

CoAg Title:	Enhancing STI and Sexual Health Clinic Inf
CoAg Number:	RFA PS23-0011
Agency:	
Funded for Strategy C?	
Reporting Period:	
Date completed:	

Public reporting burden of this collection of information is estimated to average **6 hours per response per year**, incl maintaining the data needed, and completing and reviewing the collection of information. An agency may not cond displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-1282).

Infrastructure

Form Approved
OMB Control No. 0920-1282
Exp. Date: 06/30/2026

including the time for reviewing instructions, searching existing data sources, gathering and
duct or sponsor, and a person is not required to respond to a collection of information unless it
: of this collection of information, including suggestions for reducing this burden to CDC/ATSDR

Screening sh	Partner Services	Assessment Summ	Additional Informati
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wer Pivot functions need to be installed as a separate add-in. To
lick the first link.

tc.), an assessment summary sheet, and a sheet with additional
ie appropriate box in the top row of this sheet). Each category-
each specific service as outlined in the recommendations.

ne service. You answer using the dropdown option of “Yes” or
er select one of the reasons given for why a facility may not
' column if none of the provided reasons apply. When selecting
in the column corresponding to the reason. You may select
that will make the assessment summary more useful. The
nswers. **If the answers do not update, click "Data" in the main**

be used to facilitate your decision-making and prioritization
' this sheet.)

I want to immediately update the summary, click “Data” in the
pear in the assessment summary sheet.

see the percent of recommendations you meet across
care” settings and whether or not they are “should” or “could”
ry), your response to whether the service is provided and, if
ary of the percent of recommendations your clinic does *not*
vide due to insufficient resources). **If you see #DIV/0! rather**
category of the recommendations.

e each table to show only the recommendations your clinic does
says, “Does your clinic provide this service?” and from the
: other columns, so that you can focus on the recommendations
ide due to “Population served”). To clear this filter and show all
' Filter From [Cell text]” (e.g., “Clear Filter From Does your

Links
Microsoft website: Install the version of Power Qu
CDC website: Recommendations for Providing Qua
YouTube: Intro to the Assessment Tool video
YouTube: Taking the Assessment video
YouTube: Using the Assessment Summary Sheet v

Prevention Recommendation	Does your clinic provide this service?	Insufficient resources (funding, equipment, no lab or dispensing on premises)
On-site hepatitis B vaccination or referral		
On-site HPV vaccination or referral		
On-site hepatitis A vaccination		
On-site condom provision	No	X
Brief single STD/HIV prevention counseling session (up to 30 min)		
Moderate-intensity STD behavioral counseling (≥30 minutes)		
High-Intensity STD behavioral counseling (≥2 hours)		
Brief contraceptive counseling or referral		
Emergency contraceptive pills		
Risk assessment, education and referral or link to HIV care for pre		
Risk assessment, education and referral or link to HIV care for nor		
Provision of PrEP for HIV prevention		
Provision of nPEP of HIV		
Referral or link to HIV care, if indicated		
Referral or link to family planning services, if indicated		
Referral or link to behavioral health services, if indicated		

Jump to:

[Instructions sheet](#)

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Indicate reasons for not providing services by placing an "X" in corresponding cells (select all that apply). Leave corresponding cells empty if "yes" is selected in Column C.

[illegible]

Other, please specify

x

Evaluation of STD-Related Conditions Recommendation	Does your clinic provide this service?
Evaluation (history and examination) for Genital ulcer disease	
Evaluation (history and examination) for Male urethritis syndrome	
Evaluation (history and examination) for Vaginal discharge	
Evaluation (history and examination) for pelvic inflammatory disease (PID)	
Evaluation (history and examination) for Genital warts	
Evaluation (history and examination) for Proctitis	
Evaluation (history and examination) for Ectoparasitic infections	
Evaluation (history and examination) for Pharyngitis	
Evaluation (history and examination) for Epididymitis	
Evaluation (history and examination) for Systemic or dermatologic conditions compatible with or suggestive of an STD etiology	

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If "no" is selected, indicate reasons for not providing services by placing an "X" in corresponding cells (select all that apply). Leave corresponding cells empty if "yes" is selected in Column C.

