ATTN: Medical Health Officers and Branch Offices
Public Health Nursing Administrators and Assistant Administrators
Holder of Communicable Disease Control Manuals

Re: Revisions to the Communicable Disease Control Manual – Chapter 5: Sexually Transmitted Infections: Section 1: STIs

Please note the following changes to the BCCDC Communicable Disease Control Manual – Chapter 5: Sexually Transmitted Infections: Section 1: STIs

1. Please remove the following sections from the Communicable Disease Control Chapter 5: Sexually Transmitted Infections: Non-Certified Practice Decision Support Tools for STI

- Candidal Balanitis (Yeast Balanitis) (pp. 1-4)
- Genital Herpes Simplex Virus (HSV) (pp. 1-11)
- Lymphogranuloma Venereum (LGV) (pp. 1-7)
- Molluscum Contagiosum (pp. 1-5)
- Pediculosis pubis (Pubic Lice) (pp. 1-5)
- Scabies (pp. 1-5)
- Syphilis (pp. 1-14)
- Vulvovaginal Candidiasis (VVC) (pp. 1-9)

Please insert the following updated section into the Communicable Disease Control Chapter 5: Sexually Transmitted Infections: Non-certified Practice Decision Support Tools for STI

- Candidal Balanitis (pp. 1-6)
- Herpes Simplex Virus (HSV) (pp. 1-10)
- Lymphogranuloma Venereum (LGV) (pp. 1-8)
- Molluscum Contagiosum (pp. 1-5)
- Pediculosis Pubis (Pubic Lice) (pp. 1-5)
- Scabies (pp. 1-7)
- Syphilis (pp. 1-18)
- Vulvovaginal Candidiasis (VVC) (pp. 1-9)

2. Please note the following updates:
• New format, sections include:
  • Scope
  • Etiology
  • Epidemiology (added to all DSTs)
    o Risk Factors
    o Transmission (added to Syphilis and HSV)
  • Clinical Presentation
  • Physical Assessment
  • Diagnostics and Screening Tests
  • Management
    o Diagnosis and Clinical Evaluation
    o Consultation and Referral
    o Treatment
    o Monitoring and Follow-up
    o Partner Notification
    o Potential Complications
    o Additional Education
  • References

• Candidal Balanitis DST
  • Etiology
    o Added “Not usually sexually transmitted” to Etiology and removed from Risk Factors section
  • Risk Factors
    o Added poor hygiene, taking SGLT2 inhibitors, and individuals with partners with recurrent vulvovaginal candidias
  • Clinical Presentation
    o For a better description of genital tissue, added “blotchy and shiny”
  • Physical Assessment
    o Added to assess the mobility of foreskin to rule out phimosis or paraphimosis as this is a urologic emergency
  • Additional Education
    o Added proper hygiene for genital skin, including: using mild soaps, avoid over washing, and allowing glans to dry with foreskin retracted

• Herpes Simplex Virus (HSV)
  • Epidemiology
    o Removed the old epidemiology statistics and included a general statement as it is not a reportable disease
    o Included HSV-1 & HSV-2 can infect both oral and genital tissue. Most genital infections are caused by HSV-2 but HSV-1 produces a clinically
similar disease, and the incidence of HSV-1 genital disease is increasing

- **Clinical Presentation**
  - Added oral symptoms

- **Physical Assessment**
  - Removed the term “external” from external genitalia as internal genitalia can also be edematous and irritated
  - Added oral: may see severe pharyngitis, and/or painful lesions in mouth or on lips

- **Diagnostic and Screening Tests**
  - Included to do a complete STI screen, including TP PCR for syphilis and/or CT NAAT swab for LGV

- **Treatment**
  - Added that HSV is treated with antiviral medication

- **Potential Complications**
  - Removed neonatal section as outside of RN(C) scope of practice

- **Additional Education**
  - Added the following:
    - Seek care if they are still experiencing symptoms after one week, treatment duration may need to be extended
    - Treatment options: no treatment, episodic treatment or suppressive treatment
    - Where to access mental health resources to help process the diagnosis as needed

