GOAL OF GUIDANCE:
1. Prioritize individuals most likely to experience complications
2. Maximize the number of infected individuals identified and treated as much as possible in your setting during the shortage

WHAT ARE THE SUPPLY ISSUES?
1. 71% of labs have a shortage of supplies for STI testing
2. Affecting all labs: Hospital, Public Health, Commercial, Private
3. UVMMC lab alert Sept 10 – Shortage of yellow urine GC/CT collection tubes
   a. Okay to send if you have them but supplies cannot be replenished by UVMMC
   b. Only test patients:
      i. With symptoms
      ii. At high risk
      iii. With known exposure

SYMPTOMATIC PATIENTS:
1. PEOPLE WITH SYMPTOMATIC CERVICITIS OR PELVIC INFLAMMATORY DISEASE (PID)
   a. Treat empirically for both GC and CT
   b. Vaginal swab (orange) PREFERRED, only for 16yo and older
      i. Lab: Running NAATS
   c. Endocervical swab (white) SECOND CHOICE
      i. Lab: Running NAATS
2. PEOPLE WITH PENILE SYMPTOMATIC URETHRITIS
   a. Test first if you can to determine if Gonococcal Urethritis or Non-Gonococcal Urethritis (NGU) then treat accordingly.
      i. Urine sample (yellow tube). SAVE YOUR YELLOW URINE COLL TUBES FOR THESE PTS!
         1. Lab: Running NAATS
      ii. Urethral swab (white, same as cervical)
         1. Lab: Running NAATS (CDC recommends backup Gram stain, Methylene blue)
   b. If no test collection available then treat empirically for GC and CT
   c. If treat empirically for GC and CT anyway then send test if possible to:
      i. Confirm diagnosis
      ii. Inform partner management
      iii. Inform future management if symptoms persist or recur
3. PEOPLE WITH SYMPTOMATIC PROCTITIS
   a. Treat empirically for both GC and CT
   b. Consider Herpes (HSV) treatment if pain or mucocutaneous lesions present
   c. If rectal swab (white, same as cervical) available then test also.

CONTACTS OF PATIENTS WITH GC/CT:
1. Treat empirically for appropriate organism
   a. VT Expedited Partner Therapy for STIs rule allows health care professionals to prescribe medication to the sexual partner(s) of a patient diagnosed with a sexually transmitted infection without examining them.
ASYMPTOMATIC PEOPLE WITH VAGINA-CERVIX-UTERUS:
1. Screen if:
   a. <25yo (especially if pregnant)
   b. >25yo who are at risk
      i. new sex partner, multiple partners, partner with multiple, partner with STI
2. Vaginal swab (orange) preferred
   a. Urine sample (yellow tube) if available and no swab available.
3. Extra-genital (pharynx, rectum) not recommended

ASYMPTOMATIC PEOPLE WITH A PENIS WHO HAVE SEX WITH PEOPLE WITH A PENIS:
1. Rectal and pharyngeal testing should be prioritized above urine/urethral based testing if indicated
   a. In order to maximize the detection of infection
2. If test kits are severely limited rectal testing should be prioritized over pharyngeal testing.

ASYMPTOMATIC PEOPLE WITH A PENIS WHO HAVE SEX WITH PEOPLE WITH A VAGINA-CERVIX-UTERUS:
1. Screening is not recommended

CONSIDER EXTENDING ROUTINE SCREENING INTERVALS FOR THOSE WHOM SCREENING IS RECOMMENDED EVERY 3 MOS IF TESTING IN SHORT SUPPLY:
1. Men who have sex with men (MSM) & Penile/Penile partners
   a. High risk
   b. Those using PrEP

SWAB USE:
Orange: vaginal, only 16yo and older
White with purple writing: cervical, urethral, rectal, oropharynx

UVMMC MICRO UPDATES:
As long as you have the testing supplies you can send them.
All testing available in lab (rectal/OP send out to Mayo)

*Does not apply to HIV and Syphilis testing
*Reinstitute 2015 CDC STI Guidelines when shortages resolve