[illegible]

[illegible]

Laboratory Recommendation	Does your clinic provide this service?
At the time of patient visit: pH paper	
At the time of patient visit: Thermometer	
At time of patient visit: Dark field microscopy for syphilis	
At time of patient visit: Gram stain, methylene blue, or gentian violet stain for urethritis	
At time of patient visit: On-site qualitative non-treponemal serologic test for syphilis	
At time of patient visit: Phlebotomy	
At time of patient visit: Test for bacterial vaginosis	
At time of patient visit: Test for HIV	
At time of patient visit: Test for pregnancy	
At time of patient visit: Test for trichomoniasis	
At time of patient visit: Test for vulvovaginal candidiasis	
At time of patient visit: Urinalysis with microscopy	
At time of patient visit: Urine dipstick	
Through clinical laboratory: Extragenital (pharynx and rectum) NAAT for gonorrhea and chlamydia	
Through clinical laboratory: Fourth generation antigen/antibody HIV test	
Through clinical laboratory: Gonorrhea antimicrobial susceptibility testing	
Through clinical laboratory: Gonorrhea culture	
Through clinical laboratory: Gram stain, methylene blue, or gentian violet stain for urethritis	
Through clinical laboratory: HSV serology	

Through clinical laboratory: HSV viral culture or PCR	
Through clinical laboratory: NAAT for trichomoniasis	
Through clinical laboratory: Laboratory tests needed for providing nPEP and PrEP, as per clinical protocol	
Through clinical laboratory: Oncogenic HPV NAATs with Pap smear	
Through clinical laboratory: Quantitative nontreponemal serologic test for syphilis	
Through clinical laboratory: Serologic tests for hepatitis A	
Through clinical laboratory: Serologic tests for hepatitis B	
Through clinical laboratory: Serologic tests for hepatitis C	
Through clinical laboratory: Test for pregnancy	
Through clinical laboratory: Treponemal serologic test for syphilis	
Through clinical laboratory: Urogenital NAAT for gonorrhea and chlamydia	

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[illegible]

Other, please
specify

Treatment Recommendation	Does your clinic provide this service on site?
On site: treatment for gonorrhea	
On site: treatment for chlamydia	
On site: treatment for cervicitis	
On site: treatment for nongonococcal urethritis	
On site: treatment for proctitis	
On site: treatment for PID	
On site: treatment for epididymitis	
On site: treatment for syphilis	
On site: PrEP	
On site: nPEP	
On site: provider-applied regimens for genital warts	
On site: emergency contraceptive pills	
On site: treatment for trichomoniasis	
On site: treatment for herpes	
On site: treatment for bacterial vaginosis	
On site: treatment for acute or new diagnosis of HIV care	
On site: treatment for persistent and recurrent cervicitis and nongonococcal urethritis	
On site: EPT for gonorrhea and chlamydia	
By prescription: treatment for herpes	

By prescription: treatment for trichomoniasis	
By prescription: treatment for bacterial vaginosis	
By prescription: treatment for vulvovaginal candidiasis	
By prescription: treatment for UTI	
By prescription: PrEP	
By prescription: nPEP	
By prescription: emergency contraceptive pills	
By prescription: patient-applied regimens for genital warts	
By prescription: treatment for ectoparasitic infections	
By prescription: EPT for gonorrhea and chlamydia (EPT for gonorrhea and c	

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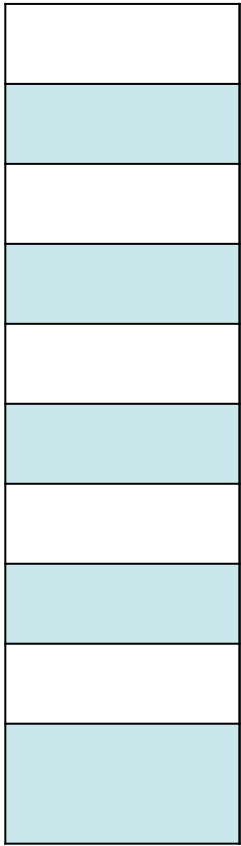
[Additional Information sheet](#)

If "no" is selected, indicate reasons for not providing services by placing an "X" in corresponding cells (select all that apply). Leave corresponding cells empty if "yes" is selected in Column C.

