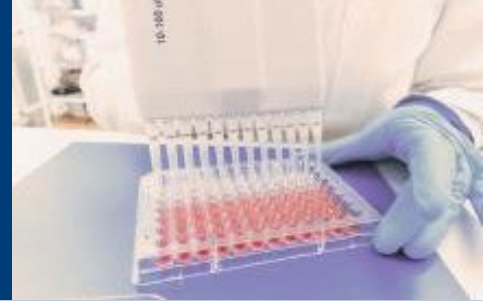


Retesting for Reinfection

After Treatment for Sexually Transmitted Infection (STI)

Quick Reference Guide for Clinicians



Even with proper treatment, patients diagnosed with chlamydia or gonorrhea are at risk of reinfection. Retesting is an important step to detect repeat infection and allow for proper treatment, limiting spread of STIs in communities.



What is retesting for reinfection after STI treatment?

Retesting is rescreening carried out at a target date of three months after completion of therapy to detect reinfection, most of which occurs through exposure to an untreated partner or newly infected partner. Retesting is **not** the same as a “test of cure” (TOC), which is only recommended in special circumstances.

A test of cure (TOC) is a repeat test performed 3–4 weeks to determine treatment effectiveness. A TOC is also used for pregnant patients to prevent serious health risks to both the birth parent and the baby if infection persists. This is especially important even when the patient is following treatment correctly, but the symptoms continue.



Who should be retested?

Everyone should be retested for chlamydia or gonorrhea infections. It is considered to be best practice for all patients, regardless of gender or age. Retesting should occur even if sex partners were initially treated.



When should retesting occur?

It is best to conduct retesting at three months after initial treatment, or whenever the patient seeks care in the following 12 months. Retesting should not occur during the first 30 days post-treatment, as it may lead to false positive results. Performing retesting between one to 12 months after treatment is long enough to avoid false-positive results from nonviable organisms remaining after effective treatment, and to detect reinfection from an infected partner should it occur.





How can I talk to my patients about getting retested?

Talking with your patients about the need for retesting is important for effective STI treatment. Providing explanations for retesting can help your patient better understand their choice, encouraging them to return for a retest.

Things you can tell your patients about retesting:

- "It is common to get infected again soon after your initial infection, even after effective treatment."
- "Often, there are no symptoms with STIs so people may not know if they have an infection."
- "Getting reinfected may cause more serious health problems in the future."
- "If your sex partners are not treated for this infection, you are at higher risk of getting it again."
- "Having an untreated gonorrhea or Chlamydia trachomatis infection during pregnancy can be dangerous for your baby."



What can we do in our clinic to improve patient return for the recommended retesting?

Compliance for the three month retesting is improved with a variety of reminders and prompts! A few steps you can take include:

- Schedule a follow up appointment with your patient during their initial visit, if possible.
- Use the reminder cards enclosed for your patients.
- Place orders for proper tests needed for follow up care.

Use retest appointment cards to remind your patients to get retested in three months!

Retest appointment cards can be found on the DHS STI web page for health care providers webpage at <http://www.dhs.wisconsin.gov/std/retest-appointment-card-multiple.pdf>

Remember to retest in three months!






Appointment Reminder

Your retest date:



Why Retesting is Important

-  It is common to get infected again with chlamydia or gonorrhea soon after your first infection.
-  Often, there are no symptoms so you may not know if you have an infection.
-  Getting another infection may cause more serious health problems in the future.

