INTRODUCTION TO TREATMENT GUIDELINES

North Carolina Treatment Objectives

NC DPH and the Centers for Disease Control and Prevention (CDC) agree to the following treatment objectives in the NC-CDC STD Cooperative Agreement:

- 85% of women diagnosed with gonorrhea and/or chlamydia will receive appropriate treatment within 14 days of the specimen date and 95% of women will receive appropriate treatment within 30 days of the specimen date.
- 80% of primary and secondary syphilis cases will receive appropriate treatment within 15 days of the specimen date and 90% will receive appropriate treatment within 30 days of the specimen date.

Treatment & Medications

The North Carolina Administrative Code (10A NCAC 41A .0204) requires North Carolina Local Health Departments to provide free treatment for clients diagnosed with sexually transmitted diseases (STDs):

“Local health departments shall provide diagnosis, testing, treatment, follow-up, and preventive services for syphilis, gonorrhea, chlamydia, nongonococcal urethritis, mucopurulent cervicitis, chancroid, lymphogranuloma venereum, and granuloma inguinale. These services shall be provided upon request and at no charge to the patient.”

Local Health Departments (LHDs) are allocated funds to purchase STD treatment medications through the Federal 340B Drug Pricing Program (340B) via Agreement Addendum 894. Medications for reportable STDs shall be provided at no cost to the client. However, LHDs are allowed to bill Medicaid and private insurance (with the client’s permission) for the cost of the medications. Medications to treat STDs that are not reportable may also be purchased with 340B funds if listed on the NC DPH STD Drug Formulary. Billing for these medications shall also be at cost. However, if within the rules of 10A NCAC 41A .0204 and Agreement Addendum 894, the local health department elects to charge for follow-up clinical services, the 340B medications may be billed to self-pay clients, Medicaid or private insurance. These clinical services include successive genital warts treatment or intermittent and suppressive herpes clinical assessments and treatments. LHDs may treat chronic bacterial vaginosis at no charge or by prescription; this decision should be made at the local level. One rule must always be followed: 340B medications must not be billed at a profit or shared between LHDs. Each LHD must purchase, administer and dispense and return its 340B medications in compliance the Health Resources and Services Administration (HRSA) Office of Pharmacy Affairs (OPA) guidance. Currently, 340B medications are purchased through Cardinal Health, Inc.
Registered Nurses & Standing Orders

Sample lab and treatment standing order templates, appropriate for use by the registered nurses in public health clinic settings, are provided to assist LHDs in updating their local standing orders and to assure that public health registered nurses are working within their scope of practice. The lab tests and treatments specified in the standing orders reflect the recommended CDC assessment and treatment options and have been formatted according to the NC Board of Nursing recommendations.

Standing order templates must be customized to reflect actual practice within each local health department. They are to be reviewed and signed annually by the medical director in local health departments that utilize STD Enhanced Role Registered Nurses (ERRNs) for assessment and management of STD clients and/or other nurses who assist medical providers by counseling clients diagnosed with or exposed to an STD and who are being treated by standing order.

Physicians/Mid-level Medical Providers & Treatment Guidelines

When first-line treatment regimens cannot be used, physicians, nurse practitioners and physician assistants should refer to the CDC recommendations for treatment alternatives. These can be found on the following website:


NC CD Branch Medical Care Unit physicians, TATP nurse consultants and the EPI-ON-CALL are always available for consultation.