Dear Doctor:

L.A. Care Health Plan is pleased to provide you with this copy of the Chlamydia Care Quality Improvement toolkit. You have been identified to receive this toolkit because your patient panel includes many young women at risk for Chlamydia. As you may be aware, Chlamydia trachomatis is the most common sexually transmitted disease in the United States. Untreated, this disease can cause severe and costly reproductive and other health problems.

L.A. Care Health Plan is taking an active role in addressing this personal and public health challenge. We encourage our providers to take advantage of opportunities to screen their patients for chlamydia and thereby help reduce the prevalence of preventable complications of chlamydia infection.

We urge you to utilize the information and resources we have provided and to join us in the effort to improve Chlamydia screening and treatment practices and to promote awareness of the disease among your patients. An important tool in this effort is the use of tests using Nucleic Acid Amplification Technology (NAAT) when screening your patients for chlamydia. This technology allows you to screen for Chlamydia using a urine specimen (if a pelvic exam is not otherwise indicated), and is the most sensitive of all the currently available chlamydia screening tests.

Thank you for joining us in this effort. Please contact Maria Casias, RN at (213) 694-1250 ext. 4312 or email mcasias@lacare.org if you have any questions, would like to provide any feedback, or would like any further information.

Sincerely,

Sarita A. Mohanty, MD, MPH
Medical Director
Patient-Delivered Partner Therapy for *Chlamydia trachomatis* and *Neisseria gonorrhoeae*: Guidance for Medical Providers in California

These guidelines were developed by:
California Department of Public Health
Sexually Transmitted Diseases (STD)
Control Branch in collaboration with:
California STD Controllers Association

March 2007
Introduction

As of January 1, 2007, California medical providers have a new option for ensuring effective partner treatment for the sex partners of patients diagnosed with Neisseria gonorrhoeae. This new legislation expands upon the 2001 legislation allowing patient-delivered partner therapy (PDPT) for Chlamydia trachomatis.

In combination, SB 648 (Ortiz, Chapter 835, Statutes of 2000) and AB 2280 (Leno, Chapter 771, Statutes of 2006) amended current law and allow physicians to prescribe, and nurse practitioners, physician assistants, and certified nurse-midwives to dispense, antibiotic therapy for the sex partners of individuals infected with Chlamydia trachomatis and Neisseria gonorrhoeae, even if they have not been able to perform an exam of the patient's partner(s).

This document is intended to provide guidance for clinical practice in the implementation of this California legislation (Health and Safety Code Section 120582). It replaces the June 2001 document, Patient-Delivered Therapy of Antibiotics for Chlamydia trachomatis, Guidance for Medical Providers in California.

The following guidelines are focused on PDPT strategies and provide information on the most appropriate patients, medications, and counseling procedures recommended to maximize patient and public health benefit while minimizing risk.
**Recommendations**

- **Patient’s diagnosis:** clinical diagnosis of *Chlamydia trachomatis* or *Neisseria gonorrhoeae*

- **First-choice partner management strategy:** Attempt to bring partners in for complete clinical evaluation, STD testing, counseling, and treatment.

- **Most appropriate patients:** those with partners who are unable or unlikely to seek timely clinical services.

- **Recommended drug regimens**
  - Patients diagnosed with chlamydia, but not gonorrhea:
    - Azithromycin (Zithromax*) 1 gram (250 mg tablets x 4) orally once
  - Patients diagnosed with gonorrhea but not chlamydia:
    - Cefpodoxime (Vantin*) 400 mg orally once†
  - Patients diagnosed with both gonorrhea and chlamydia:
    - Cefpodoxime (Vantin*) 400 mg orally once,† PLUS:
      - Azithromycin (Zithromax*) 1 gram (250 mg tablets x 4) orally once

- **Number of doses** is limited to the number of known sex partners in previous 60 days (or most recent sex partner if none in the previous 60 days).

- **Informational materials** must accompany medication and must include clear instructions, warnings, and referrals.

- **Patient counseling:** abstinence until seven days after treatment and until seven days after partners have been treated.

- **Patient re-testing** for gonorrhea and chlamydia is recommended for three months after treatment.

- **Adverse reactions:** The law does not protect providers from liability, as is the case for any medical treatment. To report adverse reactions, email EPT@cdph.ca.gov or call 510-620-3400.

* Use of trade names is for identification only and does not imply endorsement.

† Cefixime (Suprax*) 400 mg orally once also is appropriate.
Background and Rationale

**PUBLIC HEALTH IMPORTANCE OF CHLAMYDIA AND GONORRHEA**

Sexually transmitted chlamydia and gonorrhea infections are significant public health problems. More than 130,000 cases of chlamydia and 34,000 cases of gonorrhea were reported in California in 2005, making them the top two most common reportable communicable infections.¹ Genital infections can lead to pelvic inflammatory disease (PID), chronic pelvic pain, ectopic pregnancy, and preventable infertility in women.² Patients with these infections are also at increased risk of acquiring sexually transmitted HIV.³ Repeat gonorrhea infections, which increase the risk of complications, occur in up to 11 percent of women and men within six months after treatment.⁴,⁵ Repeat chlamydia infections occur in up to 13 percent of patients in this same time period.⁶ To prevent repeat infections, reduce complications in individuals, and reduce further transmission of infection in the community, sex partners of infected patients must be provided timely and appropriate antibiotic treatment.

**BARRIERS TO EFFECTIVE PARTNER MANAGEMENT**

Currently, there are considerable challenges to effective partner management. Public health efforts to notify and treat sex partners have proven successful and are considered a cornerstone of syphilis control.⁷ However, because of the high burden of infection and limited public health resources for partner notification activities, it is difficult for local health departments to provide investigation and partner notification for cases of gonorrhea and chlamydia.⁸ Thus, the standard of care for partner management for gonorrhea and chlamydia cases has become patient referral, whereby providers counsel patients about the need for partner treatment and that the responsibility for notifying partners rests with the patient.

Although providers have the option to collect the partners’ contact information and notify them, there are no reimbursement mechanisms and few clinics have the resources for this activity. The effectiveness of patient referral is limited by the patient’s choice in notifying the partner, as well as the partner’s choice in seeking treatment. In particular, some partners may be uninsured and have limited access to medical care. Further, infected partners who are asymptomatic may be less likely to seek needed medical treatment.
CALIFORNIA LEGISLATION ALLOWING PDPT FOR CHLAMYDIA AND GONORRHEA

Expedited partner treatment (EPT) for chlamydia and gonorrhea is an alternative strategy for ensuring that sex partners get needed medication. EPT is the general term for the practice of treating sex partners of patients diagnosed with an STD without an intervening medical evaluation. PDPT is the most common type of EPT in which the patient delivers the medication to his or her sex partner(s). Other types of EPT involve alternative delivery mechanisms, such as pharmacies.

In 2001, SB 648 (Ortiz, Chapter 835 Statutes of 2000) amended California law to allow PDPT for chlamydia, and, in January 2007, AB 2280 (Leno, Chapter 771 Statutes of 2006) further amended the law to allow PDPT for gonorrhea. The current law allows physicians to prescribe, and nurse practitioners, physician assistants, and certified nurse-midwives to dispense, antibiotic therapy for the male and female sex partners of individuals infected with Chlamydia trachomatis or Neisseria gonorrhoeae, even if they have not been able to perform an exam of the patient's partner(s).

This legislation (Section 120582 of the Health and Safety Code) provides an exception to the Medical Practice Act, which states that the prescribing, dispensing, or furnishing of dangerous drugs, as defined, without a good-faith prior examination and medical indication, constitutes unprofessional conduct. The new law provides that a licensee acting in accordance with provisions of the law with regard to a prescription for antibiotic therapy has not committed unprofessional conduct under this provision. This new law provides an important means to combat a serious public health problem and prevent adverse reproductive health outcomes.

This option allowing providers to use PDPT is not intended as the first and optimal choice of treatment for partners of individuals diagnosed with gonorrhea and chlamydia. However, this strategy can serve as a useful alternative when the partner is unable or unlikely to seek care. Providers should use their best judgment to determine whether partners will or will not come in for treatment, and to decide whether or not to dispense or prescribe additional medication to the index patient.
HEALTHCARE PROVIDER RESPONSIBILITIES FOR ENSURING PARTNER TREATMENT

Patients diagnosed with chlamydia or gonorrhea infection cannot be considered adequately treated until all their partners have been treated. All sexual contacts within the previous 60 days from the onset of symptoms or diagnostic test results need to be treated.

In California, physicians are still required by law to: 1) endeavor to discover the source of infection, as well as any sexual or other intimate contacts that the patient made while in the communicable stage of the disease (California Code of Regulations, Title 17, Section 2636); 2) make an effort, through the cooperation of the patient, to bring these persons in for examination and, if necessary, treatment (California Code of Regulations, Title 17, Section 2636); and 3) report cases to the local health officer (California Code of Regulations, Title 17, Section 2500).

EVIDENCE FOR THE EFFECTIVENESS OF EPT FOR CHLAMYDIA AND GONORRHEA

Several research studies, including randomized clinical trials, have demonstrated that EPT is effective in facilitating partner notification and reducing recurrent infection among index cases. A recent meta-analysis that included five clinical trials showed an overall reduced risk (summary risk ratio 0.73, 95 percent confidence interval (CI) 0.57 to 0.93) of recurrent infection in patients with chlamydia or gonorrhea who received EPT, compared with those who received standard partner treatment methods.9

One randomized trial demonstrated that partner management strategies that included EPT as an option, compared with conventional strategies, significantly reduced recurrent gonorrhea or chlamydial infection among heterosexual men and women.10 In this study, EPT was more effective than standard referral in reducing recurrent infection among patients with gonorrhea (3 percent versus 11 percent, p = 0.01), compared with those with chlamydial infection (11 percent versus 13 percent, p = 0.17).

In a separate study, of men with urethritis, PDPT, compared with patient referral, reduced recurrent infection rates by half, from 43 percent to 23 percent.11 In another study, of women with chlamydia, PDPT reduced recurrent infection rates from 15 percent to 12 percent (p = 0.10).12

A report published by the Centers for Disease Control and Prevention (CDC) in 2006 provided a thorough review of the research literature, a discussion of programmatic issues related to EPT, and guidance for public health programs and clinicians.13
IMPLEMENTATION AND USE OF PDPT

In a national physician survey conducted in 2000, researchers at CDC found that the practice of PDPT for chlamydia and gonorrhea was not uncommon. According to a 2002 California survey, nearly half of California physicians and nurse practitioners reported that they routinely use PDPT to treat partners of patients with chlamydia. A local evaluation, in San Francisco, California, demonstrated successful implementation, with 23 percent of STD patients receiving PDPT.

As of January 2007, the STD Control Branch had not received any reports of adverse events related to PDPT for chlamydia, despite the availability of a toll-free reporting line since 2001.

For some insurance plans in California, reimbursement for PDPT has not kept up with policy and practice changes. Because this practice provides preventive care for the patient by reducing recurrent infection and subsequent reproductive health complication, the STD Control Branch encourages public and private insurers to support this practice.

LIABILITY ISSUES

The current legislation allowing PDPT for sexually transmitted infections does not protect healthcare providers from lawsuits resulting from adverse outcomes related to the practice. This liability is no different from the liability of any other action taken by a healthcare provider, including prescribing or dispensing medicine for any medical condition, in which the provider remains liable. However, guidelines establish a standard of care, and standard of care is the primary medicolegal standard for appropriate practice. It is reassuring that, as of January 2007, the STD Control Branch had not received any reports of lawsuits related to the practice of providing PDPT.

When the prescribing physician is a public official or employee, he or she is immune from tort liability in California when acting within the scope of their authority (Government Code Section 820 and 820.2). However, immunity does not apply to acts of negligence (e.g., prescribing a dangerous or non-therapeutic regimen).

POTENTIAL PITFALLS IN USING EPT

There are several concerns about EPT. First, the medication could cause a serious adverse reaction, including allergy. Second, EPT may compromise the quality of care provided to partners, particularly if it is used as a first-line approach for partners who would otherwise seek clinical services. Appropriate care for contacts to STD includes testing for other STDs and HIV, physical examination to rule out a complicated infection, and risk-reduction counseling. Ideally, partners who receive EPT will still access these clinical services. Despite these concerns, the benefits of EPT outweigh the risks, since doing nothing for these partners is more harmful. Further, these risks may
be mitigated through patient education and written materials for partners that provide warnings and encourage visiting a healthcare provider. Additional concerns about EPT include misuse of the medication, waste if the medication is not delivered or not taken, and contribution to antibiotic resistance at the population level. Currently, there is no evidence that EPT is misused or leads to increasing antimicrobial resistance.