[illegible]

[illegible]

[illegible]



Sexual History and Physical Exam Recommendation	Does your clinic provide this service?
A sexual history and risk assessment as part of initial comprehensive or annual visit	
A sexual history and risk assessment at each visit concerning reproductive, genital, or urological issues	
A sexual history and risk assessment at each visit unrelated to reproductive, genital, or urologic concerns	
A sexual history and risk assessment at every visit for patients with STD-related symptoms, STD-related concerns, or concerns about preventing or achieving pregnancy	
A physical examination for male and female patients with STD-related symptoms, STD-related concerns, or those at high behavioral risk for incident STDs	
A pelvic examination	
Colposcopy for female patients with abnormal Pap smears	
Anoscopy	
A high-resolution anoscopy for patients with abnormal anal Pap smears	

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If "no" is selected, indicate reasons for not providing services by placing an "X" in corresponding cells (select all that apply). Leave corresponding cells empty if "yes" is selected in Column C.

[illegible]

Screening Recommendation	Does your clinic provide this service?
Gonorrhea screening	
Chlamydia screening	
Syphilis screening	
Hepatitis B screening	
Hepatitis C screening	
HIV screening	
Cervical cancer screening	
Trichomoniasis screening	
Anal cancer screening	

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If "no" is selected, indicate reasons for not providing services by placing an "X" in corresponding cells (select all that apply). Leave corresponding cells empty if "yes" is selected in Column C.

[illegible]

Partner Services Recommendation	Does your clinic provide this service?
Guidance regarding notification and care of sex partners	
EPT (where legal and where local or state jurisdictions do not prohibit by re	
Interactive counseling for partner notification	
Health department disease intervention specialist (DIS) elicitation of sex pa	

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If "no" is selected, indicate reasons for not providing services by placing an "X" in corresponding cells (apply). Leave corresponding cells empty if "yes" is selected in Column C.

Insufficient resources (funding, equipment, cost to patient)	Insufficient staffing (staff discomfort, capacity, training)	Protocols and procedures (e- prescribing issues, provide refill to original patient instead, no DIS referral)	Legal and cultural barriers (EPT not legal, staff/leadership opposition)

(select all that

Other, please
specify

Quality STD Services Sum

Recommendations

[Prevention](#)

[Evaluation of STD-Related Conditions](#)

[Laboratory](#)

[Treatment](#)

[Sexual History & Exam](#)

[Screening](#)

[Partner Services](#)

Total % of all recommendations met

Prevention Recommendation

On-site hepatitis B vaccination or referral

On-site HPV vaccination or referral

On-site hepatitis A vaccination

On-site condom provision

Brief single STD/HIV prevention counseling session (up to 30 minutes)

Moderate-intensity STD behavioral counseling (≥30 minutes)

High-Intensity STD behavioral counseling (≥2 hours)

Brief contraceptive counseling or referral

Emergency contraceptive pills

Risk assessment, education and referral or link to HIV care for pre-exposure prophylaxis (PrEP) for HIV prevention

Risk assessment, education and referral or link to HIV care for non-occupational post-exposure prophylaxis (nPEP) for HIV prevention

Provision of PrEP for HIV prevention

Provision of nPEP for HIV

Referral or link to HIV care, if indicated

Referral or link to family planning services, if indicated

Referral or link to behavioral health services, if indicated

Evaluation of STD-Related Conditions Recommendation

Evaluation (history and examination) for Genital ulcer disease
Evaluation (history and examination) for Male urethritis syndrome
Evaluation (history and examination) for Vaginal discharge
Evaluation (history and examination) for pelvic inflammatory disease (PID)
Evaluation (history and examination) for Genital warts
Evaluation (history and examination) for Proctitis
Evaluation (history and examination) for Ectoparasitic infections
Evaluation (history and examination) for Pharyngitis
Evaluation (history and examination) for Epididymitis
Evaluation (history and examination) for Systemic or dermatologic conditions compatible with or suggestive of an STD etiology

