

A Helping Hand

**A Synemic Resource**

**Guide for Pharmacists**

*STI*

*Last updated May 2025*

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**The IHS Syndemic Resource Guide for Pharmacists**

**Sexually Transmitted Infections (STI)**

**Engaging Pharmacists in Syndemic Work** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In October 2023, the Indian Health Service (IHS) announced an agency-wide [National Sexually Transmitted Infection (STI) Initiative](https://www.ihs.gov/nptc/strategic-initiatives/sti/). This initiative included the release of an [STI toolkit and Community and Patient Resources](https://www.ihs.gov/sti/ihsnationalstiinitiative/), developed in collaboration with the IHS National Pharmacy & Therapeutics Committee (NPTC), IHS Chief Clinical Consultant in Infectious Disease, and the IHS Human Immunodeficiency Virus (HIV), Hepatitis C (HCV), and STI (HIV/HCV/STI) Branch to address the public health challenges affecting Indian Country from the syphilis epidemic. The IHS Chief Medical Officer (CMO) provided additional [strategic guidance](https://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/2024_Letters/DTLL_DUIOLL_021524.pdf) for syphilis testing, treatment, and prevention in 2024 to support further IHS, Tribal Health Programs and Urban Indian Organization (I/T/U) facilities and the IHS NPTC has created additional [clinical guidance](https://www.ihs.gov/nptc/clinicalguidance/) for Doxycycline Post-Exposure Prophylaxis, STIs, Benzathine Penicillin G, HIV pre-exposure prophylaxis and treatment and HCV treatment.

The National Pharmacy Council Syndemic Ad Hoc Committee is pleased to provide sample pharmacy policies and protocols, training, resources, and implementation pearls for you and your facility to engage pharmacy in broader syndemic work. While the term syndemic may seem complex, it is used when two or more diseases or health conditions cluster and interact within a population because of social and structural factors, leading to an excess disease burden and continuing health disparities. This guide serves as a practical resource designed to assist pharmacy programs in addressing interrelated epidemics – HIV, HCV, and STIs – that compound disease burden. While the opioid epidemic intersects with the HIV, HCV, and STI epidemics, programs are encouraged to review the information on the [IHS Heroin, Opioid, and Pain Efforts (HOPE)](https://www.ihs.gov/opioids/) website for additional resources developed. By engaging pharmacists—already trusted, accessible, and integrated into our healthcare systems—we can transform how we address these intersecting epidemics.

The following resources were created by pharmacy subject matter experts in the field to encourage rapid uptake and implementation of pharmacy-based interventions to impact the significant number of cases of HIV, HCV, and STIs impacting American Indian and Alaska Native (AI/AN) people. This guide includes sample pharmacy policies, protocols, and templates to assist in expanding clinical pharmacy services and support healthcare teams to address the syndemic. Ensuring patients receive comprehensive, high-quality care will require a multidisciplinary approach.

The availability of these resources represents a critical step in expanding access to essential services that can help alter the trajectory of rising infection rates, but it cannot stand alone. As IHS remains committed to delivering the highest standard of care, integrating harm reduction strategies, maternal and child health initiatives, and behavioral health support will be essential in holistically addressing these public health challenges.

**Table of Contents**

[Start Here: Process Mapping 4](#_Toc196297083)

[Frequently Asked Questions 5](#_Toc196297084)

[Example Pharmacy-Based Policies and Protocols 9](#_Toc196297085)

[Sexually Transmitted Infection (STI) Test to Treat 9](#_Toc196297086)

[Doxycycline for Post-Exposure Prophylaxis (DoxyPEP) 20](#_Toc196297087)

[Example Note Templates and Documentation 23](#_Toc196297088)

[Sexually Transmitted Infection (STI) Test to Treat 23](#_Toc196297089)

[PrEP/DoxyPEP 26](#_Toc196297090)

[Training and Competencies 33](#_Toc196297091)

[PrEP 33](#_Toc196297092)

[HIV 33](#_Toc196297093)

[STI 33](#_Toc196297094)

[HCV 33](#_Toc196297095)

[MOUD 33](#_Toc196297096)

[Acknowledgments 34](#_Toc196297097)

# **Start Here: Process Mapping**

* **Data Collection and Needs Assessment**

Before implementing a new clinical service, collect data and perform a [needs assessment](https://www.ihs.gov/hpdp/communityhealth/tools/) for your specific site. You may consider collecting data for the number of people living with HIV in your area, the number of HIV/HCV/STI diagnoses given at your site, local overdose rates, your screening rates compared with national averages, etc.

* **Proposal and Leadership Buy-In**

The toolkit was created by subject matter experts within this field and is endorsed by the IHS Chief Medical Officer (CMO), Principal Pharmacy Consultant, Infectious Disease Consultant, and the IHS HIV/HCV/STI Branch. IHS strives to address the syndemic through prevention, testing, and treatment. In April 2025, the IHS CMO communicated support for these pharmacy-based efforts.

* **Identify Key Stakeholders**

Consider your workflow and determine which departments will be affected and involved in providing syndemic services. Allow these groups to be involved in policy review and implementation. Identify a pharmacist and provider champion at each site to provide a clear point of contact.

* **EXAMPLE Policy and Protocol Revision and Approval**

The toolkit is intended as a starting point for local implementation. Many sites implement broad collaborative practice agreements with fewer details than those provided in this guide; however, details have been included for those who desire more in-depth policies. All documents are EXAMPLE documents designed to be adapted to local needs and aligned with local policies and activities at the site. Every I/T/U is very different in how items may be rolled out, what order sets are used, how positive tests may be addressed, how various disciplines interact in the normal course of providing syndemic care, etc. Collaboration with the medical/clinical director and facility leadership is critical.

* **Note Template Modification and Approval**

The note templates provided have been compiled from several sites providing syndemic services and are intended to align with the example policies and protocols. The templates should be modified to fit your needs. Approval of templates from local or area leadership may be required, as it is customary at your facility and follows local policy. Ensure appropriate key allocation has been granted.

* **Laboratory Considerations**

Laboratory capability and capacity should be evaluated. Collaborate with your local laboratory to identify necessary tests and additional requirements needed, such as CLIA waivers. Laboratory order sets can be variable due to available technologies and testing at each I/T/U. Example order sets are provided; however, nomenclature may vary from site to site. Collaborate with your local Clinical Applications Coordinator and laboratory department to build order sets or quick orders tailored to your facility.

* **Build Clinic Calendar and/or Scheduling System**

Work with pharmacy and facility leadership to determine how pharmacy-based syndemic services will be offered at your facility. Walk-in testing may be provided without formal scheduling; however, some appointments may need to be coordinated and scheduled (e.g., provision of test results and treatment plans). Determine days and hours of operation, duration of appointment times, telephone appointments vs. in-person encounters, the number of appointments per period, and identify who can schedule appointments.

* **Determine Location**

Where will the visits take place? Does the workflow make sense with registration, lab, etc.? Gather and store the needed supplies.

* **Determine and Complete Training and/or Competencies**

This guide includes training resources and technical assistance programs. Competency requirements vary among sites and are determined at the local level. Some options may include required continuing education hours, competency exams, in-person training, or certifications. Individual policies should be updated to include your plan for determining competency.