Guidelines for using PDPT for Chlamydia and Gonorrhea

SELECTING APPROPRIATE PATIENTS FOR PDPT

Appropriate patients are those with a clinical diagnosis of sexually transmitted chlamydia or gonorrhea infection. Laboratory confirmation of the diagnosis may include a gram stain of urethral exudate showing gram negative diplococci indicative of gonorrhea; a positive culture test for chlamydia or gonorrhea; a positive nucleic acid hybridization test for chlamydia or gonorrhea (e.g., GenProbe PACE 2™ or Digene Hybrid Capture 2™); or a positive nucleic acid amplification test (NAAT) for chlamydia or gonorrhea (e.g., GenProbe Aptima™, Beckton Dickenson ProbeTec™, Roche Amplicor™). Because of their high sensitivity, NAATs are the tests of choice for chlamydia screening and testing. In fact, only a negative NAAT negates the need for co-treatment for chlamydia in a patient with gonorrhea.17

Providing PDPT without laboratory confirmation should be considered when the provider has a high clinical suspicion for chlamydia or gonorrhea infection in the index case and there is concern about loss of follow-up.

Clinicians should attempt to bring partners in for comprehensive health care, including evaluation, testing, and treatment. Clinical services provide the opportunity to ensure treatment; confirm the diagnosis; examine the patient; test for other STDs, HIV, and pregnancy; provide needed vaccinations; and offer risk-reduction counseling and community referrals. These services constitute the standard of care for all partners of patients infected with a sexually transmitted infection.

Thus, patients most appropriate for PDPT are those with partners who are unable or unlikely to seek prompt clinical services. Factors to consider in the patient’s report are that the partner is uninsured, lacks a primary care provider, faces significant barriers to accessing clinical services, or will be unwilling to seek care. Providers should also assess the acceptability of PDPT to both the patient and the partners receiving it. PDPT does not preclude clinic attempts to get partners in for care. Even if PDPT is provided, the partner should still be encouraged to seek follow-up care as soon as possible.
Providers should assess the partner’s symptom status, particularly symptoms indicative of a complicated infection; pregnancy status; and risk for severe medication allergies. If the partner is pregnant, every effort should be made to contact her for referral to pregnancy services and/or prenatal care. The local health department may be of assistance for these special situations. For partners with known severe allergies to antibiotics, PDPT should not be used. The legislation permits PDPT regardless of the patient’s gender or sexual orientation. However, the use of PDPT to treat certain partners (e.g., females, and men who have sex with men (MSM)) may increase the risk of under-treating a complicated infection or missing a concurrent STD/HIV infection in the partner. Further, PDPT is not appropriate for patients co-infected with STDs not covered by PDPT medication; cases of suspected child abuse, sexual assault, or abuse; or a situation in which the patient’s safety is in doubt.

RECOMMENDED TREATMENT REGIMENS

The legislation does not mandate a specific antibiotic. The recommended antibiotic therapy for PDPT is listed in the table below.

<table>
<thead>
<tr>
<th>Infection diagnosed in index patient</th>
<th>Recommended medication for PDPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia only</td>
<td>• Azithromycin (Zithromax*) tablets 1 gram (250 mg tablets x 4) orally once</td>
</tr>
<tr>
<td>Gonorrhea only</td>
<td>• Cefpodoxime (Vantin*) 400 mg orally once†</td>
</tr>
<tr>
<td>(NAAT for chlamydia negative)</td>
<td></td>
</tr>
<tr>
<td>Gonorrhea and Chlamydia</td>
<td>• Cefpodoxime (Vantin*) 400 mg orally once† PLUS • Azithromycin (Zithromax*) tablets 1 gram (250 mg tablets x 4) orally once</td>
</tr>
<tr>
<td>(Includes situations in which the chlamydia and/or gonorrhea test results are not yet available in a patient with clinical signs of gonorrhea/chlamydia.)</td>
<td></td>
</tr>
</tbody>
</table>

*Use of trade names is for identification only and does not imply endorsement.
† Cefixime (Suprax*) 400 mg orally once also is appropriate.
In 2005, 25 percent of gonococcal isolates in California were resistant to fluoroquinolones (e.g., ciprofloxacin, ofloxacin, and levofloxacin, among others). Thus, fluoroquinolones should not be used for treating gonorrhea in California. Few oral cephalosporins have been studied and found to be effective against gonorrhea. Cefixime is a recommended regimen to treat uncomplicated infections of the cervix, urethra, or rectum, thus a single dose of 400 mg is an appropriate medication for PDPT for gonorrhea infections. Limited data support the effectiveness of cefpodoxime 400 mg, which is currently listed as an alternative regimen in the California Gonorrhea Treatment Guidelines (www.std.ca.gov).

In general, oral cephalosporins are less effective in eradicating pharyngeal gonorrheal infection. Providers who are concerned that the partner is at risk for pharyngeal infection, specifically if the partner has been exposed to a male urethral infection at this site, should discuss with the patient that oral treatment may not cure pharyngeal gonorrhea in all patients and that the partner should still seek care.

Patients infected with gonorrhea have high rates (35 percent to 50 percent) of co-infection with chlamydia. Because of the high sensitivity of NAATs for chlamydial infection, a patient’s negative chlamydial NAAT result precludes the need for the patient or partner(s) to be treated for chlamydia. However, if chlamydial test results are not available or if a non-NAAT was negative for chlamydia, the patient and partner(s) should be treated for both gonorrhea and chlamydia. For PDPT, unless chlamydia infection is ruled out with the use of a NAAT, azithromycin treatment is necessary for the presumptive treatment of chlamydia in patients diagnosed with gonorrhea.

Ideally, to avoid confusion, the partner should be treated for the same infections as the patient has. However, some providers may opt to provide PDPT for chlamydia infection even if the patient’s chlamydia NAAT is negative. This approach is suggested in national guidelines. The rationale for this approach is that chlamydia has not been adequately ruled out in the partner.

Azithromycin two grams orally should not be used for PDPT. Although small studies have shown that this regimen is effective against uncomplicated gonococcal infections, it causes significant gastrointestinal distress, and may be expensive. In addition, some concerns that widespread use may lead to the emergence of antimicrobial resistance have been raised.

All sex partners in the 60 days prior to diagnosis should be considered at risk for infection and should be treated. If the last sexual encounter was more than 60 days prior to diagnosis, the most recent sexual partner should be treated. The law does not specify how many partners may be treated through this strategy. Thus, patients should be provided with the number of doses necessary to treat each at-risk partner who can
For some insurance plans in California, reimbursement for PDPT has not kept up with policy and practice changes. Because this practice provides preventive care for the patient by reducing recurrent infection and subsequent reproductive health complication, the STD Control Branch encourages public and private insurers to support this practice.

**RISK OF ADVERSE REACTIONS TO MEDICATIONS**

Adverse reactions to single-dose cefpodoxime and azithromycin, beyond mild to moderate side effects, are rare. This risk of allergy and adverse drug reactions may be best mitigated through educational materials that accompany the medication, which include explicit warnings and instructions for partners who may be allergic to penicillin, cephalosporins, or macrolides, to seek medical advice before taking the medication. Examples of partner therapy instructions and information are available in English and Spanish (see appendices).

All known adverse reactions should be reported to the California Department of Health Services, STD Control Branch, via e-mail: EPT@cdph.ca.gov; or telephone: (510) 620-3400. Known adverse reactions to cefpodoxime and azithromycin are as follows:

- **Cefpodoxime**
  Cefpodoxime is generally well tolerated. The most common side effects in patients receiving a single-dose regimen of 200 mg of cefpodoxime were related to the gastrointestinal system: nausea (1.4 percent) and diarrhea/loose stools (1.2 percent).21 No other side effects occurred with a frequency greater than one percent.

Approximately one percent to three percent of patients have a primary hypersensitivity to cephalosporins; however, rates and cross-reactivity vary, depending on the molecular structure.22 The risk of anaphylaxis with cephalosporin in the general population is 0.0001 percent to 0.1 percent.23-25 However, patients with IgE-mediated allergy to penicillin are at increased risk for severe allergic reactions to cephalosporins. Evidence of IgE-mediated allergy include anaphylaxis, hypotension, laryngeal edema, wheezing, angioedema, and/or urticaria.

Approximately 10 percent of patients report penicillin allergy; however, more than 90 percent of them are found not to be allergic and are able to tolerate the drug.26 Cephalosporins are less allergenic than penicillin. The risk of cephalosporin reaction among patients with penicillin allergy is 5 percent to 17 percent for first-generation cephalosporins, 4 percent for second-generation, and only 1 percent to 3 percent for third- and fourth-generation cephalosporins.27 Cefpodoxime, cefixime, and other cephalosporins recommended for the treatment of gonorrhea are all third-generation cephalosporins.

In a retrospective cohort study of patients receiving penicillin and a subsequent cephalosporin, the risk of an allergic event was about ten-fold higher among those who had had a prior allergic reaction to penicillin; however, the absolute risk of anaphylaxis
was very small: 1 in 100,000. Further, because the risk was similarly elevated among those subsequently given a sulfonamide antibiotic, cross-reactivity may not be an adequate explanation for the increased risk.

The American Academy of Pediatrics guidelines, which establish a medicolegal standard of care, state that third-generation cephalosporins can be used to treat penicillin-allergic patients as long as the penicillin reaction is not severe (i.e., not IgE-mediated). Skin testing for penicillin allergy is recommended for patients if the allergic reaction was consistent with IgE-mediated mechanism or if the history is unclear. Such partners should be brought in for treatment for gonorrhea exposure.

Azithromycin

Azithromycin is generally well tolerated. The most common side effects in patients receiving a single-dose regimen of one gram of azithromycin are related to the gastrointestinal system: diarrhea/loose stools (seven percent), nausea (five percent), abdominal pain (five percent), vomiting (two percent), and dyspepsia (one percent). Vaginitis occurs in about one percent of women taking azithromycin. No other side effects have been documented with a frequency greater than one percent. Anaphylaxis or severe allergy to macrolides generally, and to azithromycin specifically, is very rare.

RISK OF UNDER-TREATING COMPLICATED INFECTIONS AND MISSING CONCURRENT STD/HIV

Another risk of PDPT is missing concurrent STD and HIV infections. There is particular concern related to using PDPT in MSM because of the risk of missing an undiagnosed HIV infection. In a multi-site study of STD/HIV co-infection among STD patients who presented as contacts to infection, 6.3 percent of MSM had newly diagnosed HIV infection. The risk of missing new HIV infections may be less in areas with ready access to HIV screening. Thus far, research on the effectiveness of PDPT in reducing repeat infection has been limited to heterosexual populations.

Because oral cephalosporins are less effective in eradicating pharyngeal gonorrhea infection, inadequate treatment of partners with pharyngeal infection is a potential limitation of PDPT. Providers who are concerned that the partner is at risk for pharyngeal infection should discuss with the patient that oral treatment may not cure pharyngeal gonorrhea in all patients and that the partner should seek care.

Each of these risks can be mitigated through educational materials that clearly instruct all PDPT recipients that they should seek care for STD and HIV testing, regardless of whether or not they take the medication. In particular, those with specific symptoms such as pelvic pain or testicular pain should seek medical care; pregnant women should seek regular prenatal care and receive a test-of-cure (TOC); and MSM should seek HIV testing. Examples of partner therapy instructions and information are available in English and Spanish (see appendices). Assistance from the local health department also may be available for these challenging partner situations.
**PDPT AND PREGNANCY**

Although PDPT is not contraindicated when a patient reports that his female partner may be pregnant, providers should assess whether the pregnant partner is receiving pregnancy services or prenatal care. Every effort should be made to contact the pregnant partner and ensure appropriate care; PDPT should be considered a last resort. The local health department may be of assistance for these special situations. The need for a TOC for chlamydia and gonorrhea in pregnancy in three weeks should be emphasized. Both recommended PDPT regimens are safe in pregnancy. Doxycycline, a potential substitute for azithromycin, should not be used in pregnancy.

**KEY EDUCATION AND COUNSELING**

Ideally, the medications and educational material should be given to the patient to deliver to the partner. If a prescription is used, then the provider should give the patient both the educational material and the prescription, and encourage the patient to deliver both the medication and accompanying informational material to the partner. Examples of partner therapy instructions and information are available in English and Spanish (see appendices).