Laboratory Recommendation

At the time of patient visit: pH paper
At the time of patient visit: Thermometer
At time of patient visit: Dark field microscopy for syphilis
At time of patient visit: Gram stain, methylene blue, or gentian violet stain for urethritis
At time of patient visit: On-site qualitative non-treponemal serologic test for syphilis
At time of patient visit: Phlebotomy
At time of patient visit: Test for bacterial vaginosis
At time of patient visit: Test for HIV
At time of patient visit: Test for pregnancy
At time of patient visit: Test for trichomoniasis
At time of patient visit: Test for vulvovaginal candidiasis
At time of patient visit: Urinalysis with microscopy
At time of patient visit: Urine dipstick
Through clinical laboratory: Extragenital (pharynx and rectum) NAAT for gonorrhea and chlamydia
Through clinical laboratory: Fourth generation antigen/antibody HIV test
Through clinical laboratory: Gonorrhea antimicrobial susceptibility testing
Through clinical laboratory: Gonorrhea culture
Through clinical laboratory: Gram stain, methylene blue, or gentian violet stain for urethritis
Through clinical laboratory: HSV serology
Through clinical laboratory: HSV viral culture or PCR

Through clinical laboratory: NAAT for trichomoniasis
Through clinical laboratory: Laboratory tests needed for providing nPEP and PrEP, as per clinical guidelines
Through clinical laboratory: Oncogenic HPV NAATs with Pap smear
Through clinical laboratory: Quantitative nontreponemal serologic test for syphilis
Through clinical laboratory: Serologic tests for hepatitis A
Through clinical laboratory: Serologic tests for hepatitis B
Through clinical laboratory: Serologic tests for hepatitis C
Through clinical laboratory: Test for pregnancy
Through clinical laboratory: Treponemal serologic test for syphilis
Through clinical laboratory: Urogenital NAAT for gonorrhea and chlamydia

Treatment Recommendation

On site: treatment for gonorrhea
On site: treatment for chlamydia
On site: treatment for cervicitis
On site: treatment for nongonococcal urethritis
On site: treatment for proctitis
On site: treatment for PID
On site: treatment for epididymitis
On site: treatment for syphilis
On site: PrEP
On site: nPEP
On site: provider-applied regimens for genital warts
On site: emergency contraceptive pills
On site: treatment for trichomoniasis
On site: treatment for herpes
On site: treatment for bacterial vaginosis
On site: treatment for acute or new diagnosis of HIV care
On site: treatment for persistent and recurrent cervicitis and nongonococcal urethritis
On site: EPT for gonorrhea and chlamydia
By prescription: treatment for herpes
By prescription: treatment for trichomoniasis
By prescription: treatment for bacterial vaginosis
By prescription: treatment for vulvovaginal candidiasis
By prescription: treatment for UTI
By prescription: PrEP
By prescription: nPEP
By prescription: emergency contraceptive pills

By prescription: patient-applied regimens for genital warts

By prescription: treatment for ectoparasitic infections

By prescription: EPT for gonorrhea and chlamydia (EPT for gonorrhea and chlamydia, either on-site OR via prescription, is also included in the Partner Services section)



Sexual History and Physical Exam Recommendation

A sexual history and risk assessment as part of initial comprehensive or annual visit

A sexual history and risk assessment at each visit concerning reproductive, genital, or urological issues

A sexual history and risk assessment at each visit unrelated to reproductive, genital, or urologic concerns

A sexual history and risk assessment at every visit for patients with STD-related symptoms, STD-related concerns, or concerns about preventing or achieving pregnancy

A physical examination for male and female patients with STD-related symptoms, STD-related concerns, or those at high behavioral risk for incident STDs