*Disclaimer: This manual is intended as a guide, not a substitute for applicable IHS policy or clinical judgment.*

# **Frequently Asked Questions**

**Are all protocols aligned with National Clinical Pharmacy Specialist (NCPS) Committee requirements?**

* The pharmacy-based syndemic example protocols and policies may be adopted and endorsed locally. NCPS endorsement is an optional but non-required additional level of certification that incorporates comprehensive care management in addition to specific disease state management. The NCPS Committee assesses Collaborative Practice Agreements (CPA). It evaluates them utilizing the “NCPS Critical Elements in Designing a CPA/Clinical Protocol Checklist” in the National Clinical Pharmacy Specialist Committee Handbook. The pharmacy-based syndemic example protocols and policies were created with the required NCPS CPAs/protocols elements in mind. However, NCPS requires CPAs to incorporate local data, be locally tailored, implement performance improvement measures, and track and report outcomes. Individual facilities must thoroughly review the syndemic resources to ensure local data and additional information are incorporated to meet NCPS requirements if NCPS endorsement is desired.

**Are pharmacy-based syndemic services billable through third-party providers and insurance companies?**

* Reimbursement for pharmacy clinical services varies widely across the country. Pharmacists are not currently recognized as independently billable providers through Medicare Part B. However, some state Medicaid programs and private insurers recognize certain pharmacist clinical services as billable. Contact your state Medicaid program, pharmacy billing specialists, and leadership about potential billing opportunities. Collaborate with your local service unit/facility Business Office to identify opportunities to bill under “incident to” billing.

**Is outcomes reporting required for pharmacy-based syndemic services?**

* Collection of outcomes data is essential to document pharmacists' impact on patient care and the contributions made to curb the syndemic. Local sites should identify the administrative and clinical outcome measures to be collected and the process for obtaining, documenting, and reporting outcome data locally. Though national data reporting will not be required, the data may help create IHS pharmacy success stories, disseminate best practices, and demonstrate pharmacists' impact on syndemic-related patient care. The process for obtaining, documenting, and reporting annual outcomes to local leadership should be determined when implementing the Test-to-Treat protocols and policies locally.

**Will there be technical support after we implement a new pharmacy-based syndemic service?**

* Pharmacy-based syndemic work is already a mainstay in some IHS facilities, and we have many local and national subject matter experts available to support sites. Also, many IHS sites and Areas are working feverishly to reduce syndemic infections, and many best practices and support resources are available. Support will be available in multiple ways, including IHS Headquarters-supported technical assistance from the IHS HIV/HCV/STI Branch. In addition, the National Pharmacy Council Pharmacy-Based Syndemic Ad Hoc Committee plans to provide mentoring and support. If your site needs support, contact Bethany Johnson, PharmD, BCIDP ([bethany.johnson@ihs.gov](mailto:bethany.johnson@ihs.gov)) or Holly Van Lew, PharmD, BCPS, AAHIVP ([holly.vanlew@ihs.gov](mailto:holly.vanlew@ihs.gov)).

**Are pharmacists allowed to initiate PrEP and PEP without a medical provider’s prescription in all states?**

* Pharmacy practice varies by state and practice environment. The leadership at your facility can guide you and assist with implementing policies and procedures under standing orders, collaborative practice, etc. Some states allow pharmacists to initiate PrEP and PEP therapy. Please visit the [National Alliance of State and Territorial AIDS Director’s resource](https://nastad.org/sites/default/files/2024-12/Pharmacist_Initiated_PrEP_PEP_IssueBrief_120624.pdf), which has compiled a list of these allowances by state.

# A green and white logo with a sign AI-generated content may be incorrect.Example Pharmacy-Based Policies and Protocols

## Sexually Transmitted Infection (STI) Test to Treat

**STI Testing and Treatment**

***Example* Pharmacy Policy**

**PURPOSE:**

To authorize pharmacists to order tests to screen for bacterial sexually transmitted infections (STIs), Human Immunodeficiency Virus (HIV), Hepatitis C (HCV), and pregnancy and to treat bacterial STIs for patients and their partners at the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Service Unit or field sites serviced by Indian Health Service (IHS) pharmacy staff from this Service Unit.

**DEFINITIONS:**

Screening: To detect potential health disorders or diseases in people with or without symptoms.

Syndemic: Synergistic and interacting epidemics explicitly referring to HIV, STIs, and viral hepatitis.

Syndemic Approach: An approach to addressing HIV, STIs, and viral hepatitis cases, which all share similar risk factors for transmission. Screening is recommended for all infections with shared risk factors, including HIV, STIs, and viral hepatitis labs when testing.

Test-to-Treat:  A healthcare access model where people can get tested and, if they test positive and treatment is appropriate, receive a prescription from a qualified healthcare provider and fill it all in one location. This model can be applied to various infections.

Expedited Partner Therapy (EPT): a clinical practice of treating sexual partners (beneficiaries and non-beneficiaries) of patients diagnosed with a bacterial STI.

Test of Cure: After treatment is completed, a follow-up test confirms that the infection has been successfully cleared from the body. The timing and method of a test of cure may vary depending on the type of STI, the treatment used, and clinical guidelines.

**BACKGROUND:**

Due to the high incidence and prevalence of treatable STIs within Indian Country – infections that propagate significant morbidity and mortality when undiagnosed and untreated – expanded access to screening, testing, and treatment is needed for American Indian and Alaska Native (AI/AN) adolescents and adults. Pharmacists are highly accessible healthcare providers who are trained to utilize a syndemic approach and will provide an additional access point for patients to increase access to STI, HIV, and viral hepatitis screening, prevention, and appropriate treatment, as well as harm reduction support, to curb the ongoing Syndemic in Indian Country. Pharmacists have successfully integrated the Test to Treat model into care in various infectious disease models. The pharmacist screening for STIs, HIV, and viral hepatitis follows the Test-to-treat model. It can potentially increase screening rates across Indian Country, significantly supporting the IHS National STI Initiative.

**POLICY:**

This policy permits pharmacists to:

1. Screen/test for:
2. Bacterial STIs [chlamydia (CT), gonorrhea (GC), syphilis, trichomoniasis, symptomatic *Mycoplasma genitalium* (per CDC guidelines)]; and
3. HIV; and
4. Viral hepatitis [hepatitis B (HBV) and HCV]; and
5. Pregnancy, when appropriate
6. Screening/testing shall be ordered for STIs, regardless of sexual history, and without requiring a detailed sexual history. Eligible patients include adolescents 13 years of age or older and adults engaging in any sex (Note: This age limit varies by state or by facility-based policies for minor consent for sexual health services).
7. Prescribe and/or administer treatment for suspected or confirmed bacterial STIs (including CT, GC, symptomatic *Mycoplasma genitalium,* syphilis, and trichomoniasis) among adolescents and adults per the current [Centers for Disease Control and Prevention (CDC) STI Treatment Guidelines](https://www.cdc.gov/std/treatment-guidelines/STI-Guidelines-2021.pdf).
8. For symptomatic individuals, promptly refer or consult a medical provider to coordinate a comprehensive exam or further follow-up.
9. Ensure confirmatory or reflex testing is complete when screening is positive for HIV, HBV, HCV, and syphilis. If necessary, complete linkage to care following local policies and processes.
10. Share information and resources on sexual health, HIV Pre-Exposure Prophylaxis (PrEP), HIV Post-Exposure Prophylaxis (PEP), and Doxycycline Post-Exposure Prophylaxis (DoxyPEP) for adolescents 13 years of age and older and adults.
11. Consider screening adolescents and adults for intimate partner violence (IPV), sexual exploitation, and substance use/misuse during sex.