Providers should discuss the following key counseling messages with their patient when prescribing PDPT:

- Partners should seek a complete STD evaluation as soon as possible, regardless of whether they take the medication.
- Partners should read the informational material very carefully before taking the medication.
- Partners who have allergies to antibiotics or who have serious health problems should not take the medications and should see a healthcare provider.
- Partners who have symptoms of a more serious infection (e.g., pelvic pain in women, testicular pain in men, fever in women or men) should not take the PDPT medications and should seek care as soon as possible.
- Partners who are or could be pregnant should seek care as soon as possible.
- Patients and partners should abstain from sex for at least seven days after treatment and until seven days after all partners have been treated, in order to decrease the risk of recurrent infection.
- Partners should be advised to seek clinical services for re-testing three months after treatment.

**PATIENT FOLLOW-UP AND RE-TESTING AT THREE MONTHS**

To ensure the effectiveness of PDPT, providers should schedule both male and female patients to return for re-testing for gonorrhea and chlamydia three months after treatment.
Resources

**CALIFORNIA EPT RESOURCES:**

- PDPT partner information materials are available online at www.std.ca.gov. Materials are available in English and Spanish, and include instructions for chlamydia treatment, gonorrhea treatment, and combination treatment (both chlamydia and gonorrhea).
- Adverse reaction reporting via email: EPT@cdph.ca.gov; or telephone: (510) 620-3400
- Information on California legislation is available at www.leginfo.ca.gov. Search California Law, Health and Safety Code, Keyword “120582”.
- For information on local chlamydia and gonorrhea control efforts, please call your local STD control program, visit the California Department of Health Services STD website at www.std.ca.gov, or call the California Department of Health Services STD Control Branch at (510) 620-3400.
- The California STD/HIV Prevention Training offers courses in the clinical management of STDs, as well as partner management and counseling. Please visit the website at www.stdhivtraining.org or call (510) 625-6000.

**CALIFORNIA STD CLINICAL PRACTICE GUIDELINES (ALL AVAILABLE ONLINE AT: WWW.STD.CA.GOV)**

- California Gonorrhea Treatment Guidelines (revised 2006)
- California STD Treatment Guidelines for Adults and Adolescents (two-page summary, revised 2007)
- California Gonorrhea Screening Guidelines for Women in Family Planning and Primary Care Settings (2006)

**CDC STD PRACTICE GUIDELINES**

- Expedited Partner Therapy in the Management of Sexually Transmitted Diseases. 2006. Available online: www.cdc.gov/std/EPT.
References cited:


Examples of PDPT Partner Information Materials

ENGLISH VERSIONS:

Directions For Sex Partners Of Persons With Chlamydia
Directions For Sex Partners Of Persons With Gonorrhea
Directions For Sex Partners Of Persons With Chlamydia And Gonorrhea

SPANISH VERSIONS:

Instrucciones Para Parejas Sexuales De Personas Con Clamidia
Instrucciones Para Parejas Sexuales De Personas Con Gonorrea
Instrucciones Para Parejas Sexuales De Personas Con Clamidia Y Gonorrhea
PLEASE READ THIS VERY CAREFULLY.

Your sex partner has recently been treated for chlamydia.

Chlamydia is a sexually transmitted disease (STD) that you can get from having any kind of sex (oral, vaginal, or anal) with a person who already has it. You may have been exposed. The good news is that it's easily treated.

You are being given a medicine called azithromycin (sometimes known as “Zithromax”) to treat your chlamydia. Your partner may have given you the actual medicine, or a prescription that you can take to a pharmacy. These are instructions for how to take azithromycin.

The best way to take care of this infection is to see your own doctor or clinic provider right away. If you can’t get to a doctor in the next several days, you should take the azithromycin.

Even if you decide to take the medicine, it is very important to see a doctor as soon as you can, to get tested for other STDs. People can have more than one STD at the same time. Azithromycin will not cure other infections. Having STDs can increase your risk of getting HIV, so make sure to also get an HIV test.

SYMPTOMS

Some people with chlamydia have symptoms, but many do not. Symptoms may include pain in your testicles (balls), pelvis, or lower part of your belly. You may also have pain when you urinate (pee) or when having sex. Many people with chlamydia do not know they are infected because they feel fine.

BEFORE TAKING THE MEDICINE

Before you take the medicine, please read the following:

The medicine is very safe. However, DO NOT TAKE if any of the following are true:

• You are female and have lower belly pain; pain during sex; vomiting; or fever.
• You are male and have pain or swelling in the testicles (balls) or fever.
• You have ever had a bad reaction, rash, breathing problems, or allergic reaction after taking azithromycin or other antibiotics. People who are allergic to some antibiotics may be allergic to other types. If you do have allergies to antibiotics, you should check with your doctor before taking this medicine.
• You have a serious long-term illness, such as kidney, heart, or liver disease.
• You are currently taking another prescription medication, including medicine for diabetes.

If any of these circumstances exist, or if you are not sure, do not take the azithromycin. Instead, you should talk to your doctor as soon as possible. Your doctor will find the best treatment for you.

WARNINGS

If you do not take medicine to cure chlamydia, you can get very sick. If you are a woman, you might not be able to have children.

If you are pregnant, it is safe to take the azithromycin, but you should still get a full check-up.
HOW TO TAKE THE MEDICINE

• You can take these pills with or without food.
• You should have four pills of azithromycin. Each pill contains 250mg of the medicine. You should take all four pills with water at the same time. You need to take all four pills to be cured.
• Do NOT take antacids (such as Tums, Rolaids, or Maalox) for one hour before or two hours after taking the azithromycin pills.
• Do NOT share or give this medication to anyone else!

SIDE EFFECTS

You may experience some side effects, including:
• Slightly upset stomach;
• Diarrhea;
• Dizziness;
• Vaginal yeast infection.
These are well-known side effects and are not serious.

ALLERGIC REACTIONS

Very serious allergic reactions include:
• Difficulty breathing/tightness in the chest;
• Closing of your throat;
• Swelling of your lips or tongue;
• Hives (bumps or welts on your skin that itch intensely).
If you experience any of these, call 911 or go to the nearest emergency room immediately!

NEXT STEPS

Now that you have your azithromycin, do not have sex for the next seven days after you have taken the medicine. It takes seven days for the medicine to cure chlamydia. If you have sex without a condom, or with a condom that breaks, during those first seven days, you can still pass on the infection to your sex partners. You can also get re-infected yourself.

► If you have any other sex partners, tell them you are getting treated for chlamydia, so they can get treated too.

► People who are infected with chlamydia once are very likely to get it again. It is a good idea to get tested for chlamydia and other STDs three months from now to be sure you did not get another infection.

► If you have any questions about the medicine, chlamydia, or other STDs, please call:
  [Each local health jurisdiction (LHJ) will list its phone number here.]

► All calls are confidential.

► For a free STD exam, testing, and medicine, you can come to:
  [Each LHJ will list local clinics here.]

CONGRATULATIONS ON TAKING GOOD CARE OF YOURSELF!

For more information on chlamydia and other STDs, please visit www.inspot.org or www.ashastd.org.
PLEASE READ THIS VERY CAREFULLY.

Your sex partner has recently been treated for gonorrhea.

Gonorrhea is a sexually transmitted disease (STD) that you can get from having any kind of sex (oral, vaginal, or anal) with a person who already has it. You may have been exposed. The good news is that it's easily treated.

You are being given a medicine called cefpodoxime (sometimes known as “Vantin”) to treat your gonorrhea. Your partner may have given you the actual medicine, or a prescription that you can take to a pharmacy. These are instructions for how to take cefpodoxime.

The best way to take care of this infection is to see your own doctor or clinic provider right away. If you can’t get to a doctor in the next several days, you should take the cefpodoxime.

Even if you decide to take the medicine, it is very important to see a doctor as soon as you can to get tested for other STDs. People can have more than one STD at the same time. Cefpodoxime will not cure other infections. Having STDs can increase your risk of getting HIV, so make sure to also get an HIV test.

SYMPTOMS

Some people with gonorrhea have symptoms, but many do not. Symptoms may include having an unusual discharge from the penis, vagina, or anus. You may also have pain when you urinate (pee). Many people with gonorrhea do not know they are infected because they feel fine.

BEFORE TAKING THE MEDICINE

Before you take the medicine, please read the following:
The medicine is very safe. However, DO NOT TAKE if any of the following are true:
• You are female and have lower belly pain; pain during sex; vomiting; or fever.
• You are female and have lower belly pain; pain during sex; vomiting; or fever.
• You are male and have pain or swelling in the testicles (balls) or fever.
• You have one or more painful and swollen joints, or a rash all over your body.
• You have ever had a bad reaction, rash, breathing problems, or an allergic reaction to cefpodoxime or other antibiotics. People who are allergic to some antibiotics may be allergic to other types. If you do have allergies to antibiotics, you should check with your doctor before taking this medicine.
• You have a serious long-term illness, such as kidney, heart, or liver disease.
• You are currently taking another prescription medication, including medicine for diabetes.

If any of these circumstances exist, or if you are not sure, do not take the cefpodoxime. Instead, you should talk to your doctor as soon as possible. Your doctor will find the best treatment for you.

WARNINGS

If you performed oral sex on someone who was infected with gonorrhea, the medicine may not work as well. You should see a doctor to get stronger medicine.
If you do not take medicine to cure gonorrhea, you can get very sick. If you’re a woman, it can make you unable to have children.
If you are pregnant, it is safe to take the cefpodoxime, but you should still get a full check-up.
**HOW TO TAKE THE MEDICINE**

- Take these pills with food. This will decrease the chances of having an upset stomach and will increase the amount your body absorbs.
- You should have two pills of cefpodoxime. Each pill contains 200 mg of the medicine. Take both pills with water at the same time. You need to take both pills to be cured.
- Do NOT take antacids (such as Tums, Rolaids, or Maalox) for one hour before or two hours after taking the medicine.
- Do not share or give the cefpodoxime to anyone else!

**SIDE EFFECTS**

You may experience some side effects, including:
- Slightly upset stomach;
- Diarrhea;
- Dizziness;
- Vaginal yeast infection.
These are well-known side effects and are not serious.

**ALLERGIC REACTIONS**

Very serious allergic reactions include:
- Difficulty breathing/tightness in the chest;
- Closing of your throat;
- Swelling of your lips or tongue;
- Hives (bumps or welts on your skin that itch intensely).
If you experience any of these, call 911 or go to the nearest emergency room immediately!

**NEXT STEPS**

Now that you have your cefpodoxime, do not have sex for the next seven days after you have taken the medicine. It takes seven days for the medicine to cure gonorrhea. If you have sex without a condom, or with a condom that breaks, during those first seven days, you can still pass on the infection to your sex partners. You can also get re-infected yourself.

- **If you have any other sex partners**, tell them you are getting treated for gonorrhea, so they can get treated too.
- **If you think you do have symptoms of a gonorrhea infection** and they do not go away within seven days after taking this medicine, please go to a doctor for more testing and treatment.
- **People who are infected with gonorrhea once are very likely to get it again.** It is a good idea to get tested for gonorrhea and other STDs three months from now, to be sure you did not get another infection.
- **If you have any questions** about the medicine, gonorrhea, or other STDs, please call: [Each local health jurisdiction (LHJ) will list its phone number here.]
- **All calls** are confidential.
- **For a free STD exam**, testing, and medicine, you can come to: [Each LHJ will list local clinics here.]

**CONGRATULATIONS ON TAKING GOOD CARE OF YOURSELF!**

For more information on gonorrhea and other STDs, please visit www.inspot.org or www.ashastd.org.
URGENT and PRIVATE

IMPORTANT INFORMATION ABOUT YOUR HEALTH

Directions for sex partners of persons with chlamydia and gonorrhea

PLEASE READ THIS VERY CAREFULLY.

Your sex partner has recently been diagnosed with one or more sexually transmitted diseases (STDs). This means you may have been exposed to gonorrhea and chlamydia.

You can get gonorrhea and chlamydia from having any kind of sex (oral, vaginal, or anal) with a person who already has them. The good news is that they are easily treated.

You are being given two different types of medicine. One is called cefpodoxime (sometimes known as “Vantin”). It will cure gonorrhea. The other is called azithromycin (sometimes known as “Zithromax”). It will cure chlamydia. Your partner may have given you both medicines, or a prescription that you can take to a pharmacy. These instructions are for how to take cefpodoxime and azithromycin.

