

BCCDC STI Screening and Testing Guide

Quick Reference Guide for RN(C)s

Refer to the <u>Certified</u> and <u>Non-Certified</u> Practice Decision Support Tools (DST's) and the <u>BCCDC HIV</u> <u>Guidelines</u> for more detailed information. For BCCDC Public Health Laboratory (PHL) specimen collection instructions, refer to the <u>eLab Handbook</u>. Where appropriate, also refer to local laboratory and site guidelines.

Preferred specimens are listed first and noted in *italics*.

| STI Screening for Asymptomatic Individuals | | | | | | | |
|--------------------------------------------|---------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Test/Sites | | Specimen type/Notes | | | | | |
| GC/CT NAAT | Penile urethra | Urine | If asymptomatic contact to GC, collect GC C&S first (where available), then GC/CT NAAT for all affected sites. | | | | |
| | Vagina ^Ω | Vaginal swab, cervical swab or urine | | | | | |
| | Rectum | Rectal swab. Indication: receptive anal sex | | | | | |
| | Throat | Throat swab. Indication: oral sex on a penis | — Tot all affected sites. | | | | |
| Syphilis serology | | If EIA reactive, confirmatory tests are reflexively done by the BCCDC PHL | | | | | |
| HIV serology (or POC test) | | | | | | | |

Ω *Urine* or vaginal swab, if total hysterectomy. Urine, if vaginoplasty.

STI Testing for Symptomatic Individuals

Based upon sexual history and clinical presentation, consider the following tests where epidemiologically and clinically appropriate:

| Site of symptoms | GC C&S If available, collect first | GC/CT NAAT | T. Vaginalis | BV & Yeast | HSV PCR | Syphilis PCR |
|-------------------------|------------------------------------|-----------------------|-----------------------------|------------|---------|--------------|
| Vagina | Cervical or vaginal | Vaginal, cerv | rical or urine ^Ω | √ * | | |
| Penile urethra | ✓ | Urine | | | | |
| Rectum | ✓ | ✓ [▲] | | | ✓ | |
| Throat | ✓ | ✓ | | | | |
| Anogenital/Oral lesions | | √ * | | | ✓ | ✓* |

- **Ω** *Urine* or vaginal swab, if total hysterectomy. Urine, if vaginoplasty.
- * See <u>PHSA TransCare Primary Care</u> resources for detailed ordering instructions on testing after total hysterectomy while on testosterone, and after vaginoplasty. Consider vaginal pH and KOH whiff test if available.
- A If rectal CT positive, swab is automatically referred to the National Microbiology Lab (NML) by BCCDC PHL for LGV testing.
- ♦ If LGV infection is suspected, consider CT NAAT. Consult with and/or refer to MD/NP. Add note on lab requisition: "Refer to NML for LGV testing".
- Add note on lab requisition: "Send to BCCDC PHL, attn: Dr. Morshed".

| Venipuncture Tests | | | | |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Syphilis EIA | If EIA reactive, confirmatory tests are automatically done by the BCCDC PHL. | | | |
| HIV serology (or POC test) | If acute infection is suspected, consult BCCDC Medical Microbiologist on-call to dis HIV RNA testing: 604-661-7033 . | | | |
| HSV type-specific serology (TSS) | See testing indications in the <u>HSV DST</u> | | | |

For information on hepatitis A, B and C testing, refer to the <u>STI Assessment DST</u> and the <u>BCCDC</u> Communicable Disease Manual, Chapter 1: Communicable Disease Control.