**PROCEDURE:**

* **REFERRAL PROCESS**
  1. Patients may request STI screening in person at the pharmacy or by phone, or a pharmacist may offer it.
* **PERFORM PATIENT ASSESSMENT**
  1. Patient is queried for signs and symptoms of bacterial STIs and knowledge of sexual contacts with known/suspected STIs. (See **APPENDIX A** for an *example* screening form)

|  |  |
| --- | --- |
| **ASYMPTOMATIC** | **SYMPTOMATIC** |
| * If signs and symptoms are absent and there is no **known** STI exposure, the patient is offered comprehensive screening tests for bacterial STIs, HIV, HBV, HCV, and pregnancy. | * If signs and symptoms are present, the pharmacist promptly consults with or refers to a medical provider for an examination. * A reasonable attempt should be made to ensure the patient is assessed and is not lost to follow-up (e.g., the patient is seen by the primary care provider or acute care management provider). * The pharmacist may order screening tests/labs while the patient awaits a follow-up exam. |

* **ORDERING SYNDEMIC SCREENING TESTS/LABS**

1. The pharmacist will order the relevant labs in the Electronic Health Record (EHR) for CT, GC, syphilis, trichomoniasis, HIV, viral hepatitis, and pregnancy. (See **APPENDIX B**)
2. Consider ordering screening for *M. genitalium* in the case of STI treatment failure. Additionally, consider *M. genitalium* testing if the patient is symptomatic or a concern for specific exposure exists.
3. Alternatively, Point-of-Care Tests may be utilized, administered, and documented to be consistent with the site’s policies, procedures, laboratory waivers, and requirements. Multiple rapid tests are available under a CLIA waiver. The site should adopt local policies and procedures for each specific test.
4. Confirmatory or reflex testing will be required for positive HIV, HBV, HCV, and syphilis results.
5. Confirm the method used for syphilis screening by the laboratory, either traditional or reverse sequenced syphilis algorithm, to determine reflex testing needed and to assess next steps (see **APPENDIX C**)

* **POST-EXPOSURE PROPHYLAXIS**
  1. Patient is queried about the need for Post-Exposure Prophylaxis for relevant infections [HIV, doxycycline post-exposure prophylaxis (DoxyPEP)] and referred or treated, as appropriate, per local practices and policies.
* **CONTRACEPTION**
  1. Individuals who have a uterus and ovaries and are premenopausal should be offered Emergency Contraception (EC), as indicated if condomless sex occurred and no other birth control method was employed or the birth control method failed. According to local practices and policies, the patient should be referred or treated as appropriate.
  2. The site may utilize local practices such as policies for over-the-counter oral contraception, emergency contraception, pharmacy clinical services, or linkage to primary care or women’s health to provide ongoing contraception.
* **RESULTS** 
  1. Once final and confirmatory results are available, promptly address results, ideally within one business day.
  2. The ordering provider or their designee contacts the patient with the results and orders, coordinates treatment when appropriate, and enters proper documentation into the EHR.
  3. Best practice: Documentation should include, but is not limited to, the presence or absence of signs and symptoms, STI testing results, pregnancy testing results (if performed), allergies, treatments prescribed/administered, the plan for the patient to access treatment, counseling provided, sexual contacts identified, and Expedited Partner Therapy (EPT) if prescribed/dispensed.

|  |
| --- |
| **ACTIONS BASED ON TEST RESULTS** |
| If all results returned **negative**: |
| * Contact the patient via their preferred method and document all education and counseling. * If the attempt to contact the patient was unsuccessful, the results of the tests will be documented in the EHR and will remain available upon request. |
| If one or more **bacterial STI** results were **positive:** |
| * Contact the patient via the preferred method and document all elements of education and counseling, including avoiding sexual contact for at least 7 days after treatment begins. * The patient is queried for new signs and symptoms of bacterial STIs or new exposure to HIV or viral hepatitis, and responses are documented in the EHR. * Symptomatic individuals are referred for acute care or managed in consultation with a medical provider (primary care provider (PCP), emergency department, public health nurse (PHN), clinic, women’s clinic, etc.) * Treatment is ordered by the pharmacist, as indicated for GC, CT, *M. genitalium*, syphilis, and trichomoniasis for the patient and partner, following local policies and current clinical guidelines. * If the patient cannot be contacted, the attempt will be documented in the patient’s medical record. The ordering provider or designee will make at least three attempts to contact the patient, which may include phone calls or mailed letters.   + A consult may be placed for follow-up per local site procedures (e.g., public health nursing, specialty STI or HIV clinic, etc.)   + May contact disease intervention specialists at the local State Department of Health for additional assistance. |

1. Positive **syphilis results** should be interpreted based on whether the laboratory used the traditional or reverse sequence syphilis algorithm (see **APPENDIX C)**. The algorithm will determine whether reflex testing is needed and assist with interpreting results.
2. Positive **syphilis results** in the presence ofotic, ophthalmic symptoms, or neurologic involvement should be referred to a medical provider for prompt evaluation (See **APPENDIX D** for neurosyphilis assessment questions below).
3. Positive **syphilis** results in a woman who is pregnant, may require treatment initiation and collaboration/referral to the provider managing prenatal care.
4. Positive **HIV, HBV, or HCV** results should be referred for further evaluation and confirmatory testing, as is customary at the site, and the primary care provider should be alerted of the results.
5. Positive hepatitis B surface antibody tests (HBsAb or anti-HBs) indicate immunity through vaccination or previous infection (see **APPENDIX E** for hepatitis B lab test interpretation).
6. Positive **pregnancy** results will be communicated to the patient, who will be referred for prenatal care.
7. It is recommended that the patient obtain all relevant and indicated immunizations.

* **MEDICATION ORDERING AND ADMINISTRATION**

|  |  |
| --- | --- |
| **Oral Medications** | **Injectable Medications** |
| * The pharmacist orders oral medications. * The patient is instructed on obtaining the prescribed medication via pick-up or other options, such as medication delivery arranged through standard local processes (PHN delivery, etc.). * Directly observed therapy may be considered when appropriate, especially in the case of treatment failure or when using alternative, single-dose regimens. | * Pharmacists may order injectable medications and coordinate administration. * Ensure that administration follows state law and/or local policy (e.g., some state laws prohibit nurses from administering medications when ordered by a non-physician provider). * Medication administration is documented in the patient’s medical record by the administering healthcare professional. It must include the name of the medication, dosage, route, site, date/time of administration, and documentation of the patient’s response to the medication. |

* **COORDINATION OF CARE**

1. The patient is linked to PrEP/PEP/DoxyPEP through referral or processes in place at the facility for eligible patients.
2. If signs or symptoms of STIs are present, the pharmacist immediately contacts the designated provider or another clinician or refers the patient for acute care (PCP, urgent care, emergency department, PHN clinic, women’s clinic, etc.).
3. Injectable treatments are arranged following the local site’s policies and practices.
4. Test of cure is ordered and coordinated, when appropriate, according to the current clinical guideline recommendations.
5. Notification of positive test results will be reported according to state requirements and local procedures.