The best way to take care of these infections is to see your own doctor or clinic provider right away. If you can’t get to a doctor in the next several days, you should take both medicines.

Even if you decide to take the medicines, it is very important to see a doctor as soon as you can, to get tested for other STDs. People with gonorrhea are likely to also be infected with chlamydia. You should take the pills for both.

You may have been exposed to other STDs that cefpodoxime and azithromycin will not cure. It is still important that you get tested for other STDs. Having STDs can increase your risk of getting HIV, so make sure to also get an HIV test.

SYMPTOMS

Some people with gonorrhea and chlamydia have symptoms, but many do not. Symptoms of gonorrhea and chlamydia may include having an unusual discharge from the penis, vagina, or anus. You may also have pain when you urinate (pee), or pain in your groin, testicles, pelvis, or lower belly. Women may experience pain during sex. Many people with gonorrhea and chlamydia do not know they are infected because they feel fine.

BEFORE TAKING THE MEDICINE

Before you take the medicine, please read the following:

The medicines are very safe. However, DO NOT TAKE if any of the following are true:

- You are female and have lower belly pain; pain during sex; vomiting; or fever.
- You are male and have pain or swelling in the testicles (balls) or fever.
- You have one or more painful and swollen joints, or a rash all over your body.
- You have ever had a bad reaction, rash, breathing problems, or allergic reaction after taking cefpodoxime, azithromycin, or other antibiotics. People who are allergic to some antibiotics may be allergic to other types. If you do have allergies to antibiotics, you should check with your doctor before taking these medicines.
- You have a serious long-term illness, such as kidney, heart, or liver disease.
- You are currently taking another prescription medicine, including medicine for diabetes.

If any of these circumstances exist, or if you are not sure, do not take these medicines. Instead, you should talk to your doctor as soon as possible. Your doctor will find the best treatment for you.

WARNINGS

If you performed oral sex on someone who was infected with gonorrhea, the medicine may not work as well. You need to see a doctor to get stronger medicine.
If you do not take medicine to cure gonorrhea or chlamydia, you can get very sick. If you’re a woman, you might not be able to have children.

If you are pregnant, it is safe to take these medicines, but you should still get a full check-up.

HOW TO TAKE THE MEDICINE

• Take the medicines with food. This will decrease the chances of having an upset stomach, and will increase the amount your body absorbs.
• You should have two pills of cefpodoxime (200mg each), and four pills of azithromycin (250 mg each). Take all six pills with water at the same time. You need to take all six pills in order to be cured.
• Do NOT take antacids (such as Tums, Rolaids, or Maalox) for one hour before or two hours after taking the medicines.
• Do NOT share or give these medicines to anyone else!

SIDE EFFECTS

You may experience some side effects, including:
• Slightly upset stomach;
• Diarrhea;
• Dizziness;
• Vaginal yeast infection.
These are well-known side effects and are not serious.

ALLERGIC REACTIONS

Very serious allergic reactions include:
• Difficulty breathing/tightness in the chest;
• Closing of your throat;
• Swelling of your lips or tongue;
• Hives (bumps or welts on your skin that itch intensely).
If you experience any of these, call 911 or go to the nearest emergency room immediately!

NEXT STEPS

Now that you have your medicines, do not have sex for the next seven days after you have taken the medicines. It takes seven days for the medicines to cure gonorrhea and chlamydia. If you have sex without a condom, or with a condom that breaks, during those first seven days, you can still pass on the infection to your sex partners. You can also get re-infected yourself.

➢ If you have any other sex partners, tell them you are getting treated for gonorrhea and chlamydia, so they can get treated too.

➢ If you think you do have symptoms of a gonorrhea infection and they do not go away within seven days after taking this medicine, please go to a doctor for more testing and treatment.

➢ People who are infected with gonorrhea and chlamydia once are very likely to get infected again. It is a good idea to get tested for gonorrhea, chlamydia, and other STDs three months from now to be sure you did not get another infection.

➢ If you have any questions about the medicine, gonorrhea, chlamydia, or other STDs, please call:
[Each local health jurisdiction (LHJ) will list its phone number here.]

➢ All calls are confidential.

➢ For a free STD exam, testing, and medicine, you can also come to:
[Each LHJ will list local clinics here.]

CONGRATULATIONS ON TAKING GOOD CARE OF YOURSELF!

For more information on gonorrhea, chlamydia, and other STDs, please visit www.inspot.org or www.ashastd.org.
LEA LO SIGUIENTE CON MUCHA ATENCIÓN.

Su pareja sexual ha sido tratada recientemente por clamidia.

La clamidia es una enfermedad de transmisión sexual (STD, por sus siglas en inglés) que se puede contraer al tener cualquier tipo de relación sexual (oral, vaginal o anal) con alguien que ya tiene la enfermedad. Es posible que usted haya estado expuesto. Lo bueno es que se puede tratar fácilmente.

Le van a dar un medicamento llamado azitromicina (azithromycin, a veces conocido como “Zithromax”) para tratar la clamidia. Es posible que su pareja le haya dado el medicamento mismo o una receta médica para que los pueda adquirir en una farmacia. Estas son instrucciones sobre cómo tomar la azitromicina.

Consultar de inmediato con su médico o clínica es la mejor manera de tratar estas infecciones. Si no puede hablar con un médico en los próximos días debe tomar la azitromicina.

Incluso si decide tomar el medicamento es muy importante que vea a un médico lo antes posible para que le hagan la prueba de otras enfermedades de transmisión sexual. Las personas pueden tener más de una enfermedad de transmisión sexual al mismo tiempo. La azitromicina no curará otras infecciones. Tener enfermedades de transmisión sexual puede aumentar su riesgo de contraer el VIH, así que asegúrese de hacerse también la prueba del VIH.

SÍNTOMAS

Algunas personas con clamidia tienen síntomas, pero muchas otras no. Los síntomas podrían incluir dolor en los testículos (las bolas), en la pelvis o en la parte baja del vientre. También podrían sentir dolor al orinar (hacer pipí) o al tener relaciones sexuales. Muchas personas con clamidia no saben que están infectadas porque se sienten bien.

ANTES DE TOMAR EL MEDICAMENTO

Lea lo siguiente antes de tomar el medicamento:

El medicamento es muy seguro. Sin embargo, NO LO TOME si alguna de las siguientes cosas es cierta:

• Es mujer y tiene dolor en la parte baja del vientre, dolor al tener relaciones sexuales, vómitos o fiebre.
• Es hombre y tiene dolor o hinchazón en los testículos (las bolas) o fiebre.
• Alguna vez tuvo una mala reacción, sarpullido, problemas para respirar o una reacción alérgica después de tomar la azitromicina u otros antibióticos. Las personas que son alérgicas a algunos antibióticos pueden ser alérgicas a otros tipos. Si es alérgico a los antibióticos hable con su médico antes de tomar este medicamento.
• Tiene una enfermedad seria a largo plazo, como una enfermedad de los riñones, el corazón o el hígado.
• Está tomando otro medicamento recetado, incluyendo medicamentos para la diabetes.

Si existe cualquiera de estas circunstancias, o si no está seguro, no tome la azitromicina. En lugar de tomarla debe hablar con su médico lo antes posible. Su médico encontrará el mejor tratamiento para usted.

ADVERTENCIAS

Si no toma el medicamento para curar la clamidia usted se puede enfermar muy gravemente. Si es mujer, la clamidia puede hacer que no pueda tener hijos.

Si está embarazada puede tomar azitromicina sin peligro, pero aun así se debe hacer un chequeo completo.
CÓMO TOMAR EL MEDICAMENTO

- Puede tomar estas pastillas con o sin comida.
- Tiene que tomar cuatro pastillas de azitromicina. Cada pastilla contiene 250 mg del medicamento. Tiene que tomar las cuatro pastillas con agua al mismo tiempo. Para curarse tiene que tomar las cuatro pastillas.
- NO tome antiácidos (como Tums, Rolaids o Maalox) una hora antes o dos horas después de haber tomado las pastillas de azitromicina.
- ¡NO comparta este medicamento con nadie ni tampoco se lo dé a nadie!

EFECTOS SECUNDARIOS

Podría tener algunos efectos secundarios, incluyendo:
- un poco de malestar estomacal,
- diarrea,
- mareos,
- infección vaginal por levaduras.
Estos son efectos secundarios bien conocidos y no son serios.

REACCIONES ALÉRGICAS

Las reacciones alérgicas muy serias incluyen:
- dificultad para respirar o sentir el pecho apretado,
- cierre de la garganta,
- hinchazón de los labios o de la lengua,
- urticaria (bultos o verdugones en la piel que pican mucho).
¡Si tiene alguna de estas cosas llame al 911 ó vaya de inmediato a la sala de emergencias más cercana!

LO QUE DEBE HACER DESPUÉS

Ahora que tiene la azitromicina, no tenga relaciones sexuales por siete días después de tomarla. El medicamento tarda siete días en curar la clamidia. Si durante esos primeros siete días tiene relaciones sexuales sin condones, o con un condón que se rompe, puede pasar la infección a sus parejas sexuales y, además, usted también se puede volver a infectar.

- Si tiene otras parejas sexuales digales que lo están tratando por clamidia para que también reciban tratamiento. Las personas que estuvieron infectadas por clamidia una vez tienen una gran probabilidad de volver a infectarse. Conviene que en los próximos tres meses se haga la prueba de la clamidia y de otras enfermedades de transmisión sexual para estar seguro de que no tiene ninguna otra infección.

- Si tiene alguna duda sobre el medicamento, la clamidia u otras enfermedades de transmisión sexual, llame al:
[Each local health jurisdiction (LHJ) will list its phone number here.]

- Todas las llamadas son confidenciales.

- Para obtener un examen gratuito de enfermedades de transmisión sexual, pruebas y medicamentos, puede ir a:
[Each LHJ will list local clinics here.]

¡FELICIDADES POR CUIDARSE TAN BIEN!

LEA LO SIGUIENTE CON MUCHA ATENCIÓN.

Su pareja sexual ha sido tratada recientemente por gonorrea.

La gonorrea es una enfermedad de transmisión sexual (STD, por sus siglas en inglés) que se puede contraer al tener cualquier tipo de relación sexual (oral, vaginal o anal) con alguien que ya tiene la enfermedad. Es posible que usted haya estado expuesto. Lo bueno es que se puede tratar fácilmente.

Le van a dar un medicamento llamado cefpodoxima (cefpodoxime, a veces conocido como “Vantin”) para tratar la gonorrea. Es posible que su pareja le haya dado el medicamento mismo o una receta médica para que los pueda adquirir en una farmacia. Estas son instrucciones sobre cómo tomar la cefpodoxima.

Consultar de inmediato con su médico o clínica es la mejor manera de tratar estas infecciones. Si no puede hablar con un médico en los próximos días debe tomar la cefpodoxima.

Incluso si decide tomar el medicamento es muy importante que vea a un médico lo antes posible para que le hagan la prueba de otras enfermedades de transmisión sexual. Las personas pueden tener más de una enfermedad de transmisión sexual al mismo tiempo. La cefpodoxima no curará otras infecciones. Tener enfermedades de transmisión sexual puede aumentar su riesgo de contraer el VIH, así que asegúrese de hacerse también la prueba del VIH.

SÍNTOMAS

Algunas personas con gonorrea tienen síntomas, pero muchas otras no. Los síntomas podrían incluir tener una secreción inusual del pene, la vagina o el ano. También podrían sentir dolor al orinar (hacer pipí). Muchas personas con gonorrea no saben que están infectadas porque se sienten bien.

ANTES DE TOMAR EL MEDICAMENTO

Lea lo siguiente antes de tomar el medicamento:

El medicamento es muy seguro. Sin embargo, NO LO TOME si alguna de las siguientes cosas es cierta:

- Es mujer y tiene dolor en la parte baja del vientre, dolor al tener relaciones sexuales, vómitos o fiebre.
- Es hombre y tiene dolor o hinchazón en los testículos (las bolas) o fiebre.
- Siente dolor y tiene hinchazón en una o más articulaciones o sarpullido en todo el cuerpo.
- Alguna vez tuvo una mala reacción, sarpullido, problemas para respirar o una reacción alérgica a la cefpodoxima o a otros antibióticos. Las personas que son alérgicas a algunos antibióticos pueden ser alérgicas a otros tipos. Si es alérgico a los antibióticos hable con su médico antes de tomar este medicamento.
- Tiene una enfermedad seria a largo plazo, como una enfermedad de los riñones, el corazón o el hígado.
- Está tomando otro medicamento recetado, incluyendo medicamentos para la diabetes. Si existe cualquiera de estas circunstancias, o si no está seguro, no tome la cefpodoxima. En lugar de tomarla debe hablar con su médico lo antes posible. Su médico encontrará el mejor tratamiento para usted.