A pelvic examination

Colposcopy for female patients with abnormal Pap smears

Anoscopy

A high-resolution anoscopy for patients with abnormal anal Pap smears



Screening Recommendation

Gonorrhea screening

Chlamydia screening

Syphilis screening

Hepatitis B screening

Hepatitis C screening

HIV screening

Cervical cancer screening

Trichomoniasis screening

Anal cancer screening



Partner Services Recommendation

Guidance regarding notification and care of sex partners

EPT (where legal and where local or state jurisdictions do not prohibit by regulation)

Interactive counseling for partner notification

Health department disease intervention specialist (DIS) elicitation of sex partner information to ic



Summary Table (% of recommendations met)		
Primary Care/Should	Primary Care/Could	Specialized/Should
0%	0%	0%
0%		0%
0%	0%	0%
0%	0%	0%
0%	0%	0%
0%	0%	0%
0%	0%	0%
0%	0%	0%
0%	0%	0%

Does your clinic provide this service?	Insufficient resources (funding, equipment, no lab or dispensing on premises)	Insufficient staffing (capacity, qualifications, training)
--	---	--

No

X

prophylaxis (nPEP)

Reasons not met (%)	100%	0%
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Does your clinic provide this service?	Insufficient resources (funding, equipment)	Insufficient staffing (capacity, qualifications, training)
--	---	--

Reasons not met (%)	#DIV/0!	#DIV/0!
---------------------	---------	---------

Does your clinic provide this service?	Insufficient resources (funding, lack of culture plates and inability to incubate them)	Insufficient staffing (capacity, qualifications, training)
--	---	--

protocol

Reasons not met (%)	#DIV/0!	#DIV/0!
---------------------	---------	---------

Does your clinic provide this service on site?	Insufficient resources (cost, procurement, don't stock due to infrequent use)	Insufficient staffing (capacity, training, qualifications)
--	---	--

Reasons not met (%)	#DIV/0!	#DIV/0!
---------------------	---------	---------

Does your clinic provide this service?	Insufficient resources (funding, equipment)	Insufficient staffing (capacity, training, provider discomfort)
--	---	---

Reasons not met (%)	#DIV/0!	#DIV/0!
---------------------	---------	---------

Does your clinic provide this service?	Insufficient resources (funding, equipment, test not available)	Insufficient staffing (capacity to follow up on abnormal results)
--	---	---

Reasons not met (%)	#DIV/0!	#DIV/0!
---------------------	---------	---------

Does your clinic provide this service?	Insufficient resources (funding, equipment, cost to patient)	Insufficient staffing (staff discomfort, capacity, training)
--	--	--

Identify those who might have been exposed and to identify patient follow-up needs

Reasons not met (%)	#DIV/0!	#DIV/0!
---------------------	---------	---------

Specialized/Could
0%
0%
0%
0%
0%
0%

Population served	Protocols and procedures (lack of protocol or standing orders)	Referral process in place
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0%	0%	0%
----	----	----

Population served	Protocols and procedures (express visit protocol, unclear guidelines)	Referral process in place
-------------------	---	---------------------------

#DIV/0!	#DIV/0!	#DIV/0!
---------	---------	---------

Population served	Protocols and procedures (procedures don't allow for collection)	Referral process in place
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#DIV/0!

#DIV/0!

#DIV/0!

Population served

Protocols and procedures
(prescription given if
medicine not available on
site)

Referral process in place

#DIV/0!	#DIV/0!	#DIV/0!
---------	---------	---------

Population served (patient need, reluctance)	Protocols and procedures (5 Ps, express visit protocol, EMR/EHR prompts)	Referral process in place
--	--	---------------------------

#DIV/0!	#DIV/0!	#DIV/0!
---------	---------	---------

Population served	Limited referral network for treatment	Other, please specify

#DIV/0!

#DIV/0!

Protocols and procedures (e-prescribing issues, provide refill to original patient instead, no DIS referral)	Legal and cultural barriers (EPT not legal, staff/leadership opposition)	Other, please specify
--	--	-----------------------

#DIV/0!