* **COUNSELING**

1. The patient is offered education and counseling about their infection(s), safer sex/injection practices, DoxyPEP, HIV PrEP, HIV PEP, contraception, and potential vaccinations, as needed.
2. The patient is offered condoms, lube, and other protective barrier methods.
3. The pharmacist will make every effort to discuss partner treatment and ensure a notification plan for follow-up according to the local site’s policies.

* **REFERENCES:**

1. Workowski KA, Bachmann LH, Chan PA, et al. Sexually Transmitted Infections Treatment Guidelines, 2021. MMWR Recomm Rep 2021;70(No. RR-4):1–187. DOI: <http://dx.doi.org/10.15585/mmwr.rr7004a1>
2. Papp JR, Park IU, Fakile Y, Pereira L, Pillay A, Bolan GA. CDC Laboratory Recommendations for Syphilis Testing, United States, 2024. MMWR Recomm Rep 2024;73(No. RR-1):1–32. DOI: <http://dx.doi.org/10.15585/mmwr.rr7301a1>

**APPENDIX A:  STI SYMPTOM ASSESSMENT**

|  |  |
| --- | --- |
| **Signs or Symptoms of Bacterial STIs** | |
| * Signs and symptoms of STIs may include: fevers, chills, sweats, sore throat, oral and/or genital lesions, urethral, vaginal, or rectal discharge, and pelvic pain. * Any “YES” response should prompt the pharmacist to order a comprehensive lab bundle, send the patient to the lab, and arrange a medical provider appointment and examination. | |
| Do you have discharge/abnormal bleeding or blood spotting from your penis, vagina, or bottom? | Yes  ☐  No  ☐ |
| Do you have a rash on your penis, vagina, bottom, or body? | Yes  ☐  No  ☐ |
| Do you have pain/discomfort when urinating? | Yes  ☐  No  ☐ |
| Do you have pain/discomfort in your lower tummy, bottom, or genital area? | Yes  ☐  No  ☐ |
| Do you have sores or itching on or near your bottom or genital area? | Yes  ☐  No  ☐ |
| **History of Exposure** | |
| Were you recently informed that a partner was diagnosed or treated for an STI? | Yes  ☐  No  ☐ |
| In the last 72 hours, have you had condomless sex or shared injection equipment with someone whose HIV status you do not know their HIV status?   * If YES, share information about HIV PEP, PrEP, DoxyPEP, and contraception as appropriate based on sex assigned at birth and risk factors. Refer or treat according to local policies and procedures. | Yes  ☐  No  ☐ |

**APPENDIX B: LABORATORY ORDERS TO SCREEN FOR STIS AMONG ADOLESCENTS AND ADULTS**

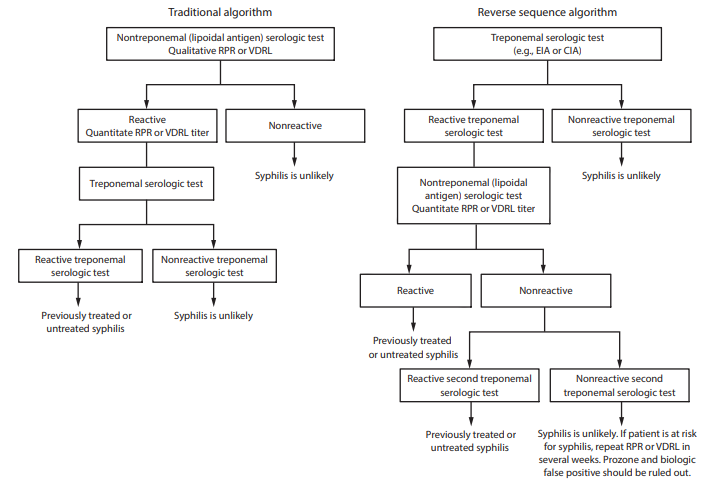
|  |  |  |
| --- | --- | --- |
| **Bacterial Infection** | **Specimen Type** | **Screening Test** |
| Chlamydia | Urine  ---------AND/OR---------  Site-specific testing for all sites of exposure **(3 site tests PREFERRED)**   * +/- oral swab; * +/- vaginal swab; * +/- rectal swab | Nucleic Acid Amplification Test |
| Gonorrhea |
| Syphilis | Serum | Treponemal test (EIA, TPPA) - **PREFERRED\***   ------OR------  Nontreponemal test (RPR) |
| HIV | Serum | HIV Ag/Ab test;  (with reflex testing if possible) |
| HCV | Serum | Hep C Antibody w/reflex to RNA |
| HBV | Serum | Hep B Surface Antigen (HBsAg)  Heb B Core Antibody (HBcAb or anti-HBc)   * IgG or total   Hep B Surface Antibody (HBsAb or anti-HBs)   * IgG or total |
| Pregnancy\*\* | Urine  ---------OR--------  Serum | Presence of hCG |
| *Mycoplasma genitalium* | Urine  ---------OR--------  Site Specific Testing   * vaginal swab (**PREFERRED**); * +/- urethral swab (Equal sensitivity to urine) | Nucleic Acid Amplification Test |

\* Reverse sequence algorithm preferred. See **APPENDIX C:** Traditional and Reverse Sequenced Syphilis Algorithms.

\*\* Pregnancy testing is recommended for premenopausal individuals with a uterus and ovaries.

**APPENDIX C: TRADITIONAL AND REVERSE SEQUENCED SYPHILIS ALGORITHMS**

Reference: Algorithms that can be applied to screening for syphilis with serologic tests — CDC laboratory recommendations for syphilis testing in the United States, 2024.



Abbreviations: CIA = chemiluminescence immunoassay; EIA = enzyme immunoassay; RPR = rapid plasma regain; TPPA = Treponoma pallidum particle agglutination; VDRL = Venereal Disease Research Laboratory.