ADVERTENCIAS

Si tuvo relaciones sexuales orales con alguien que estaba infectado por gonorrea es posible que el medicamento no funcione tan bien. Debe ver a su médico para que le dé un medicamento más fuerte.

Si no toma el medicamento para curar la gonorrea usted se puede enfermar muy gravemente. Si es mujer, la gonorrea puede hacer que no pueda tener hijos.

Si está embarazada puede tomar cefpodoxima sin peligro, pero aun así se debe hacer un chequeo completo.
CÓMO TOMAR EL MEDICAMENTO

- Tome estas pastillas con comida. Esto hace que sea menos probable que tenga malestar estomacal y aumentará la cantidad de medicamento que absorbe el cuerpo.
- Debe tomar dos pastillas de cefpodoxima. Cada pastilla contiene 200 mg del medicamento. Tome las dos pastillas con agua al mismo tiempo. Para curarse tiene que tomar las dos pastillas.
- NO tome antiácidos (como Tums, Rolaids o Maalox) una hora antes o dos horas después de haber tomado las pastillas de cefpodoxima.
- ¡No comparta la cefpodoxima con nadie ni tampoco se la dé a nadie!

EFEKTOS SECUNDARIOS

Podría tener algunos efectos secundarios, incluyendo:
- un poco de malestar estomacal,
- diarrea,
- mareos,
- infección vaginal por levaduras.
Estos son efectos secundarios bien conocidos y no son serios.

REACCIONES ALÉRGICAS

Las reacciones alérgicas muy serias incluyen:
- dificultad para respirar o sentir el pecho apretado,
- cierre de la garganta,
- hinchazón de los labios o de la lengua,
- urticaria (bultos o verdugones en la piel que pican mucho).
¡Si tiene alguna de estas cosas llame al 911 ó vaya de inmediato a la sala de emergencias más cercana!

LO QUE DEBE HACER DESPUÉS

Ahora que tiene la cefpodoxima, no tenga relaciones sexuales por siete días después de tomarla. El medicamento tarda siete días en curar la gonorrea. Si durante esos primeros siete días tiene relaciones sexuales sin condones, o con un condón que se rompe, puede pasar la infección a sus parejas sexuales y, además, usted también se puede volver a infectar.

- Si tiene otras parejas sexuales iguales que lo están tratando por gonorrea para que también reciban tratamiento.
- Si le parece que tiene síntomas de gonorrea y no se le quitan dentro de los siete días de haber tomado este medicamento vaya a un médico para que le hagan más pruebas y le den más tratamiento.
- Las personas que estuvieron infectadas por gonorrea una vez tienen una gran probabilidad de volver a infectarse. Conviene que en los próximos tres meses se haga la prueba de la clamidia y de otras enfermedades de transmisión sexual para estar seguro de que no tiene ninguna otra infección.
- Si tiene alguna duda sobre el medicamento, la gonorrea u otras enfermedades de transmisión sexual, llame al:
  - [Each local health jurisdiction (LHJ) will list its phone number here.]
  - Todas las llamadas son confidenciales.
  - Para obtener un examen gratuito de enfermedades de transmisión sexual, pruebas y medicamentos, puede ir a:
  - [Each LHJ will list local clinics here.]

¡FELICIDADES POR CUIDARSE TAN BIEN!

Para obtener más información sobre la gonorrea y otras enfermedades de transmisión sexual, visite www.inspot.org o www.ashastd.org.
LEA LO SIGUIENTE CON MUCHA ATENCIÓN.

Su pareja sexual ha sido diagnosticada recientemente con una o más enfermedades de transmisión sexual (STD, por sus siglas en inglés). Esto quiere decir que usted puede haber estado expuesto a la gonorrea y a la clamidia.

Usted puede contraer la gonorrea y la clamidia al tener cualquier tipo de relaciones sexuales (orales, vaginales o anales) con alguien que ya tiene las enfermedades. Lo bueno es que se pueden tratar fácilmente.

Le van a dar dos medicamentos diferentes. Uno se llama cefpodoxima (cefpodoxime, a veces conocido como “Vantin”). Este medicamento cura la gonorrea. El otro se llama azitromicina (azithromycin, a veces conocido como “Zithromax”) y cura la clamidia. Es posible que su pareja le haya dado los dos medicamentos o una receta médica para que los pueda adquirir en una farmacia. Estas son instrucciones sobre cómo tomar la cefpodoxima y la azitromicina.

Consultar de inmediato con su médico o clínica es la mejor manera de tratar estas infecciones. Si no puede hablar con un médico en los próximos días debe tomar los dos medicamentos.

Incluso si decide tomar los medicamentos es muy importante que vea a un médico lo antes posible para que le hagan la prueba de otras enfermedades de transmisión sexual. Las personas con gonorrea tienen una gran probabilidad de tener clamidia también. Es por eso que debe tomar las pastillas para las dos enfermedades.

Es posible que haya estado expuesto a otras enfermedades de transmisión sexual que ni la cefpodoxima ni la azitromicina pueden curar, así que es importante que se haga la prueba de otras enfermedades de transmisión sexual. Tener enfermedades de transmisión sexual puede aumentar su riesgo de contraer el VIH, así que asegúrese de hacerse también la prueba del VIH.

SÍNTOMAS

Algunas personas con clamidia y gonorrea tienen síntomas, pero muchas otras no. Los síntomas de gonorrea y clamidia podrían incluir tener una secreción inusual del pene, la vagina o el ano. También podrían sentir dolor al orinar (hacer pipí) o dolor en la ingle, los testículos, la pelvis o la parte baja del vientre. Las mujeres podrían sentir dolor al tener relaciones sexuales. Muchas personas con gonorrea y clamidia no saben que están infectadas porque se sienten bien.

ANTES DE TOMAR LOS MEDICAMENTOS

Lea lo siguiente antes de tomar los medicamentos:

Los medicamentos son muy seguros. Sin embargo, NO LOS TOME si alguna de las siguientes cosas es cierta:

- Es mujer y tiene dolor en la parte baja del vientre, dolor al tener relaciones sexuales, vómitos o fiebre.
- Es hombre y tiene dolor o hinchazón en los testículos (las bolas) o fiebre.
- Siente dolor y tiene hinchazón en una o más articulaciones o sarpullido en todo el cuerpo.
- Alguna vez tuvo una mala reacción, sarpullido, problemas para respirar o una reacción alérgica después de tomar la cefpodoxima, azitromicina u otros antibióticos. Las personas que son alérgicas a algunos antibióticos pueden ser alérgicas a otros tipos. Si es alérgico a los antibióticos hablé con su médico antes de tomar estos medicamentos.
- Tiene una enfermedad seria a largo plazo, como una enfermedad de los riñones, el corazón o el hígado.
- Está tomando otro medicamento recetado, incluyendo medicamentos para la diabetes.

Si existe cualquiera de estas circunstancias, o si no está seguro, no tome estos medicamentos. En lugar de tomarlos debe hablar con su médico lo antes posible. Su médico encontrará el mejor tratamiento para usted.

ADVERTENCIAS

Si tuvo relaciones sexuales orales con alguien que estaba infectado por gonorrea es posible que el medicamento no tenga los efectos deseados. Debe hablar con su médico para que le recete un medicamento más fuerte.
Si no toma el medicamento para curar la gonorrea o la clamidia usted se puede enfermar muy gravemente. Si es mujer, la gonorrea puede hacer que no pueda tener hijos.
Si está embarazada puede tomar estos medicamentos sin peligro, pero aun así se debe hacer un chequeo completo.

CÓMO TOMAR LOS MEDICAMENTOS

- Tome los medicamentos con comida. Esto hace que sea menos probable que tenga malestar estomacal y aumentará la cantidad de medicamento que absorbe el cuerpo.
- Debe tener dos pastillas de cefpodoxima (de 200 mg cada una) y cuatro pastillas de azitromicina (de 250 mg cada una). Tome las seis pastillas con agua al mismo tiempo. Para curarse tiene que tomar las seis pastillas.
- NO tome antiácidos (como Tums, Rolaids o Maalox) una hora antes de tomar los medicamentos o hasta después de dos horas de haberlos tomado
- ¡NO comparta estos medicamentos con nadie ni tampoco se los dé a nadie!

EFFECTOS SECUNDARIOS

Podría tener algunos efectos secundarios, incluyendo:
- un poco de malestar estomacal,
- diarrea,
- mareos,
- infección vaginal por levaduras.
Estos son efectos secundarios bien conocidos y no son serios.

REACCIONES ALÉRGICAS

Las reacciones alérgicas muy serias incluyen:
- dificultad para respirar o sentir el pecho apretado,
- cierre de la garganta,
- hinchazón de los labios o de la lengua,
- urticaria (bultos o verdugones en la piel que pican mucho).
Si tiene alguna de estas cosas llame al 911 ó vaya de inmediato a la sala de emergencias más cercana!

LO QUE DEBE HACER DESPUÉS

Ahora que tiene los medicamentos, no tenga relaciones sexuales por siete días después de tomarlos. Los medicamentos tardan siete días en curar la gonorrea y la clamidia. Si durante esos primeros siete días tiene relaciones sexuales sin condones, o con un condón que se rompe, puede pasar la infección a sus parejas sexuales y, además, usted también se puede volver a infectar.

- Si tiene otras pareja sexuales dégales que lo están tratando por gonorrea y clamidia para que también reciban tratamiento.
- Si le parece que tiene síntomas de gonorrea y no se le quitan dentro de los siete días de haber tomado este medicamento vaya a un médico para que le hagan más pruebas y le den más tratamiento.
- Si tiene alguna duda sobre el medicamento, la gonorrea, la clamidia u otras enfermedades de transmisión sexual, llame al: [Each local health jurisdiction (LHJ) will list its phone number here.]
- Todas las llamadas son confidenciales.
- Para obtener un examen gratuito de enfermedades de transmisión sexual, pruebas y medicamentos, puede ir a: [Each LHJ will list local clinics here.]

¡FELICIDADES POR CUIDARSE TAN BIEN!.

Para obtener más información sobre la gonorrea, la clamidia y otras enfermedades de transmisión sexual, visite www.inspot.org o www.ashastd.org.
Reporting Requirements for Health Care Providers

- Within seven (7) days of identification, health care providers must report any known or suspected cases of chlamydia infection to the local health officer for the jurisdiction where the patient resides. A suspected case is defined as any patient presumptively treated for chlamydia in whom the test result is not available or a test was not done.
- Reporting Form: Confidential Morbidity Report (PM 110, 1/90). Information that the health care provider must report includes: patient’s name, address, phone number, date of birth, race/ethnicity, gender, pregnancy status if female, date of diagnosis, site of infection, treatment status, and provider name, address, and phone number, and date of report.
- After a health care provider has confirmed a chlamydia case and has discovered from the patient the suspected source of infection and any intimate contacts who may have acquired the disease from the patient, if, within 10 days of identification of these people, the provider does not have satisfactory evidence that they are each under the care of a provider, the health care provider who discovered the original case is required to report the additional person(s) to the health officer. In this case, the reporting provider’s name will be kept confidential.
- If any potentially infectious chlamydia case lapses from treatment for a period of more than 10 days after the appointed treatment time, and if the health care provider is made aware of this lapse, the provider must report that patient to the local health jurisdiction for violating isolation (see section 2.1 in explanatory document).
- Whenever it is discovered by a health care provider that the source of a chlamydia case is a prostitute, the provider is required to report that source and all information that can be obtained, to the health officer in an urgent manner.

Confirmation of Diagnosis

- Health care providers who attend and/or report a chlamydia case may be asked by the local health officer to submit specimens to a DHS-approved laboratory for examination.

