

## APPROACH TO **Gonococcal/Chlamydia\*** TESTING DURING PANDEMIC LAB TESTING SUPPLY SHORTAGE

Sources: CDC, VDH HAN Nov 2, UVMCC alert Sept 10

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### 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. UVMCC 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 UVMCC
  - 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



**UVMCC 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**