**APPENDIX D: ASSESSMENT OF THE PRESENCE OF NEUROSYPHILIS SYMPTOMS**

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| --- | --- |
| **Screening Questions for Neurosyphilis (including Ocular and Otosyphilis)** | |
| **Symptoms of Otosyphilis** | |
| * 1. Have you recently had new trouble hearing? | ☐ Yes - refer to ENT   No  ☐ |
| 1. Do you have ringing in your ears? | ☐ Yes - refer to ENT   No  ☐ |
| **Symptoms of Ocular Syphilis** | |
| 1. Have you recently had a vision change? | ☐ Yes - refer to Ophthalmology No  ☐ |
| 1. Do you see flashing lights? | ☐ Yes - refer to Ophthalmology No  ☐ |
| 1. Do you see spots that move or float by in your vision? | ☐ Yes - refer to Ophthalmology No  ☐ |
| 1. Have you had any blurring of your vision? | ☐ Yes - refer to Ophthalmology No  ☐ |
| **Symptoms of Neurosyphilis** | |
| 1. Are you having headaches? | ☐ Yes ☐  No |
| 1. Have you recently been confused? | ☐ Yes ☐  No |
| 1. Has your memory recently gotten worse? | ☐ Yes ☐  No |
| 1. Do you have trouble concentrating? | ☐ Yes ☐  No |
| 1. Do you feel that your personality has recently changed? | ☐ Yes ☐  No |
| 1. Are you having a new problem walking? | ☐ Yes ☐  No |
| 1. Do you have weakness or numbness in your legs? | ☐ Yes ☐  No |
| Medical providers should consider evaluating and treating for neurosyphilis in persons with new persistent headaches rated as moderate or more significant; new changes in vision, including loss, blurring, seeing spots or flashing lights; new changes in hearing, including loss, muffling, or tinnitus; new and persistent changes in personality, memory, or judgment; new numbness in both legs; or new gait incoordination. | |

**APPENDIX E: HEPATITIS B SEROLOGIES**

(Adapted from: Understanding Your Hepatitis B Blood Tests Fact Sheet at hepb.org)

|  |  |  |  |
| --- | --- | --- | --- |
| **Interpretation and Action Needed** | **HBsAg** | **HBsAb**  **(anti-HBs; total or IgG)** | **HBcAb**  **(anti-HBc; total or IgG)** |
| **Not Immune - Need Vaccination**  No history of infection, but at risk for possible hepatitis B infection. **Give hepatitis B vaccination.** | negative | negative | negative |
| **Immune Controlled - Protected**  Surface (HBsAb) and core (HBcAb)  antibodies present due to a previous hepatitis B infection, but now recovered and immune. Cannot infect others; vaccination is not needed. | negative | positive | positive |
| **Immune-Protected**  Previously vaccinated and has evidence of seroprotection. Does not have the virus. | negative | positive | negative |
| **Infected - Need More Testing**  Positive surface antigen (HBsAg), indicating that hepatitis B virus is present. Can spread the virus to others. Refer or treat, as appropriate, per local practices and policies. | positive | negative | positive |
| **Could be Infected - Need More Testing**  Different interpretations are possible. Individuals may be infected, susceptible, or have a resolved infection. | negative | negative | positive |

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(DoxyPEP)

**Doxycycline Post-Exposure Prophylaxis (DoxyPEP) for Bacterial STIs**

***Example* Pharmacy Policy**

**PURPOSE:**

To authorize pharmacists to provide prevention of bacterial sexually transmitted infections (STIs) through the utilization of Doxycycline Post-Exposure Prophylaxis (DoxyPEP) at the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Service Unit or field sites serviced by Indian Health Service (IHS) pharmacy staff from this Service Unit.

**DEFINITIONS:**

Screening: To detect potential health disorders or diseases in people who may or may not have disease symptoms.

Syndemic: Synergistic and interacting epidemics explicitly referring to Human Immunodeficiency Virus (HIV), Hepatitis C (HCV), and STIs.

Syndemic Approach: An approach to addressing HIV, STIs, and viral hepatitis cases, which all share similar risk factors for transmission. Screening is recommended for all infections with shared risk factors, including HIV, STIs, and viral hepatitis labs when testing.

**BACKGROUND:**

Due to the high incidence and prevalence of treatable STIs within Indian Country – infections that propagate significant morbidity and mortality when undiagnosed and untreated – expanded access to screening, testing, treatment, and novel prevention strategies is needed for American Indian and Alaska Native (AI/AN) adolescents and adults. Pharmacists are highly accessible healthcare providers who are trained to utilize a syndemic approach and will provide an additional access point for patients to increase access to STI, HIV, and viral hepatitis screening and appropriate treatment and prevention, as well as harm reduction support, to curb the ongoing Syndemic in Indian Country.

**POLICY:**

Under this policy and attached protocol, pharmacists are authorized to initiate the administration of medications and order and interpret laboratory tests applicable to the appropriate monitoring of those medications for DoxyPEP therapy. Evidence-based medicine, as it emerges in published literature, expert consensus guidelines, and clinical practice guidelines, will serve as the guiding principles for treatment.

**PROTOCOL:**

* **REFERRAL PROCESS**

1. Patients 13 years or older may self-refer to the pharmacy-based DoxyPEP clinic in person at the pharmacy or by phone, or a pharmacist may offer it. (Note: This age limit varies by state or by facility-based policies about minor consent for sexual health services.)
2. Patients may be referred to the pharmacy-based DoxyPEP clinic by any healthcare team member.

* **INCLUSION CRITERIA**

1. Refer to the CDC guidelines for populations showing benefit from the use of DoxyPEP according to the most recent evidence.
2. Use of DoxyPEP outside of recommended populations should be discussed with the PCP or referring provider.
3. Any patient receiving HIV pre-exposure prophylaxis (PrEP) should be offered DoxyPEP so long as it aligns with current guidance.
4. Patients experiencing symptoms of an STI or with a recent known exposure to an STI should receive testing and treatment before initiating DoxyPEP.

* **PRE-SCREENING**

1. STI screening at all anatomic sites of exposure.
2. Medication reconciliation, including evaluation for drug interactions.
3. Pregnancy test (when applicable).
4. Consider and offer HIV PrEP for any person interested in DoxyPEP.

* **ADMINISTRATION AND DOSAGE**

1. The pharmacist will prescribe doxycycline 200 mg (any formulation) to be self-administered as needed within 72 hours after having oral, vaginal, or anal sex. Not to exceed 200 mg within 24 hours.
2. The prescription should account for enough doses based on the person’s anticipated sexual activity until their next visit. When possible, provide a 10 to 30-day supply and consider adding a refill to encourage adherence and reduce barriers.
3. Pharmacists should offer condoms in conjunction with DoxyPEP.

* **MONITORING**

1. STI screening at anatomic exposure sites should be performed every 3-6 months.
2. HIV screening should be performed for HIV-negative populations according to current guideline recommendations.
3. Other syndemic screening may be offered as needed, as clinically indicated.
4. The ongoing need for DoxyPEP should be assessed every 3-6 months. This includes deciding whether to continue therapy and determining the quantity that will be sufficient to reach the next appointment.

* **COUNSELING**

1. Although DoxyPEP is highly effective, it does not provide 100% protection against STIs. Counsel on risk reduction strategies, including condom use, partner reduction, and accessing HIV PrEP, HIV non-occupational Post-Exposure Prophylaxis (nPEP), or HIV treatment as indicated.
2. Counseling should include a discussion of the benefits and known and unknown harms of doxycycline as post-exposure prophylaxis (PEP), including the reduction in bacterial STIs, potential side effects such as phototoxicity, esophagitis, and esophageal discomfort, gastrointestinal symptoms, and the potential for the development of resistance in other pathogens and commensal organisms.
3. If the patient has signs and symptoms of an STI(s) or a known exposure, regardless of taking DoxyPEP, the patient should immediately get evaluated.
4. DoxyPEP doesn’t protect against mpox, HIV, or other bacterial or viral infections. Patients should be offered other prevention methods, such as HIV PrEP/nPEP, immunizations, and other harm reduction strategies.