Patient Instruction

- Health care providers for patients with chlamydia are required to provide the patient with health education, both verbally and by furnishing written materials, which describes how to prevent further spread of the infection and emphasizes the seriousness of the disease and the importance of treatment.
- Health education literature is available from the State and local health jurisdictions.
**Follow-up of Sexual Contacts**

- Health care providers are expected to follow-up with each chlamydia case to try to ascertain the source of infection and to discover any sexual/intimate contacts to whom the patient may have transferred the disease. For chlamydia, providers should focus on all sexual partners in the 60 days prior to the chlamydia diagnosis.
- The provider shall collaborate with the patient to bring in his/her partners for examination and, when necessary, treatment.

**Patient-Delivered Partner Therapy**

- Health care providers who diagnose a sexually transmitted chlamydial infection may prescribe or dispense antibiotics to that patient’s sexual partner(s) without having to examine the partner(s).

**Minor Consent**

- Minors 12 years of age and above may consent to diagnosis and treatment of chlamydia without consent from a parent or guardian.

**Laboratory Reporting**

- Within one working day from the time the laboratory notifies the provider of the result, laboratories are required to report positive tests for chlamydia infection to the local health officer of the jurisdiction where the health care provider is located.
- The information that laboratories are required to report includes the date the specimen was obtained, the patient identification number, the specimen identification number, the test result and the date of the positive test result, the name, address, telephone number (if known), gender and age or date of birth of the person from whom the specimen was obtained, and the name, address, and telephone number of the health care provider who submitted the test.
CALIFORNIA PUBLIC HEALTH LAWS AND REGULATIONS
RELATED TO SEXUALLY TRANSMITTED DISEASES

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1 Reporting of Sexually Transmitted Diseases

Within seven days of diagnosis, physicians and other health care providers are required to report known or suspected cases of chlamydia to the local health officer in the county in which the patient resides. Partners are also required to be reported, unless they have received adequate care, as are patients who are non-compliant with treatment. Cases are to be reported using Confidential Morbidity Report forms, which require providers to include within their reports a variety of important identifying, demographic and clinical information about each case patient. All reportable disease data are confidential, and reports of sexually transmitted diseases have an additional confidentiality protection in law which mandates that their information cannot be used except in situations when it is required for the protection of the public health. Laboratories must also report a variety of positive test results to the local health officer to supplement health care provider case reports. Chlamydia is among the sexually transmitted diseases required to be reported by laboratories, as are gonorrhea and syphilis.
The fact that a disease is required to be reported by a laboratory *does not* obviate the requirement for health care providers to report cases of that disease.

### 1.1 Who is required to report

“It shall be the duty of every health care provider, knowing of or in attendance on a case or suspected case of any of the diseases or conditions listed…to report to the local health officer for the jurisdiction where the patient resides…”

*California Code of Regulations, Title 17 §2500(b)*

“Health care provider’ means a physician and surgeon, a veterinarian, a podiatrist, a nurse practitioner, a physician assistant, a registered nurse, a nurse midwife, a school nurse, an infection control practitioner, a medical examiner, a coroner, or a dentist.”

*California Code of Regulations, Title 17 §2500(a)(14)*

### 1.2 What sexually transmitted diseases are reportable

- AIDS
- Chancroid
- Chlamydial infections
- Gonococcal infections
- Non-gonococcal urethritis (Excluding laboratory confirmed chlamydia infections)
- Pelvic Inflammatory Disease (PID)
- Syphilis

*California Code of Regulations, Title 17 §2500(j)*

### 1.3 When to report

<table>
<thead>
<tr>
<th>Disease or condition</th>
<th>When to report</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Within <strong>seven (7) calendar days</strong> of the time of identification of the case or suspected case</td>
</tr>
<tr>
<td>Chancroid</td>
<td></td>
</tr>
<tr>
<td>Chlamydial infections</td>
<td></td>
</tr>
<tr>
<td>Gonococcal infections</td>
<td></td>
</tr>
<tr>
<td>Non-gonococcal urethritis</td>
<td></td>
</tr>
<tr>
<td>Pelvic inflammatory disease</td>
<td></td>
</tr>
<tr>
<td>Syphilis</td>
<td><strong>Within one (1) working day</strong> of identification of the case or suspected case</td>
</tr>
</tbody>
</table>

*California Code of Regulations, Title 17 §2500(j)*

### 1.4 What to include in the report

“Each report …shall include all of the following information, if known:

- name of the disease or condition being reported;
- the date of onset;
- the date of diagnosis;
- the name, address, telephone number, occupation, race/ethnic group, Social Security number, sex, age, and date of birth for the case or suspected case;
- complications of…chlamydia infections;
• the date of death if death has occurred; and
• the name, address and telephone number of the person making the report.”

California Code of Regulations, Title 17 §2500(d)(1) and (2)

“Confidential Morbidity Report forms, PM 110 (1/90), are available from the local health department for reporting as required…”

California Code of Regulations, Title 17 §2500(e)

1.5 Confidentiality of reports

“Information reported pursuant to this section is acquired in confidence and shall not be disclosed by the local health officer except as authorized by these regulations, as required by state or federal law, or with the written consent of the individual to whom the information pertains or the legal representative of the individual.”

California Code of Regulations, Title 17 §2500(f)

“Reports Confidential. Reports of examinations, cases, investigations and all records thereof made under the regulations for the control of venereal diseases shall be confidential and not open to public inspection and no part thereof divulged, except as may be necessary for the preservation of the public health.”

California Code of Regulations, Title 17 §2636(b)

1.6 Reporting by laboratories

“The [sexually transmitted] diseases to which this section applies are:
• Chlamydial infections
• Gonorrhea
• Syphilis”

California Code of Regulations, Title 17 §2505(e)

“To assist the local health officer, the laboratory director, or the laboratory director’s designee, of a clinical laboratory [or] an approved public health laboratory…in which a laboratory examination of any specimen derived from the human body…yields microscopical, cultural, immunological, serological, or other evidence suggestive of [a laboratory-reportable] disease… shall report such finding to the health office of the local health jurisdiction where the health care provider who first submitted the specimen is located within one working day from the time that the laboratory notifies that health care provider or other person authorized to receive the report.”

California Code of Regulations, Title 17 §2505(a)

“Each notification to the local health officer shall be in writing and give the date the specimen was obtained, the patient identification number, the specimen accession number or other unique specimen identifier, the laboratory findings for the test performed, the date that any positive laboratory findings were identified, the name, gender, address, telephone number (if known) and age or date of birth of the person from whom the specimen was obtained, and the name, address, and telephone number of the health care provider for whom such examination or test was performed. A legible copy of a laboratory report containing all of the above information will satisfy the purpose of this regulation.”

California Code of Regulations, Title 17 §2505(c)
2 Patient Management

Health care providers and health officers have additional specific authority and responsibilities for managing patients with sexually transmitted diseases, including chlamydia. Patients diagnosed with chlamydia and other sexually transmitted diseases are automatically considered to be in isolation and, should they fail to comply with treatment, are required to be reported to the local health department. In addition, local health officers can require patients with chlamydia and other sexually transmitted diseases to submit laboratory specimens for diagnosis and follow up. Finally, providers are required to educate patients with diagnosed sexually transmitted diseases about the transmission of the disease and how to protect their partners.

2.1 Isolation and reporting of violation of isolation

“Any person who presents himself (or herself) to any physician or person for treatment or diagnosis of any venereal disease except late syphilis shall be considered to be in modified isolation. * The requirements of this isolation shall be considered fulfilled if the patient remains under adequate and proper treatment until the completion of the course of treatment, except in instances in which, because of occupation, suspicion of prostitution, or other reason, the health officer deems more strict isolation necessary to safeguard other persons.”

California Code of Regulations, Title 17 §2636(i)

“Whenever any person while in the infectious or potentially infectious stage of a venereal disease, lapses from treatment for a period of more than 10 days after the time appointed for such treatment, the said diseased person shall be deemed to have violated the requirements of isolation, and the physician or person in attendance upon such case shall report the same at once to the local health department.”

California Code of Regulations, Title 17 §2636(j)

* See Health and Safety Code § 120500: syphilis, gonorrhea, chancroid, lymphogranuloma venereum, granuloma inguinale, and chlamydia.

2.2 Confirmation of diagnosis

“The local health officer may require the submission of such specimens as may be designated from cases of venereal disease for examination in a laboratory approved by the Department of Health Services. The local health officer may require any physician in attendance on a person infected with a venereal disease or suspected of being infected with a venereal disease to submit such specimen as approved by the Department of Health Services...”

California Code of Regulations, Title 17 §2636(f)

2.3 What to tell the patient

“It shall be the duty of the physician in attendance on a person having a venereal disease, or suspected of having a venereal disease, to instruct such patient in precautionary measures for preventing the spread of the disease, the seriousness of the disease, and the necessity for treatment and prolonged medical supervision, and the physician shall, in addition, furnish approved literature on these subjects. Approved literature for distribution to patients may be secured from the State [Department of Health Services] and the local health departments free of charge.”

California Code of Regulations, Title 17 §2636(g)
2.4 Prostitutes

“In cases in which prostitutes are named as sources of infection [for a patient diagnosed with a venereal disease], all obtainable information as to name, description, residence, etc., shall be given to the health officer [by the attending physician] at once.”

California Code of Regulations, Title 17 §2636(h)

3 Management of Exposed Sexual Partners

Providers have certain responsibility and authority for managing the sexual partners of patients with diagnosed sexually transmitted diseases. Providers can either attempt to have their patients bring their sexual partners in for treatment, or they can refer these partners to the local health department for follow up. As a practical point, with a disease as prevalent as chlamydia, partner management falls to the diagnosing provider. A new law (Health and Safety Code §120582) allows health care providers to provide treatment for partners without an exam. In this scenario, providers may give their patients a prescription or the treatment itself and the patients are then responsible to deliver this to their partners. Additional guidance regarding patient-delivered partner therapy can be found at http://www.ucsf.edu/castd/.

3.1 Responsibility for partner management

“The attending physician, in every case of venereal disease coming to him for treatment, shall endeavor to discover the source of infection, as well as any sexual or other intimate contacts which the patient [had while] in the communicable stage of the disease. The physician shall make an effort, through the cooperation of the patient, to bring these cases in for examination and, if necessary, treatment.

“If, within 10 days of identification, any such source of infection or any such contact has not given satisfactory evidence of being under the care of a physician, such person shall be reported to the health officer, the physician’s name being kept confidential in any investigations by the health department.”

California Code of Regulations, Title 17 §2636(h)

3.2 Patient-delivered partner therapy

“Notwithstanding any other provision of law, a physician and surgeon who diagnoses a sexually transmitted chlamydia infection in an individual patient may prescribe, dispense, furnish, or otherwise provide prescription antibiotic drugs to that patient’s sexual partner or partners without examination of that patient’s partner or partners.

“Notwithstanding any other provision of law, a nurse practitioner…, a certified nurse-midwife…, and a physician assistant…may dispense, furnish, or otherwise provide prescription antibiotic drugs to the sexual partner or partners of a patient with a diagnosed sexually transmitted chlamydia infection without examination of that patient’s partner or partners.”

Health and Safety Code §120582
4 Special Provisions for Minors

Several additional provisions of public health law apply to minors with sexually transmitted diseases or other sexual contact. Minors 12 years of age or older may consent to diagnosis and treatment for a sexually transmitted disease without their parents’ consent. Minors who have allegedly been raped or sexually assaulted may consent to diagnosis, treatment and collection of medical evidence without their parents’ consent. In the case of rape or sexual assault, providers are specifically required to report the occurrence to the police and attempt to notify the minor’s parents unless a parent is suspected of being the perpetrator of the rape, in which case the minor’s confidentiality is specifically protected.

4.1 Minor consent

4.1.1 General medical and dental consent

“A minor [emancipated minor] may consent to the minor’s medical care or dental care if all of the following conditions are satisfied:
(1) The minor is 15 years of age or older.
(2) The minor is living separate and apart from the minor’s parents or guardian, whether with or without the consent of a parent or guardian and regardless of the duration of the separate residence.
(3) The minor is managing the minor’s own financial affairs, regardless of the source of the minor’s income.”

Family Code §6922(a)

4.1.2 Parental liability related to emancipated minor medical and dental care

“The parents or guardian are not liable for medical care or dental care provided pursuant to this section.”

Family Code §6922(b)

4.2 Minor consent for sexually transmitted disease and sexual assault care

4.2.1 Diagnosis and treatment of sexually transmitted diseases

“A minor who is 12 years old of age or older and who may have come into contact with an infectious, contagious, or communicable disease may consent to medical care related to the diagnosis or treatment of the disease, if the disease...is a related sexually transmitted disease...”