#DIV/0!

Legal and cultural barriers (minor consent, conservative environment)	Limited referral network for treatment	Other, please specify
0%	0%	

Other

Other, please specify



Other, please specify

Other, please specify

Jump to:	Prevention strategies	Evaluation of STD-Related Co
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Recommendation	
PREVENTION	
Brief single STD/HIV prevention counseling session (up to 15 minutes)	Brief prevention counseling is conducted in circumstances and needs in the counseling respectively.
Moderate-intensity STD behavioral counseling (≥30 minutes)	Brief prevention counseling is conducted in circumstances and needs in the counseling respectively.
High-intensity STD behavioral counseling (≥2 hours)	Brief prevention counseling is conducted in circumstances and needs in the counseling respectively.
Risk assessment, education and referral or link to HIV care	Provided by a clinician or other appropriate
Risk assessment, education and referral or link to HIV care	Provided by a clinician or other appropriate
Emergency contraceptive pills	If emergency contraceptive pills are not available over the counter and ulipristal acetate is available, it should be provided as soon as possible within 5 days of unprotected intercourse.
On-site condom provision	Providers can partner with local organizations for condom distribution. Prescriptions can be written for condoms. F
Provision of PrEP for HIV prevention	Basic STD Care: PrEP could be available by self-referral for PrEP should be provided with financial assistance. Specialized STD Care: PrEP should be available through a navigator-assisted referral for PrEP should be provided with financial assistance.
Provision of nPEP of HIV	Basic STD Care: nPEP starter pack (3–7 days) or complete 28-day course could be available on site. Provision of the complete 28-day nPEP course requires that health care providers stock nPEP drugs with required administration instructions. Specialized STD Care: nPEP starter pack (3–7 days) or complete 28-day course should be available on site. Provision of the complete 28-day nPEP course requires that health care providers stock nPEP drugs with required administration instructions.

EVALUATION	
Proctitis	Evaluation for proctitis might include visual specialized STD care, high-resolution anoscopy
LABORATORY	
At the time of patient visit	"At the time of patient visit" refers to provider conclusion of a clinic visit to ensure same day
Test for trichomoniasis	On-site test for trichomoniasis can include v
Test for bacterial vaginosis	On-site test for bacterial vaginosis can inclu
Test for vulvovaginal candidiasis	On-site test for vulvovaginal candidiasis can
Gonorrhea antimicrobial susceptibility testing	Access needs to be established for transport (e.g., transport medium in transport contain concerns about resistant <i>N. gonorrhoeae</i> in
TREATMENT	
Gonorrhea	Providers might not receive reimbursement health department and community-based c
Chlamydia	Providers might not receive reimbursement health department and community-based c
Nongonococcal urethritis	Providers might not receive reimbursement health department and community-based c
Syphilis	Providers can partner with local health dep. treatment.
Emergency contraceptive pills	If emergency contraceptive pills are not ava available over the counter and ulipristal ace soon as possible within 5 days of unprotected
EPT for gonorrhea and chlamydia	Information on the legal status of EPT for e
PARTNER SERVICES	
Partner services	Partner services consist of various strategie
Guidance regarding notification and care of sex partners	Guidance regarding notification and care of
EPT (where legal and where local or state jurisdictions do	Expedited Partner Therapy (EPT), also term receive chlamydia or gonorrhea diagnoses b the health care provider having examined th
Interactive counseling for partner notification	Information on legal status of EPT for each : In interactive counseling, the provider and p typically is conducted by staff with specific t partner(s) and develops a plan with the cou

[DIS](#)

[A disease intervention specialist \(DIS\) is a p](#)

[Health department DIS elicitation of sex partner informati](#)