* **REFERENCES**

1. Bachmann LH, Barbee LA, Chan P, et al. CDC Clinical Guidelines on the Use of Doxycycline Postexposure Prophylaxis for Bacterial Sexually Transmitted Infection Prevention, United States, 2024. MMWR Recomm Rep 2024;73(No. RR-2):1–8. DOI: http://dx.doi.org/10.15585/mmwr.rr7302a1.

# **Example Note Templates and Documentation**

**Sexually Transmitted Infection (STI) Test to Treat**

## Sexually Transmitted Infection (STI) Test to Treat

**Key:**

Pre-populated text

Pulled from EHR data

Selection/Free-type

Either/Or Option

Sexually Transmitted Infections – Pharmacy Testing and Treatment

============================================================================

|Clinic/Hospital Name|

============================================================================

**Initial Visit**

[Patient name] is a [age] year-old patient who requests STI testing through the pharmacy-based clinic.

The visit was conducted [check box: in-person, by phone encounter].

* Patient presents with a positive over-the-counter or home-based test. (checkbox)

Sexual History:

1. Do you use condoms? [check box: always, sometimes, most of the time, never]
2. When was your last condomless sex? [date]
3. How do you have sex? [check box: oral, anal, vaginal, receptive, insertive, all, other (text box)]
4. Were you recently informed that a partner was diagnosed or treated for an STI? [yes/no]
5. Have you ever tested positive for an STI? [yes/no]
   1. If yes, when? [date]
   2. If yes, did you receive and/or complete treatment? [yes/no]
6. Are you currently pregnant? [yes/no]
7. In the last 72 hours, have you had condomless sex or shared injection equipment with someone whose HIV status you do not know their HIV status? [yes/no]

\*If the most recent sexual activity was within the last 2 weeks, consider recommending repeat STI testing in one month\* **(Display only field. Will be in template, not in note)**

[open text box for narrative]

Symptoms:

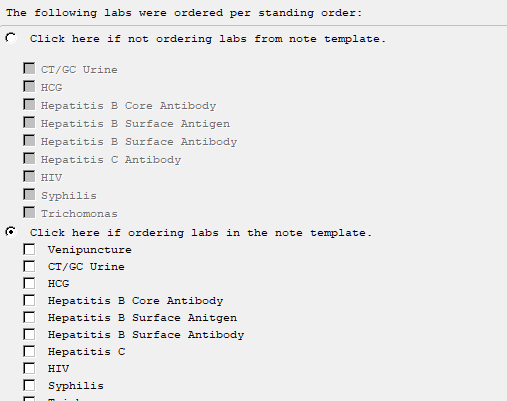
1. Do you have discharge/abnormal bleeding or blood spotting from the penis, vagina, or anus? [yes/no]
2. Do you have a rash on your penis, vagina, buttock, or body? [yes/no]
3. Do you have pain/discomfort when urinating? [yes/no]
4. Do you have pain/discomfort in the lower abdomen, buttock, or genital area? [yes/no]
5. Do you have sores on or near your bottom or genital area? [yes/no]

Assessment/Plan:

Physical examination is needed due to the presence of symptoms.

No physical examination is required due to the absence of symptoms.

The following labs were entered per policy:



**(Section can be made to order tests from the note if built as a reminder dialogue locally)**

[check boxes for individual tests – auto select all]

[large text box for narrative]

The pharmacist offered education and counseling about: [checkbox: safer sex/injection practices, DoxyPEP, HIV PrEP, HIV PEP, contraception, and vaccinations.]

Follow Up:

The patient will be contacted once all lab results return, regardless of positive or negative results.

**These are either/or options to choose from:**

* The patient can be reached at [text box]. The pharmacy informed the patient that they may also contact the pharmacy (INSERT CLINIC PHONE NUMBER HERE) or present to the pharmacy in [text box] days to receive results.
* Patient does not currently have a working phone number. The pharmacy informed the patient that they may contact (INSERT CLINIC PHONE NUMBER HERE) or present to the pharmacy in [text box] days to receive results.
* Alternate contact information: [text box] **(Optional selection)**

Time spent with patient: [text box] minutes

**Follow Up Visit**

The patient requested STI testing on [date] through pharmacy clinical services. All lab results have returned with the following results:

[last lab bundle results]

**These are either/or options to choose from:**

* All results returned negative. The pharmacist relayed the results to the patient [in person/by contact method provided at the initial visit].
* One or more results have returned positive. The pharmacist relayed the results to the patient [in person/by contact method provided at the initial visit].

Treatment ordered per policy: [Today’s medication orders]**(LOCAL DATA OBJECT)**

Treatment coordination and/or follow-up needed: [text box]

Test of cure is recommended for chlamydia in pregnancy if there is a concern for non-adherence, if symptoms persist after completion of treatment, and when using a regimen with inferior cure rates. A test of cure is recommended for oropharyngeal gonorrhea.

Syphilis infections require repeat RPR monitoring to evaluate a four-fold decrease in titer. Proper staging should be performed, and screening for ocular, otic, and neurosyphilis should be performed.

Partner treatment coordination: [text box]

**(Display only. CLICK HERE TO CONTINUE)**

[large text box]

The pharmacist provided education and counseling about: [checkbox: safer sex/injection practices, DoxyPEP, HIV PrEP, HIV PEP, contraception, and vaccinations.]

Prevention methods offered today: [check box: HIV PrEP, DoxyPEP, contraception, condoms, none]

Time spent with patient: [text box] minutes

## PrEP/DoxyPEP

**PrEP/DoxyPEP**

**Key:**

Pre-populated text

Pulled from EHR data

Selection/Free-type

Either/Or Option

HIV PrEP/DoxyPEP VISIT

=============================================================================

|Clinic/Hospital Name|

============================================================================

Patient Name: |PATIENT NAME| Visit Date: |VISIT DATE|

Date of Birth: |PATIENT DATE OF BIRTH| Chart Number: |PATIENT HRN|

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|PATIENT NAME| is a |PATIENT AGE| year old |PATIENT SEX| being followed by pharmacy.