Family Code §6926(a)

“A minor 12 years of age or older may give consent to the furnishing of hospital, medical and surgical care related to the diagnosis and/or treatment of any of the following non-reportable sexually transmissible diseases:

(1) Candida genitalis.
(2) Chlamydia trachomatis.
(3) Condyloma acuminata.
(4) Hemophilus vaginalis (Gardnerella vaginale).
(5) Cytomegalovirus infection.
(6) Herpes genitalis.
(7) Molluscum contagiosum.
(8) Non-gonococcal urethritis, vaginitis and cervicitis.
(9) Pediculosis (Phthirus pubis).
(10) Scabies (Sarcoptes scabiei).
(11) Trichomoniasis.”

California Code of Regulations, Title 17 §5151(a)

“The minor’s parents or guardian are not liable for payment for medical care provided pursuant to this section.”

Family Code §6926(b)

4.2.2 Diagnosis and treatment of rape/sexual assault

“A minor who is 12 years of age or older and who is alleged to have been raped may consent to medical care related to the diagnosis or treatment of the condition and the collection of medical evidence with regard to the alleged rape.”

Family Code §6927

“A minor who is alleged to have been sexually assaulted may consent to medical care related to the diagnosis and treatment of the condition, and the collection of medical evidence with regard to the alleged sexual assault.”

Family Code §6928(b)

4.3 Reporting of sexual abuse of minors

Note: As outlined in California’s child abuse reporting statute, reports can be made either to Children’s Protective Services or law enforcement agencies; they are required to cross-report.

<table>
<thead>
<tr>
<th>Age of Victim</th>
<th>Report of Abuse Required if:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 18 years old</td>
<td>1. Physical abuse (including abuse by a dating partner).</td>
</tr>
<tr>
<td></td>
<td>2. Rape, sexual assault, or sexual abuse of any kind.</td>
</tr>
<tr>
<td>Under 16 years old (14 or 15 years old)</td>
<td>1. Sexual intercourse, even if consensual, with a partner 21 years old or older (statutory rape).</td>
</tr>
<tr>
<td>(These items were added to reporting requirements as of January 1, 1998.)</td>
<td>2. Sexual activity of any kind, even if consensual, with a partner 10 or more years older.</td>
</tr>
<tr>
<td>Under 14 years old (13 years or less)</td>
<td>1. Sexual intercourse, even if consensual, with a partner 14 years old or older (statutory rape).</td>
</tr>
<tr>
<td></td>
<td>2. Sexual activity of any kind, even if consensual, with a partner 14 years old or older.</td>
</tr>
</tbody>
</table>

Penal Code §§ 261.5, 286, 288, 289

The following situations do not require reporting:
1. Consensual sexual activity between minors under 14 years who are “of like age”.
2. Consensual sexual activity between minors aged 14 to 17 and partners aged 14 to 20.
Note: There is no law that requires health providers or other professionals who work with adolescents to ask the age of a patient’s sexual partner(s).


4.4 Parental responsibility for compliance of minors

“The parents or guardians of minors suffering from a venereal disease shall be legally responsible for the compliance of such minors with the requirements of the regulations relating to the venereal diseases.”

California Code of Regulations, Title 17 §2636(d)

4.5 Parental notification issues

4.5.1 Minor-consented general medical or dental care

“A physician and surgeon or dentist may, with or without the consent of the minor patient, advise the minor’s parent or guardian of the treatment given or needed if the physician and surgeon or dentist has reason to know, on the basis of the information given by the minor, the whereabouts of the parent or guardian.”

Family Code §6922(c)

4.5.2 Minor-consented STD treatment

There is no law requiring providers to notify parents when minors consent for STD services.

4.5.3 Minor-consented medical care related to sexual assault

“The professional person providing medical treatment shall attempt to contact the minor’s parents or guardian and shall note in the minor’s treatment record the date and time the professional person attempted to contact the parent or guardian and whether the attempt was successful or unsuccessful. This subdivision does not apply if the professional person reasonable believes that the minor’s parent of guardian committed the sexual assault on the minor.”

Family Code §6928(c)
<table>
<thead>
<tr>
<th><strong>DIAGNOSIS (X one):</strong></th>
<th>SITE / SPECIMEN(S) (X all that apply)</th>
<th>Specimen Collection Date:</th>
<th>Treatment Date:</th>
<th>Not treated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asymptomatic</td>
<td>Urine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asymptomatic -</td>
<td>Cervix</td>
<td></td>
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<tr>
<td>Uncomplicated</td>
<td>Vagina</td>
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<tr>
<td>Pelvic Inflammatory</td>
<td>Urethra</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Disease</td>
<td>Rectum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ophthalma/Conjunctivitis</td>
<td>Nasopharynx</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CHLAMYDIA** (including PID)

**gonorrhea** (including PID)

**syphilis, congenital syphilis, other reportable STDs and reporting information on back page.**
LESION SITES [X all that apply]:
- Genital
- Rectum
- Oral
- Other:
- Vagina
- Perirectal

SYMPTOMS [X all that apply]:
- Palmar/Plantar Rash
- General Body Rash
- Alopecia

FIRST NAME, PATIENT'S LAST NAME

INFANT INFORMATION (complete sections A & B if this is mother's CMR; Complete only B if this is infant's CMR)

MOTHER'S LAST NAME

MATERNAL INFORMATION (complete if this is infant's CMR)

PARTNER INFORMATION:

INFECTION SITES

A) INFANT'S LAST NAME

B) INFANT'S FIRST NAME

C) INFANT'S BIRTH DATE

D) GESTATION (wks)

E) WEIGHT (grams)

F) SYMPTOMS (describe)

G) No symptoms

H) Long Bone X-rays: Pos. Neg. Not Done

I) Serum RPR Lab. Test Date:

J) CSF Laboratory Test Date:

K) VDRL: Reactive Titer:

L) Reactive

M) Non-Reactive

N) Not Done

Titer 4x> mothers? Yes No

DATE INFANT TREATED

OTHE REPORTABLE STDs

DIAGNOSIS TREATED DATE TREATED MEDICATION / DOSE

Pelvic inflammatory disease

LGV

Chancroid

FOR CMR FORMS & ENVELOPES: Call (213) 741-8000 or download CMR forms from http://publichealth.lacounty.gov/std/providers.htm

FOR CASE DEFINITIONS & REPORTING QUESTIONS: Call (213) 744-3106 or visit http://publichealth.lacounty.gov/std/providers.htm

FOR HIV REPORTING: Call (213) 351-8516 or visit http://publichealth.lacounty.gov/hiv/hivreporting.htm

FAX BOTH SIDES TO:

(213) 749-9602

MAIL TO: STD PROGRAM
2615 S. GRAND AVENUE, RM. 450
LOS ANGELES, CA 90007

H1911 (8.09) STD CMR page 2
CHLAMYDIA

WHAT IS IT?
Chlamydia is a sexually transmitted disease (STD). You can get it from having sex (vaginal, anal, or oral) with someone who has chlamydia. It can be cured with the right medicine.

WHAT TO LOOK FOR
Men may have a white or clear watery drip from the penis. Women may have more discharge (flow) from the vagina than usual. It may also burn or hurt to pee. You may have these signs one to three weeks after sex with someone who has chlamydia. Later, women may also feel pain in the lower belly. Many men and most women with chlamydia don't have any signs at all. They don't know they are sick. But they can still give chlamydia to anyone they have sex with.

IF NOT TREATED
Chlamydia is a serious disease. If you don't get treated, it can spread in your body. Both men and women may not be able to have children. If you are pregnant, your baby can be born sick with chlamydia.

HOW TO FIND OUT IF YOU HAVE IT
Go to a clinic or doctor right away to get checked. STD testing and treatment are free and confidential at all Los Angeles County STD clinics.

If you have chlamydia, you will be given medicine to take. Keep taking the medicine until it's all gone, even if you feel better. It takes one week for the medicine to cure the disease. Tell your sex partner(s) that they may have chlamydia and need to get checked. Don't have sex until both you and your partner(s) are treated.

PROTECT YOURSELF!
If you have sex, using a latex condom (rubber) is the best way to protect yourself from STDs. Limit your number of sex partners. The more people you have sex with, the greater your chance of getting an STD. If you have sex with more than one partner, get an STD exam every 6 months.

For more information and clinic locations
Call the STD/HIV InfoLine
(800) 758-0880
www.laphpp.org/std
Los Angeles County STD Program, 2003

CLAMIDIA

¿QUÉ ES?
Clamidia es una enfermedad transmitida sexualmente (ETS). Se contrae al tener relaciones sexuales (vaginal, anal u oral) con alguien que tiene clamidia. Se puede curar con la medicina apropiada.

QUE NOTAR
Los hombres pueden tener un flujo (desecho) claro o blanco saliendo del pene. Mujeres pueden tener más fluido (desecho) de lo normal saliendo de la vagina. Puede arder o doler al orinar. Estos síntomas pueden aparecer de una a tres semanas después de tener relaciones con alguien que tiene clamidia. Después, algunas mujeres pueden sentir dolor en la parte baja del abdomen.

Muchos hombres y la mayoría de mujeres con clamidia no tienen estos síntomas. No saben que están enfermos, pero pueden contagiarse con clamidia a cualquier persona con quien tengan relaciones.

SI NO RECIBE TRATAMIENTO
Clamidia es una enfermedad seria. Si no es atendida, puede extenderse en su cuerpo. Tal vez no pueden tener hijos tanto los hombres como las mujeres. Si está embarazada, su bebé puede nacer enfermo con clamidia.

¿CÓMO PUEDE SABER SI LA TIENE?
Vaya a una clínica o a un doctor inmediatamente para un examen. Exámenes y tratamiento para ETS son gratuitos y confidenciales en todas las clínicas de ETS en el Condado de Los Ángeles.

Si tiene clamidia, le darán medicina para tomar. Siga tomando la medicina hasta que se acabe, aunque se sienta mejor. La medicina tarda una semana para curar la enfermedad. Digale a su(s) pareja(s) que es posible que tenga(n) clamidia y que necesita(n) un examen. No tenga relaciones hasta que usted y su(s) pareja(s) hayan terminado el tratamiento.

¡PROTÉJASE!
Si tiene relaciones, usando un condón (preservativo) de látex es la mejor manera de protegerse de ETS. Limité el número de parejas sexuales. Entre más parejas sexuales tenga, más alto es su riesgo de contraer una ETS. Si tiene relaciones con más de una persona, hágase un examen de ETS cada 6 meses.

Para más información
y localidad de clínicas llame a
(800) 758-0880
www.laphpp.org/std
Los Angeles County STD Program, 2003
WHAT YOU NEED TO KNOW ABOUT CURING CHLAMYDIA

Your sex partner has been treated for a sexually transmitted disease (STD) called CHLAMYDIA. You can get it from having sex (vaginal, anal, or oral) with someone who has chlamydia.

- Some people with chlamydia may have a discharge from the penis or vagina. It may also hurt to pee or have sex. Men and women may have pain in their lower belly. Men may have pain in the testicles (balls).
- Many people DO NOT have any symptoms and do not even know they are sick! But they can still pass chlamydia to any person they have sex with.
- If it is not treated, chlamydia can spread in the body and make you very sick. It may prevent men and women from being able to have kids.

TREATMENT

The best way to take care of yourself is to see a doctor right away. STD testing and treatment are free and confidential at all Los Angeles County STD clinics. You can call the STD Hotline at 1-800-758-0880 for a clinic near you.

If you are not able to see a doctor within a week, take the medicine in the enclosed package or take the attached prescription to a pharmacy.

The medicine in this package only cures chlamydia. There is a chance you may have other STDs that this medicine will not cure. You should go to a clinic to get checked for other STDs.

HOW DO I TAKE THE MEDICINE?

- This medicine is an antibiotic called Azithromycin (brand name: Zithromax).
- There are 4 tablets. Take all 4 tablets at the same time by mouth with a glass of water.
- Do not share or give this medicine to any other person.

- Do not have sex until 7 days after you and your partner(s) have taken this medicine because:
  ⇒ It takes 7 days for chlamydia to go away.
  ⇒ If you have sex with or without a condom in the next 7 days, you can still pass chlamydia to your sex partners.

