April is STD Awareness Month! With rates of syphilis, gonorrhea, and chlamydia at their highest levels of the past three decades in San Diego County, and continuing to rise based on preliminary 2017 STD surveillance data, awareness of STDs and actions to prevent them have never been more important. STD prevention is a community-wide effort, and everyone, including the public health department, healthcare providers, and the public, has a role to play.

For STD Awareness Month, the Centers for Disease Control and Prevention (CDC) is sending a message to both healthcare providers and patients: “Treat Me Right.” CDC is encouraging providers to foster trusting patient-provider relationships and is encouraging patients to learn how they can stay healthy and how to ask for the care that they need. More information is available at the “Treat Me Right” webpage, which includes links for both providers and patients and provides access to numerous resources, including guides for taking a sexual history, cultural competency training resources, promotional materials, and the most recent STD treatment guidelines.

In addition to promoting the CDC’s “Treat Me Right” campaign message and materials, providers can assist in STD prevention efforts by:

- Ensuring that the clinical environment of your facility is welcoming and inclusive for all.
- Incorporating routine discussions about sexual health and sexual history into the medical visit.

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Editorial Note: “Treat Me Right:” Preparing for STD Awareness Month (cont.)

- Adhering to **STD screening guidelines** and offering more frequent testing (i.e., every 3 to 6 months) to patients with risk factors and those on **HIV pre-exposure prophylaxis (PrEP)**.
- Preventing congenital syphilis by screening all pregnant women during the first prenatal visit (and again during the third trimester and at delivery for those with risk factors) and ensuring timely treatment of pregnant women with syphilis with a CDC-recommended benzathine penicillin G-based regimen.
- Testing for gonorrhea and chlamydia at all possible sites of infection (i.e., genitourinary, pharyngeal, and/or rectal) using nucleic acid amplification testing (NAAT). Among men who have sex with men (MSM), approximately 70-80% of infections may be missed if screening is limited to the urethra or a urine sample[1, 2]. NAAT is preferred for screening due to higher sensitivity and specificity compared to other available tests[3].
- Providing dual treatment to all cases of gonorrhea to limit the development and spread of antibiotic-resistant *Neisseria gonorrhoeae*. Recommended treatment is a combination of ceftriaxone 250 mg IM plus azithromycin 1 gram orally, both as single doses. For alternative regimens for patients who cannot receive one or more of the recommended agents, refer to the **2015 CDC STD Treatment Guidelines**.
- Prevent reinfection by verifying that partners of patients with STDs receive evaluation and treatment. Consider **expedited partner therapy (EPT)** for partners who are unlikely or unwilling to seek evaluation.
- Report new STD diagnoses to the local health department.

Image Source: Division of STD Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, & TB Prevention, CDC