Visit conducted: [check box: in-person, by phone encounter] for

* HIV PrEP/DoxyPEP Initial Evaluation
* HIV PrEP/DoxyPEP Follow-Up Appointment

**Initial Evaluation Template Starts Here:**

===============================================================================

SUBJECTIVE

===============================================================================

Chief Complaint:

[open text box for narrative]

Problem List:

|ACTIVE PROBLEM LIST|

Allergies/ADRs: |ALLERGIES/ADR|

Medication Reconciliation:

|DETAILED ACTIVE MEDS|

EHR medication list reviewed. [selection: no reported changes, changes are as follows: (text box)]

Patient reports use of other medications/OTCs/Herbals: [text box]

Patient reports risk for HIV acquisition through sexual contact [selection: yes/no]

Patient reports risk for HIV acquisition through injection drug use [selection: yes/no]

Patient reports risk for STI acquisition through sexual contact [selection: yes/no]

Additional Subjective Information:

[text box]

Sexual History:

1. Do you use condoms? [check box: sometimes, most of the time, never]
2. When was your last condomless sex? [date]
3. When was the last time you tested positive for an STI? [text box]
4. How do you have sex? [check box: oral, anal, vaginal, receptive, insertive, all, other (text box)]
5. Do you currently have an HIV-positive sexual partner? [yes/no]
6. Are you currently pregnant? [yes/no] (if yes, STOP – refer to medical or OB provider)
   1. Are you trying to conceive? If not, what do you use for pregnancy prevention? (text box)
7. In the last 72 hours, have you had condomless sex or shared injection equipment with someone whose HIV status you do not know their HIV status? [yes/no] (if yes, STOP – complete PEP evaluation)

\*If the most recent sexual activity was within the last 2 weeks, consider recommending repeat STI testing in one month\* **(Display only field. Will be in template, not in note)**

===============================================================================

OBJECTIVE

===============================================================================

Vitals:

BP:|LAST BP|

Pulse: |LAST PULSE|

Laboratory Data:

|LAST HEPATITIS PANEL|

|LAST HIV|

|LAST CBC|

|LAST CMP|

|LAST LIPID PANEL|

|LAST LAB SYPHILIS|

|LAST URINE TRICH|

|LAST GC/CHLA URINE|

|LAST GC/CHLA RECTAL|

|LAST GC/CHLA PHARYNGEAL|

|LAST URINE HCG|

===============================================================================

ASSESSMENT

===============================================================================

Purpose of Visit:

|POV|

The patient is a candidate for HIV PrEP therapy. [selection: yes/no]

If YES, provide education and offer PrEP.

The patient is a candidate for DoxyPEP [selection: yes/no]

If YES, provide education and offer DoxyPEP.

Labs to be drawn (if not current):

[check box] Hepatitis A/B Immunity

[check box] Hepatitis Panel

[check box] HIV test results and date: [text box]

[check box] Lipid Panel

[check box] CMP

[check box] STI testing (Gonorrhea, chlamydia, syphilis)

Comments on the above labs/information: [text box]

Immunizations needed: [text box]

===============================================================================

PLAN

===============================================================================

[selection]

* DoxyPEP prescribed:

Doxycycline 200 mg within 24-72 hours after condomless sex

* PrEP prescribed
* Emtricitabine 200 mg/Tenofovir disoproxil fumarate 300 mg (TRUVADA)
* Emtricitabine 200 mg/Tenofovir alafenamide 25 mg (DESCOVY)
  + Only FDA-approved for males at birth.
* Cabotegravir (not available for Same Day PrEP - requires negative PCR)
* Administration information (click box):

Cabotegravir 600mg inj

Dosage: 600mg

Route: IM

Site: [text box]

Lot: [text box]

Expiration Date: [date]

The injection documentation is complete.

Target date with window [text box]

* PrEP not prescribed

[text box]

Labs to be ordered by the clinic today to be drawn:

[text box]

Condoms [WERE/WERE NOT] offered to the patient today

They were [ACCEPTED/NOT ACCEPTED] by the patient.

Immunization Plan:

[text box]

Patient Education:

Oral PrEP:

[check box] Side effects: In addition to the most common side effects, less than 10%

of patients starting oral PrEP experience a “start-up syndrome” that typically

resolves within a month. The most common symptoms are headache, nausea, and

abdominal pain.

[check box] It takes TDF/FTC seven days to reach protective levels in rectal tissue

and 20 days in vaginal tissue.

[check box] Missed doses: A missed dose should be taken as soon as it is remembered.

If it is almost time for the next dose, the missed dose should be skipped.

And the regular dosing schedule should be continued. Double dosing is not recommended.

[check box] PrEP only protects against HIV, not other STIs or pregnancy

[check box] Safer injection drug use practices, harm reduction, naloxone, and

FTS/XTS offered.

[check box] How to obtain refills

[check box] Follow-up

Cabotegravir:

[check box] Common side effects: diarrhea, headache, fever, tiredness, and sleeping

problems, nausea, dizziness/drowsiness, flatulence, abdominal pain, vomiting,

muscle/back pain, and rash.

[check box] Must return for follow-up injections within a 7-day window of either

side of the 2-month target date.

[check box] PrEP only protects against HIV, not other STIs or pregnancy

[check box] Safer injection drug use practices, harm reduction, naloxone, and

FTS/XTS offered.

[check box] How to obtain refills

[check box] Follow-up

DoxyPEP Education:

[check box] Do not take more than 200mg within 24 hours

[check box] Remain in an upright position for 30 minutes after taking doxycycline

[check box] Do not take DoxyPEP if already on a doxycycline regimen (i.e., acne)

[check box] DoxyPEP cannot protect you from HIV

[check box] Doxycycline binds cations - do not take concomitantly with antacids,

iron, cholestyramine, magnesium, or calcium supplements

[check box] Doxycycline may make your skin more sensitive to sunlight

[check box] The impact of DoxyPEP on the gut microbiome and on antibiotic resistance

at the individual and population level remains unknown

Summary of Visit:

[text box]

The patient will return to the pharmacy clinic on [date]

Future appointments:|FUTURE APPTS|

The patient appears to have a |Level of Understanding| level of understanding.

Time in [text box]

Time out [text box]

**Follow Up Appointment Template Starts Here:**

===============================================================================

SUBJECTIVE

===============================================================================

Chief Complaint:

[text box]

Patient reports risk for HIV acquisition through sexual contact [yes/no]

Patient reports risk for HIV acquisition through injection drug use [yes/no]

Patient reports risk for STI acquisition through sexual contact [yes/no]

Additional Subjective Information:

[text box]

Current HIV PrEP Medication:

Emtricitabine/Tenofovir Disoproxil Fumarate

Emtricitabine/Tenofovir Alafenamide

Cabotegravir

Patient started medication on [date]

Is the patient currently using DoxyPEP? [yes/no]

Has the patient missed any doses or experienced compliance issues?

[selection: YES/NO (DEFAULT: NO)]

The patient reports side effects with medication therapy:

[selection: YES/NO (DEFAULT: NO)]

Comments: [text box]

Problem List:

|ACTIVE PROBLEM LIST|

Allergies/ADRs: |ALLERGIES/ADR|

Medication Reconciliation:

|DETAILED ACTIVE MEDS|

EHR medication list reviewed. [selection: no reported changes, changes are as follows: (text box)]

Patient reports use of other medications/OTCs/Herbals: [text box]

===============================================================================

OBJECTIVE

===============================================================================

Vitals:

BP:|LAST BP|

Pulse: |LAST PULSE|

Laboratory Data:

|LAST HEPATITIS PANEL|

|LAST HIV|

|LAST CBC|

|LAST CMP|

|LAST LIPID PANEL|

|LAST LAB SYPHILIS|

|LAST URINE TRICH|

|LAST GC/CHLA URINE|

|LAST GC/CHLA RECTAL|

|LAST GC/CHLA PHARYNGEAL|

|LAST URINE PREGNANCY|

===============================================================================

ASSESSMENT

===============================================================================

Purpose of Visit:

|POV|

Prevention Assessment:

* Current prevention is appropriate and should be continued.
* Current prevention should be discontinued due to recent lab work.
* Current prevention should be discontinued due to adverse effects.
* Current prevention will be discontinued per patient request.