Partner services can be provided on site or |

Laboratory sh	Treatment sh	Sexual History & Screening sh	Partner Services sh	Assessment Summ	Instructions sh
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Additional Information

a single session using strategies, such as motivational interviewing and building rapport, and includes patient plan. Moderate-intensity and high-intensity behavioral counseling is contact time of 30–120 minutes and ≥2 h

a single session using strategies, such as motivational interviewing and building rapport, and includes patient plan. Moderate-intensity and high-intensity behavioral counseling is contact time of 30–120 minutes and ≥2 h

a single session using strategies, such as motivational interviewing and building rapport, and includes patient plan. Moderate-intensity and high-intensity behavioral counseling is contact time of 30–120 minutes and ≥2 h

ly trained staff.

ly trained staff.

ailable on site or by prescription, patients can be advised that levonorgestrel emergency contraceptive pills are available on site or by prescription. Emergency contraceptive pills are only available by prescription. Emergency contraceptive pills should be used before sex.

ns, such as the local health department and community-based organizations, to procure condoms. In some settings, such as family planning clinics, condoms should be available on-site.

starter packs or prescription with on-site follow-up care for basic STD care. If PrEP is not provided, navigator-assisted appointment made while the patient is on site.

ble in starter packs or by prescription with on-site follow-up care for specialized STD care. If PrEP is not provided, navigator-assisted appointment made while the patient is on site.

s of medication) could be available on site, with either on-site follow-up care or referral for basic STD care. nPrEP medication supply at the initial visit rather than a starter pack of 3–7 days has been reported to increase the difficulty of returning for multiple follow-up visits difficult. Routinely providing starter packs or the complete 28-day course of PrEP drugs in their practice setting or have an established agreement with a pharmacy to stock, package, and provide instructions (https://www.cdc.gov/hiv/pdf/programresources/cdc-hiv-npep-guidelines.pdfpdf icon).

7 days of medication) should be available on site, with either on-site follow-up care or referral to specialized STD care. nPrEP medication supply at the initial visit rather than a starter pack of 3–7 days has been reported to increase the difficulty of returning for multiple follow-up visits difficult.

examination of the anus, anorectal examination with a rectal swab, digital anorectal exam, or anoscopy. For copy might be included.

ding a service the same day of the patient encounter. The intent is for a patient to receive test results prior to ay diagnosis and initiation of treatment as needed.

wet mount microscopy and OSOM® Trichomonas.

de wet mount microscopy, OSOM® BVBlue®, and Affirm™.

include wet mount microscopy.

t medium that adequately maintains the viability of *Neisseria gonorrhoeae* until the specimen reaches a labo ner, transport system, or transport swab). Providers should contact their state or local health department if th fection or if assistance is required for culture and antimicrobial susceptibility testing.

: for oral medications without an on-site pharmacy. Providers can partner with local organizations, such as the rganizations, to procure oral medications or refer patients to local organizations.

: for oral medications without an on-site pharmacy. Providers can partner with local organizations, such as the rganizations, to procure oral medications or refer patients to local organizations.

: for oral medications without an on-site pharmacy. Providers can partner with local organizations, such as the rganizations, to procure oral medications or refer patients to local organizations.

artments to procure injectable benzathine penicillin G or refer patients to local health department and verify

ilable on site or by prescription, patients can be advised that levonorgestrel emergency contraceptive pills are :state emergency contraceptive pills are only available by prescription. Emergency contraceptive pills should be ed sex.

ach state is available at <https://www.cdc.gov/std/ept/legal/default.htm>.

[s with differing levels of time and effort to enable persons who are exposed to an STD to be identified, tested](#)

[sex partners is described as providers giving how-to information to their patients about the need to notify th](#)

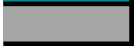
ed patient-delivered partner therapy (PDPT), is the clinical practice of treating the sex partner(s) of persons w oy providing medications or prescriptions to the patient. Patients then provide partner(s) with these therapies: he partner(s) (see www.cdc.gov/std/ept).

state is available at <http://www.cdc.gov/std/ept/legal/default.htm>.

patient both actively participate in an individualized plan to notify the patient's sex partner(s). Interactive cou training or skills in communication, interviewing, or counseling. The patient provides information about their : nselor to notify partner(s).

public health professional with applied expertise in client-centered interviews; partner services that include co

by referral.



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