection Control Nurse will serve as the hospital liaison with the department for contact investigation.

f. Confidentiality:

(1) The results of tests for STDs of residents and are confidential and the results may only be shared with employees of the department and its authorized representatives who are responsible for the custody, medical care, and treatment of Children and Families Services residents and who have a need to know such information. Violation of confidentiality shall be subject to disciplinary action and penalty by law.

(2) Any report of the diagnosis of a STD shall be submitted to the local Health Unit in a double envelope sealed with tape which is plainly marked “Confidential.”

(3) Confidentiality of persons with HIV Infection or AIDS requires different guidelines and is covered more specifically in Florida State Hospital Operating Procedure 153-31, Acquired Immune Deficiency Syndrome (AIDS) Control Program.

(Signed original on file in Central Health Information Services)

DIANE R. JAMES
Hospital Administrator

2 Attachments
1. STD Testing Reporting Procedure
   Following Sexual Contact Exposure
2. Guidelines for STD Specimen Collection
SUMMARY OF REVISED, ADDED OR DELETED MATERIAL

This operating procedure has been revised to reflect deletion of employees in paragraph 8.c.(1) and 8.f.(1)
STD TESTING/REPORTING PROCEDURE FOLLOWING SEXUAL CONTACT/EXPOSURE

1. Any sexually transmissible agent, including HIV, may be transmitted during sexual contact, assault and/or consensual sex. Inferences about STD risk may be based on the known prevalence of these diseases in the community/institution. The presence of STD’s within 24 hours of contact may represent prior infection.

   a. Initial evaluation:

      (1) Cultures for *neisseria gonorrhoeae* from any site of penetration.

      (2) Cultures for *chlaymydia trachomatis* from any site of penetration.

      (3) Wet mount and culture of a vaginal swab specimen for *trichomonas vaginalis* infection. If vaginal discharge or malodor is evident, examine wet mount for *bacterial vaginosis* and *yeast infection*.

      (4) Serum sample as baseline for *hepatitis B & C, syphilis, HIV* (with consent), and *pregnancy*, if female.

   b. Follow-up exam at two weeks following sexual contact/exposure unless prophylactic treatment has already been provided:

      (1) Repeat culture for *n. gonorrhoeae*.

      (2) Repeat culture for *c. trachomatis*.

      (3) Repeat wet mount and culture of a vaginal swab specimen for *t. vaginalis*, if discharge or malodorous.

      (4) Examine for *bacterial vaginosis* and *yeast infection*.

   c. Follow-up exam at 12 weeks following sexual contact /exposure:

      (1) Serum for *Hepatitis B and C*.

      (2) Serum for *syphilis*.

      (3) Serum for *HIV* (with consent).

2. **Prophylaxis**: Residents may be offered prophylaxis for possible infection following initial contact. The following prophylactic measures address the more common microorganisms:

   a. Hepatitis B Vaccination

   b. Antimicrobial therapy: empiric regimen for chlamydial, gonococcal, and trichomonal infections and BV (bacterial vaginosis). Recommended regimen:
(1) Ceftriaxone 125 mg IM in a single dose plus

(2) Metronidazole 2 g orally in a single dose plus

(3) Doxycycline 100 mg orally two times a day for seven days

3. Reporting Sexual Contact/Exposure/Assault: Form 180, Resident/Employee Possible Blood/Body Fluid Exposure Report, will be completed by appropriate staff following the instruction on the bottom of the form.
GUIDELINES FOR STD SPECIMEN COLLECTION

1. Gonorrhea:
   a. Thayer-Martin plates or Transgrow bottles are used for GC cultures. Cultures should be collected on site (always check expiration date of media).
   b. In order to increase recovery of the causative organism, the media should be inoculated immediately upon collection (media should be refrigerated until use and allowed to reach room temperature prior to inoculation).
   c. Transport of TM plates should be in a carbon dioxide atmosphere unless the culture is brought directly to the lab. Transgrow bottles already contain carbon dioxide.
   d. With females, care should be taken to swab the cervix and avoid the vaginal walls or labia.
   e. Gram stains of urethral discharge may be performed on males (gram stain of females is unreliable).

2. Syphilis: The following tests may be ordered for syphilis:
   a. RPR
   b. FTA-ABS
   c. MHATP
   All tests require serum (one red top tube).

3. Herpes:
   a. Specimens or HSV culture can be readily obtained by swabbing open skin lesions or mucous membrane ulcers with a cotton tipped applicator (special viral culturettes are supplied through the lab). Fluid from fresh vesicles provides a rich source of virus.
   b. Collected specimens must be refrigerated until transported to the lab.

4. Chlamydia:
   a. If a culture is needed, the involved mucous membrane should be vigorously swabbed or sampled by scraping. The anterior urethra or the cervix at the endocervical canal should be tested. For proper transport media, the laboratory should be contacted.
   b. A slide kit is also available from the lab for collection of specimens for staining procedures.
5. **Hepatitis B**: Test requires serum (one red top tube).

6. **HIV**: Test requires serum (one speckled top tube [SST]).

**NOTE**: Call Florida State Hospital Laboratory if additional information is needed regarding specimen collection.