===============================================================================

PLAN

===============================================================================

* Continue current prevention
* Initiate alternative prevention
* Discontinue prevention
  + Click here if the patient requests discontinuation:

Reason for discontinuation: [text box]

The patient requests discontinuation of PrEP treatment. Counseled on the following:

* + nPEP: If you find yourself at substantial risk for acquiring HIV (unplanned

sexual encounter with a partner of unknown HIV status, OR sexual assault, there is

The treatment available for this is called nonoccupational POST-exposure prophylaxis

(nPEP), which is most effective as soon as possible after HIV exposure. It is

unlikely to be effective when instituted >72 hours after exposure. If you or a

friend is in this situation, then please seek nPEP as soon as possible after an

exposure.

* 2-1-1 dosing option: This is not currently approved by the FDA but is included in CDC guidance (MSM only).

\*Take two pills 2-24 hours before sex

\*Take one pill 24 hours after the first two pills

\*Take one pill 48 hours after the first two pills

* If at any time your status changes and you decide that you want to protect

yourself from acquiring HIV, then please schedule with the pharmacy to resume PrEP treatment. We will order labs to confirm HIV (-) status, schedule a PrEP visit, and re-order PrEP medication.

Medications: [today’s meds]

Administration information: (click box)

Cabotegravir 600mg injection

Dosage: 600mg

Route: IM

Site: [text box]

Lot: [text box]

Expiration Date: [date]

The injection documentation is complete.

Target date with window [text box]

Labs to be drawn: [text box]

Condoms [check box: were, were not] offered to a patient today

They were [check box: accepted, not accepted] by the patient.

Other harm reduction offered: [text box]

Immunization Plan: [text box]

Education topics discussed: [text box]

Summary of Visit:

[text box]

The patient will return to the pharmacy clinic on [date]

Future appointments:

|FUTURE APPTS|

The patient appears to have a |Level of Understanding| level of understanding.

Time in [text box]

Time out [text box]

# **Text AI-generated content may be incorrect.Training and Competencies**

Pharmacists wanting to engage in Pharmacy-Based Syndemic Test-to-Treat activities should consider training and certification programs tailored to the disease states of interest. The local facility, privileging the pharmacist, must determine the exact competency and training requirements and any subsequent training maintenance. Several training and certification programs are listed below, most of which are offered at no cost, have continuing education credits, and offer certificates of completion. Those programs with a cost associated are signified by $$$ after the program name.

The National Curriculum Modules for HIV, Hepatitis C, and STI are established and maintained by the University of Washington (UW) and sponsored by the Centers for Disease Control and Prevention (CDC). The programs are updated with evolving recommendations, and the platform is a hub for multiple modules. The UW national curriculum benefits include: the same username and password can be used for the modules (HIV, HCV, STI), certificates of completion are available, learning groups can be created, and program managers can assign modules within each curriculum (HIV, HCV, STI) and track progress.

|  |  |
| --- | --- |
| **Topic** | **Pharmacist Training and Competency Courses Options\*** |
| PrEP | APhA Pharmacy-Based HIV Prevention Services Certificate Program - **$$$**   * [Pharmacy-Based HIV Prevention Services](https://www.pharmacist.com/Education/Certificate-Training-Programs/Pharmacy-Based-HIV-Prevention-Services)   National HIV PrEP Curriculum   * [National HIV PrEP Curriculum (uw.edu)](https://www.hivprep.uw.edu/)   PrEP Navigator Training for Community and Public Health Staff – (No CPE credit)   * [PrEP Navigator Training](https://cardea.matrixlms.com/visitor_catalog_class/show/1285219) |
| HIV | The National HIV Curriculum Modules   * [National HIV Curriculum (uw.edu)](https://www.hiv.uw.edu/)   The American Academy of HIV Medicine – HIV Expert   * [American Academy of HIV Medicine | HIV Expert™ (aahivm.org)](https://aahivm.org/hiv-expert/) - **$$$**   The American Academy of HIV Medicine – HIV Pharmacist   * [American Academy of HIV Medicine | HIV Pharmacist™ (aahivm.org)](https://aahivm.org/hiv-pharmacist/) - **$$$** |
| STI | The National STD Curriculum Modules   * [National STD Curriculum (uw.edu)](https://www.std.uw.edu/) * [Chlamydial Infections - STD Lessons - National STD Curriculum (uw.edu)](https://www.std.uw.edu/custom/self-study/chlamydial-infections) * [Gonococcal Infections - STD Lessons - National STD Curriculum (uw.edu)](https://www.std.uw.edu/custom/self-study/gonococcal-infections) * [Syphilis - STD Lessons - National STD Curriculum (uw.edu)](https://www.std.uw.edu/custom/self-study/syphilis) * [Trichomoniasis Question Bank - National STD Curriculum (uw.edu)](https://www.std.uw.edu/page/qb/topic/2021-guidelines/trichomoniasis) * [Mycoplasma genitalium - STD Lessons - National STD Curriculum (uw.edu)](https://www.std.uw.edu/custom/self-study/mycoplasma-genitalium) |
| HCV | The National Hepatitis C Curriculum Modules   * [Hepatitis C Online (uw.edu)](https://www.hepatitisc.uw.edu/)   VA Viral Hepatitis and Liver Disease Website Course   * [Evaluating Liver Test Abnormalities](https://www.hepatitis.va.gov/HEPATITIS/course/index.asp?page=/provider/courses/livertests/livertests-01) |
| MOUD | ASHP Medications for Opioid Use Disorder (MOUD) Training Program   * [Medications for Opioid Use Disorder (MOUD) Training Program - ASHP](https://elearning.ashp.org/products/11000/medications-for-opioid-use-disorder-moud-training-program) - **$$$**   Providers Clinical Support System (PCSS) Courses   * [MOUD Education Options - PCSS-MOUD](https://pcssnow.org/medications-for-opioid-use-disorder/8-hour-moud-education-options/) |

# **Text AI-generated content may be incorrect.Acknowledgments**

The National Pharmacy Council Syndemic Ad Hoc Committee chairs thank the contributors who shared their insights and best practices to strengthen the pharmacy-based syndemic response and the reviewers who meticulously examined the content, ensuring its accuracy and relevance. Your collective efforts have made this guide a meaningful and practical resource for pharmacists nationwide.

We also recognize the countless hours spent by those who helped shape the structure, refine the details, and ensure that this resource guide serves as a comprehensive and accessible guide for the pharmacy community. Your dedication to advancing pharmacy practice and public health does not go unnoticed, and we are profoundly grateful for your efforts.

This resource is a testament to the power of collaboration, expertise, and a shared commitment to serving our communities. Thank you for your hard work, passion, and leadership in making this initiative successful.

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