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| As per CDC 2015 | Partners to Notify | Partner Management | Notes |
| Chlamydia (CT)  and  Nongonoccal  Urethrits (NGU) | Sex partners within 60d of index case’s onset of symptoms or diagnosis. If last sex >60d, notify last partner. | Evaluate, test, and presumptively treat with a regimen that covers CT,  Consider EPT if legal. | CDC recommends treating NGU partner(s) but NGU is not always an STD, use clinical judgement and provide careful counseling. |
| Gonorrhea (GC)  and Pelvic Inflammatory  Disease (PID) | Sex partners within 60d of index case’s onset of symptoms or diagnosis. If last sex >60d, notify last partner. | Evaluate, test, and presumptively treat with a regimen that covers GC.  Consider EPT if legal. | CDC recommends treating PID partner(s) but PID is not always an STD, use clinical judgement and provide careful counseling. |
| Primary Syphilis | Sex partners within 3 months plus duration of symptoms | Evaluate for signs and symptoms (treat accordingly if positive) and test.  If asymptomatic and exposure <90 days, treat presumptively even if test negative.  If asymptomatic and exposure >90 days, OK to wait for test results, no treatment needed if test neg.  Treat prior to test results if follow –up uncertain | Utilize DIS Partner Services.  Prioritize pregnant women.  Don’t miss an opportunity to treat.  Consider standing order for nurses to treat when provider not available. |
| Secondary Syphilis | Sex partners within 6 months  plus duration of symptoms |
| Early Latent Syphilis | Sex partners within 1 year |
| Late Latent Syphilis | Long term sex partners | Evaluate clinically, test, and treat if indicated | Transmission is uncommon  after the first year.  If index case has titer >1:32, consider managing partners as contacts to early syphilis. |
| HIV | Sex and drug injecting partners in the year prior to diagnosis (or if index case had recent negative test, 3 months prior to negative test) | Counsel, test, link to care if test is positive.  PEP if exposure <72hours.  PrEP if ongoing exposure. | Utilize DIS Partner Services.  20% of partners tested by DIS Partner Services are newly diagnosed HIV infections. |
| Trichomoniasis | All current sex partners | Evaluate and provide  presumptive treatment.  Consider EPT if legal. | 70 – 85% are asymptomatic.  Untreated infections might last for months to years. |
| Genital Herpes | Current sex partners | Current partners may benefit from evaluation, testing, and counseling. Treat if indicated. | Type specific serology may be useful to determine if susceptible. Counseling is critical. Herpes is an emotionally charged diagnosis. |
| Genital Warts | Current sex partners | HPV testing of sex partners not recommended. May benefit from counseling, exam and STD testing. | HPV infection is common, can lie dormant for many years and does not imply infidelity. Often shared by partners. Condoms may help. |
| Oncogenic HPV | Benefit of disclosing to current or future partners is unclear. |
| Pubic Lice | Sex partners within the previous month | Treat even if no signs or symptoms, decontaminate clothing, bedding. | Avoid sex until patient and partners treated and reevaluated at 1 week to r/o persistence. |

Note-For epidymitis, proctitis, and cervicitis, partners should be treated if a specific STD is identified or suspected.