- If your symptoms do not go away within 7 days of taking this medicine, go to a doctor or clinic right away.
DO NOT TAKE THIS MEDICINE IF:

- You have a fever
- You have stomach pain, you are throwing up, or have diarrhea
- You are pregnant or there is a possibility that you are pregnant
- You have pain or swelling in the testicles (balls)
- You have a long-term illness like kidney, heart, or liver disease
- You have ever had a bad reaction, rash, or allergy to Erythromycin, Clarithromycin (Biaxin), or Azithromycin (Zithromax)

If you are taking other medications or have any questions or concerns about taking this medicine, call your doctor. If you do not have a regular doctor, call the number that is on the chlamydia medicine packet or prescription.

SIDE EFFECTS

This medicine is very safe and rarely causes problems, but some people may have:

- Upset stomach (this may also include throwing up and diarrhea)
- Headache
- Dizzy feeling
- Fatigue/feeling tired
- Higher chance of getting a rash or sunburn when out in the sun

These side effects are usually not severe and do not last long.

SEVERE REACTIONS

Although it is rare, you can have a severe allergic reaction to Azithromycin. You may be having a severe reaction if you have any of these symptoms:

- Fever
- Skin rash (all over the body is worse)
- Pain in the joints
- Swelling of the face
- Having a hard time breathing

If you have any of these symptoms or bad side effects, call 911 or go to the nearest emergency room right away! After you get treated, please call the STD program at (213) 744-3070 to report your bad reaction.

PROTECT YOURSELF FROM STDS

- Use condoms if you have sex
- Limit the number of your sex partners
- Tell your sex partner(s) to get an STD test
- People who get chlamydia once are very likely to get it again. You should get STD testing done at a clinic 3-6 months from now to be sure you are not infected again!

For more facts about STDs, call the STD Hotline at 1-800-758-0880.
Your sex partner has chlamydia (kla-MID-ee-a). This is an infection people can get from having sex. You may have chlamydia, too.

Your partner has taken pills to cure chlamydia. You must take the same kind of pills as soon as you can.

Here’s what you need to know:

- Chlamydia is easy to cure. But both you and your partner(s) must take all the pills right away.
- You can get chlamydia by having sex with the penis, vagina, or anus. You can also get it by having oral sex (mouth on penis or vagina.)
- Many people have chlamydia and don’t know it.
- Some people have pain or a discharge (drip).
- If you don’t get treated, you can get very sick. Or you may not be able to ever have children.
- For women who don’t get treated and later get pregnant, chlamydia can hurt their baby.

Take the pills your partner brings you.

Your partner may bring you pills or a prescription to get the pills. Either way, it’s important to take them as soon as you can.
Here’s how to take the pills:

- Take all the pills at the same time with a full glass of water.
- Do NOT take antacids (like Tums or Rolaids) for one hour before or two hours after you take the pills.
- Do NOT share or give these pills to anyone else!

Most people do not have problems after they take these pills.

- Some people may feel dizzy or have an upset stomach or diarrhea.
- Some women may have itching and a discharge from the vagina.

These common problems will go away on their own in a couple of days. If they don’t, talk to your doctor.

The pills are very safe for most people. But DO NOT take them:

- If you ever had a bad reaction, rash, or allergy to antibiotics.
- If you have a serious illness such as kidney, heart, or liver disease.
- If you are taking prescribed medicine, especially for depression or heart disease.

Talk to your doctor about what you need to do.

How long does it take for the infection to go away?

It takes 7 days.

For 7 days after you take the pills:

- Do not have sex at all with the vagina, penis, mouth, or anus.
- That way you won’t give it to someone else.

Go to a doctor, clinic, or emergency room right away:

If you are a woman and:

- Have lower belly pain.
- Have pain with sex.
- Are vomiting.
- Have a rash or fever.

If you are a man and:

- Have pain or swelling in your testicles (balls).
- Have a rash or fever.

This may mean you may need stronger medicine. The pills that were given to you may NOT be enough to cure the infection.

Get a chlamydia test now.

- The test doesn’t hurt. You only have to urinate (pee) in a cup.
- Anyone you’ve had sex with in the last 60 days should also get tested.
- Get another test in 3 months to make sure you didn’t get chlamydia again.

Find a clinic near you:

- Ask your partner where he or she got tested.
- Visit www.teensource.org. Click on “find a clinic” and type in your zip code.
- Call the CDC hotline at 800-CDC-INFO or 800-232-4636.
LO QUE USTED NECESITA SABER PARA CURAR LA CLAMIDIA

Su pareja sexual ha sido tratada de una enfermedad de transmisión sexual (ETS) llamada Clamidia. Esta se puede contraer al tener relaciones sexuales (coito vaginal, anal u oral) con alguien que tiene Clamidia.

Algunas personas que tienen esta enfermedad pueden presentar alguna secreción de su pené o de la vagina. También es probable que duela al orinar o al tener relaciones sexuales. En algunos hombres se puede presentar dolor en la parte baja del abdomen o en los testículos.

Muchas personas NO PRESENTAN ningún síntoma y ni siquiera saben que están enfermos! Pero aún así pueden contagiar con Clamidia a cualquier persona con la que tengan relaciones sexuales.

Si no se trata, la Clamidia puede afectar todo el organismo y puede ocasionar que tanto los hombres como las mujeres sean incapaces de tener hijos.

TRATAMIENTO
La mejor manera de cuidar su salud es consultar a un médico lo más pronto posible. Los exámenes de ETS y el tratamiento son gratuitos y confidenciales en cualquier clínica para ETS (STD) en el Condado de Los Ángeles. Usted puede llamar a la línea de información de ETS al 1-800-758-0880 para localizar la clínica más cercana.

Si usted no puede consultar un médico, por favor tome la medicina que se incluye en el paquete o lleve la receta adjunta a la farmacia.

La medicina que se encuentra en este paquete solo cura la Clamidia. Es probable que usted tenga otra ETS que esta medicina no va a curar. Usted debe acudir a alguna clínica para que le revisen si tiene alguna otra ETS.

¿COMO DEBO TOMAR LA MEDICINA?

• Esta medicina es un antibiótico llamado Azithromycina (nombre comercial: Zithromax).
• Usted va a encontrar 4 tabletas. Tome las 4 tabletas al mismo tiempo, por vía oral con un vaso de agua.
• No comparta o regale esta medicina a otra persona
• No tenga relaciones sexuales usted y su pareja(s) durante 7 días después de haber tomado esta medicina, ya que:
  o Le tomará 7 días a la Clamidia para desaparecer.
  o Si usted tiene relaciones sexuales con o sin condón en los próximos 7 días, aún puede contagiarse a su pareja(s) sexual(es) con Clamidia.
• Si después de 7 días de haber tomado la medicina sus síntomas no desaparecen, consulte a su médico o vaya a la clínica inmediatamente.

-Lea Al reverso-
NO TOME ESTA MEDICINA SI:

- Tiene calentura
- Tiene dolor de estomago, vomito, o diarrea
- Esta embarazada o hay posibilidad de que este embarazada
- Tiene dolor o hinchazón de los testículos
- Tiene usted una enfermedad de larga duración como problemas del riñón, del corazón o del hígado
- Alguna vez tuvo una reacción tipo salpullido o alergia a antibióticos tales como Erytromicina, Claritromycina (Biaxin), o Azitromycina (Zithromax)

Si esta tomando algún otro medicamento o tiene alguna pregunta o dudas acerca de cómo tomar esta medicina, llame a su doctor. Si no tiene un doctor regular, llame al número que se encuentra en el paquete o receta de la medicina para la Clamidia.

EFECTOS SECUNDARIOS

Esta medicina es muy segura y muy raramente causa problemas, sin embargo algunas personas pueden presentar:

- Molestias estomacales (estas pueden incluir vomito y diarrea)
- Dolor de cabeza
- Mareos
- Fatiga / sentirse cansado
- Mayor probabilidad de que al exponerse al sol desarrolle salpullido o quemaduras de sol

Estos efectos secundarios no son severos y son de corta duración.

REACCIONES SEVERAS

Aunque es muy raro, usted puede presentar una reacción alérgica severa a la Azitromycina. Es probable que este teniendo una reacción severa si tiene alguno de estos síntomas:

- Fiebre
- Salpullido (es peor si es en todo el cuerpo)
- Dolor en las articulaciones
- Cara hinchada
- Dificultad para respirar

Si tiene alguno de estos síntomas o tiene una severa reacción, llame al 911 o acuda a la sala de emergencia mas cercana inmediatamente! Después de que lo hayan tratado, por favor comuníquese con el Programa STD al (213)744-3070 para reportar los efectos de la severa reacción.

PROTEGASE CONTRA LAS ETS

- Si tiene relaciones sexuales, use condón
- Limité su número de parejas sexuales
- Dígale a su pareja(s) que se haga una prueba para las ETS
- A las personas que les da Clamidia una vez es muy posible que les regrese. ¡Usted debiera hacerse una prueba para ETS en una clínica, de 3 a 6 meses después de hoy para asegurarse que no se ha infectado otra vez!

Para más información acerca de las ETS, llame a la línea caliente de ETS al 1-800-758-0880
Clamidia:
Lo que debe hacer ahora mismo

Su pareja tiene clamidia. Esta infección se contrae al tener relaciones sexuales. Usted también podría tener clamidia.

Su pareja tomó pastillas que curan la clamidia. Usted también se las debe tomar lo antes posible.

Lo que debe saber:

• Clamidia se cura con facilidad. Tanto usted como su pareja deben tomarse todas las pastillas de inmediato.
• Clamidia se contrae al tener relaciones – por medio del pene, vagina, boca o el ano.
• Hay muchas personas que tienen clamidia y no lo saben.
• Algunas personas sí sienten dolor o notan un desecho.
• Sin tratamiento, usted se puede enfermar seriamente. O, quizás nunca pueda llegar a tener niños.
• Para las mujeres que no reciben tratamiento y luego quedan embarazadas, la clamidia le puede causar daño a su bebé.

Tómese todas las pastillas.

Su pareja tal vez le ofrezca pastillas o una receta para surtirlas. En todo caso, es importante que se las tome lo antes posible.

Aprenda más sobre la clamidia:

• Llame gratis al 1-800-232-4636
• O visite www.ashastd.org

Para mí fue difícil enterarme, pero me alegro de haber recibido tratamiento médico de inmediato.
Cómo debe tomarse las pastillas:

- Tómese todas las pastillas a la misma hora con un vaso lleno de agua.
- NO tome antiácidos (como Tums o Rolaids) ni una hora antes ni dos horas después de tomarse las pastillas.
- ¡NO las comparta con otra persona!

La mayoría de las personas no van a sentir ningún malestar después de tomarse las pastillas.

- Algunas pueden tener mareos, malestar de estómago o diarrea.
- Algunas mujeres pueden sentir irritación y notar un desecho de la vagina.

Estas reacciones comunes desaparecen en un par de días. Si no, debe ir al doctor.

Las pastillas no le causan daño a la mayoría de las personas. Pero, NO SE LAS TOME:

- Si en el pasado, los antibióticos le han causado una mala reacción o alergia.
- Si padece de una enfermedad seria que afecta los riñones, el corazón o el hígado.
- Si está tomando medicinas recetadas, especialmente si son para el corazón o la depresión.

Hable con su doctor sobre lo que debe hacer.

¿Cuánto tiempo debo esperar para que la infección desaparezca?

La infección desaparece en 7 días.

Por un período de 7 días después de tomarse las pastillas:

- **No tenga ningún tipo de relación** – ni por medio de la vagina, pene, boca o ano.
- De esa manera, puede evitar que otra persona se infecte.

Vaya a su doctor, clínica o a la sala de emergencias de inmediato:

Si usted es mujer y:

- Tiene dolor en la parte baja de su abdomen.
- Siente dolor al tener relaciones.
- Sufre de vómitos.
- Tiene sarpullido o fiebre.

Si usted es hombre y:

- Siente dolor o nota los testículos hinchados.
- Tiene sarpullido o fiebre.

Tal vez signifique que necesita medicinas más fuertes. Las pastillas que le dieron tal vez NO sean suficientes para combatir la infección.

Hágase la prueba de clamidia.

- La prueba no es dolorosa. Sólo tiene que orinar en un vasito.
- Todas las personas con quien sostuvo relaciones en los últimos 60 días también deben hacerse la prueba.
- Vuelva a examinarse después de 3 meses para asegurarse de no haber contraído la clamidia de nuevo.

Para encontrar una clínica en su área:

- Pregúntele a su pareja adónde fue al doctor.
- Visite www.teensource.org. Haga “clic” donde dice “find a clinic” y entre el número de su zona postal.