- **Lymphogranuloma venereum (LGV)**
  - **Clinical Presentation**
    - Added:
      - can mimic inflammatory bowel disease
      - pelvic inflammatory disease
  - **Physical Assessment**
    - Added:
      - Inspect pharyngeal region for ulceration and inflammation
      - Complete a pelvic exam
      - Complete a penile and scrotal exam
      - Complete an anorectal exam
  - **Diagnostic and Screening Tests**
    - Added: For individuals presenting with proctitis, cervicitis, pharyngitis, and/or urethritis where history and clinical presentation support probable LGV:
  - **Treatment**
• Added: At the time of the initial visit (before diagnostic NAATs for chlamydia are available), persons with a clinical syndrome consistent with LGV should be presumptively treated

• **Molluscum Contagiosum**
  • **Etiology**
    o Included molluscum contagiosum is a viral skin infection caused by molluscum contagiosum pox virus through direct skin-to-skin contact with someone who has the molluscum contagiosum virus, or with an object that has the virus on it
  • **Epidemiology**
    o Added: molluscum contagiosum is a common skin infection in British Columbia
  • **Treatment**
    o Added: prior to treatment, a full skin examination should be performed on clients with molluscum to identify all lesions. Incomplete treatment may result in continued autoinoculation and failure to achieve cure
  • **Additional Education**
    o Avoid electrolysis treatment on an area of skin where molluscum is present
    o Keep lesions clean and wash hands after touching them to avoid autoinoculation
    o Use two towels when drying off – one for skin with molluscum and one for skin without molluscum
    o Get tested for all STIs if molluscum lesions are present in the genital area, abdomen and/or inner thighs

• **Pediculosis Pubis (Pubic Lice)**
  • **Treatment**
    o Apply treatment to all areas of suspected infestation and all other areas with thick body hair including the chest, buttocks, axillae, moustache and beard areas

• **Scabies**
  • **Physical Assessment**
    o Added: “typically 10-15 mites” to provide a comparison to crusted scabies
  • **Diagnosis and Screening Tests**
    o Included diagnosis can be supported by visual imaging techniques such as dermoscopy or microscopy of skin scrapings from burrows

• **Syphilis**
  • **Background**
Specified what is meant by “management of syphilis” to clarify extent of involvement
Specified who may be involved in this collaboration – extending to any managing primary care provider, ID, and RNs

- **Scope**
  - Inclusion of scope for RN(C)s regarding treatment of contacts

- **Epidemiology**
  - Removed specificity of rates (e.g., rates tied to any given year or population subset)
  - Removed link to Dashboard as the information is not regularly updated
  - Summarized overall epidemiological trend over the course of the past decade, highlighting shift of landscape to females and congenital syphilis cases

- **Transmission**
  - New inclusion based on PHAC syphilis guide to separate modes of transmission and risk factors

- **Risk Factors**
  - Updated based on current behavioural and epidemiological risk factors as per the PHAC syphilis guide and local epidemiology

- **Clinical Presentation**
  - Updated the following:
    - Change of SEL-P nomenclature to LSUD
    - Removal of LSUD as an “infectious” form of syphilis
    - Removal of Tertiary syphilis
    - Addition of congenital syphilis

- **Diagnosis/Clinical Evaluation**
  - Additional of consult with BCCDC STI Clinic physicians in cases of high clinical suspicion to provide presumptive TX PRN

- **Potential Complications**
  - Included “untreated syphilis”

- **Additional Education**
  - Inclusion of HIV-PrEP offer and education for pregnant person
  - Changed – abstain from sexual contact for 7 days after receipt of single-dose Bicillin® L-A (2.4 MU), where applicable until lesions have completely healed. To – For LSUD, abstain from sexual contact for 7 days after receipt of the first set of Bicillin® L-A (2.4 MU). For alternate treatment regimens (e.g., doxycycline), abstain from sexual contact until treatment is completed.

- **Vulvovaginal Candidiasis (VVC)**
• Scope
  o Specified “uncomplicated” VVC in reference to what is in RN(C) scope to diagnose and treat autonomously
  o Included definitions for uncomplicated and complicated VVC
  o Changed definition of recurrent VVC from ≥4 episodes/year to ≥3 episodes/year
• Risk Factors
  o Included genetic predisposition to the list as often there is no identifiable etiology present in those prone to recurrent infection
• Diagnostic and Screening Tests
  o Added wet mount microscopy to lab tests as it is considered the gold-standard for supporting clinical diagnosis in many guidelines

If you have any questions regarding these changes, please contact:
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Sincerely,

[Signature]

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