Certified Practice

DST 900 Assessment and Diagnostic Guideline:
Sexually Transmitted Infections (STI)

Scope

For the purpose of this document RN(C) refers to Registered Nurses with Certified Practice in Reproductive Health (Sexually Transmitted Infections).

RN(C)s are authorized to manage, diagnose, and/or treat the following STI conditions:

- Chlamydia Trachomatis
- Neisseria Gonorrhea
- Mucopurulent Cervicitis
- Trichomoniasis
- Bacterial Vaginosis
- Urethritis
- Recurrent Urethritis
- Lower Urinary Tract Infection
- Genital Warts

In addition to the above conditions, RN(C)s are authorized to treat contacts of sexually transmitted infections. This guideline supports RN(C)s in conducting the assessment, screening, and/or diagnostic tests to manage, diagnose, and treat the STI conditions under the Certified Practice framework.

Background

This document aims to assist clinicians in applying an equity lens to STI assessment and care. The principles below guide clinicians in considering the diversity of each individual including their body, culture, gender, sexuality, and their context-specific needs when providing services:

- Care that is trauma- and violence-informed, rooted in cultural safety and humility and committed to anti-Indigenous racism and anti-racism principles.
- Knowledge and understanding of the profound impact of STIs in relation to the social determinants of health (SDOH) and syndemics
- Creative and flexible person-led care

By adhering to these principles, the decision support tools (DST) aim to provide more equitable, inclusive, and affirming care for all people, particularly for transgender, gender-diverse, sexually diverse, and Two-Spirit peoples. This is of particular importance as inequities are associated with negative stereotypes which may be associated with higher rates of STIs and non-disclosure of information. Consequently, this may hinder relevant testing, diagnosis, treatment, and the provision of targeted education. As part of these principles, anatomy and site-specific testing language are used throughout this document to strive for safer conversations when assessing and managing STI assessment and care.

RN(C)s must continually work to address and dismantle the ongoing impacts of racism, colonialism, and anti-Indigenous racism prevalent in BC's health care system. Indigenous-specific racism and discrimination negatively affects Indigenous peoples' access to health care and health outcomes. All nurses should be familiar with and follow the BCCNM Indigenous Cultural Safety, Cultural Humility and Anti-Racism Practice Standard which sets clear expectations for providing culturally safe and anti-racist care for Indigenous peoples.

A glossary of terms can be found in *Appendix A.*

Visual Summary of Guideline

Consultation and Referral

Consultation and/or referral with a physician or nurse practitioner (NP) is required for:

- All clients 11 years and under
- Symptomatic clients aged 12-13 years
- All pregnant individuals
- Breast/chest-feeding clients, depending on required and recommended treatment

STI Assessment

A comprehensive STI assessment involves obtaining a thorough sexual health history, evaluating risk factors, a physical assessment (when indicated), identifying signs or symptoms of STIs and screening and/or diagnostic tests.

Factors Associated with STI Acquisition

Listed below are factors associated with STI acquisition based on syndemic and epidemiological data, and/or social conditions that increase vulnerability and risk exposure.

- Any sexual activity with blood and/or body fluid exchange
- Any sexual activity with skin-to-skin contact
- Non-use or failure of barriers for oral, genital, and/or anal sex (e.g., condoms, dental dams, etc.)
- Sharing sex toys without condoms and/or not cleaning between use
- Sexual activity where there is possibility of oral-fecal transmission (e.g., rimming, anal play, etc.)
- Previous history of STI
- Sexual contact with someone with an STI
- Anonymous sexual partner(s) (e.g., internet, bath house, play parties, etc.)
- Trade of money, goods, drugs, food, and/or shelter for sex
- Rough sex causing mucosal tearing
- Survivors of sexual assault and sexual abuse
- Sexually active youth under 25 years of age
- Substance use, such as alcohol or chemicals, in association with having sex
- Sharing drug use paraphernalia: pipes, intra-nasal, and injecting equipment

Sexual Health History

The sexual health history focuses on information relevant to sexual health, and may include:

- Presenting concerns
- Demographic information and methods of contact
- Assessment of signs and symptoms
    - Onset
    - Duration and frequency
    - Location
    - Symptom radiation to adjacent areas
    - Severity
    - Precipitating and aggravating factors
    - Relieving factors
    - Associated symptoms
- Impact on daily activities
- Previous treatments and outcomes
- Immunization history (e.g., hepatitis A, B, and HPV)
- Recent antibiotic use (i.e., date of last dose, reason for use)
- Other medications: prescription and over the counter (OTC)
- Allergies (e.g., latex, antibiotics, and other medications)
- Medical conditions (i.e., renal or liver diseases, GI disease, cardiac, etc.)
- Barrier use (e.g., condoms, dental dams, etc.)
- Body sites used for sex
- Sexual partners (if required for partner notification purposes)
- Previous STI/HIV testing and results
- Drug and alcohol use/practices
- If recently named as an STI contact
- Surgical history (e.g., hysterectomy, vaginoplasty, metoidioplasty, genital cutting, etc.)
- Use of gender-affirming hormones
- Recent (within 28 days) history of sexual assault (refer to PHSA's *Prophylaxis Post Sexual Assault DST*)
- Previous and/or current use and/or knowledge of HIV post-exposure prophylaxis (PEP) and/or pre-exposure prophylaxis (PrEP)
- Reproductive health history
- Cervical cancer screening and results (i.e. HPV or PAP)

- Date of last menstrual period/ regularity of menses
- Pregnancy (risk, intent or current)
- Contraception and emergency contraception (including satisfaction with contraception)

Risk Assessment

The risk assessment focuses on information regarding the likelihood of exposure to a STI and may include:

- Date of last sexual contact (to inform window periods and potential need for future testing)
- Sites used for sexual activity
- Feasibility of contacting sexual partners should they require notification, testing and/or treatment
- Sexual and drug use practices of sexual contacts (if known)
- STI and HIV status of sexual contacts (if known)
- Possible exposure to blood borne infections
- Candidate for and/or individual-request for HIV PrEP (see https://www.bccfe.ca/hiv-pre-exposure-prophylaxis-prep)
- Candidate for PEP with high-risk exposure within past 72 hours (see https://www.bccfe.ca/post-exposure-prophylaxis)

Signs and Symptoms Associated with STIs

- Often asymptomatic presentation
- Abnormal urethral, genital and/or rectal discharge
- Pain with intercourse (dyspareunia)
- Urinary abnormality – dysuria, frequency, urgency, colour, odour
- Anogenital irritation and inflammation
- Lesions (oral and/or anogenital)
- Bleeding with intercourse or between menstrual cycles
- Fever, lower back pain, deep dyspareunia

Physical Assessment (when indicated)

Physical assessment may include:

- Inspection of the mouth and throat (e.g., for lesions, redness, swelling)
- Inspection of the trunk, forearms and palms (e.g., for signs of rash, lesions)
- Inspection of the external genital, pubic, and perianal areas, (e.g., for bleeding, discharge, irritation, lesions, rash, etc.)

- Palpation of the inguinal nodes (for swelling/tenderness)
- Inspection of the legs and soles of the feet (e.g., for signs of rash, lesions)

Additional Physical Assessments

Engaging in shared decision-making with individuals during a genital exam is essential, involving them in decisions about the exam's necessity, timing, and approach. This includes careful consideration of client comfort, capacity, and informed consent within the context of STI assessment and risk.

Penile and Scrotal Anatomy (if applicable)

- Inspection of urinary meatus for:
    - Redness and/or swelling
    - Discharge (e.g., mucoid, mucopurulent, purulent)
- Palpation of testicles for tenderness or abnormal lumps

Vulvar and Vaginal Anatomy (if applicable)

A pelvic exam can consist of 3 main components:

- External exam
- Speculum exam
- Bimanual exam

Refer to PHSA's *Pelvic Exam DST* when offering or performing a speculum or bimanual exam*. Referral to the PHSA Pelvic Exam DST is not required for external exams or for provider or client collected vaginal swabs without a speculum.

- External exam
    - inspection of the pubic and perianal areas and inguinal node palpation
    - Inspect vulva (e.g., redness, swelling, lesions, etc.), introitus, and vagina (e.g., redness, swelling, lesions, hypergranulation)
- Speculum exam (internal exam)

  Assess vaginal discharge for:
    - Amount, consistency, colour, and odour (e.g., copious, mucoid, purulent, thick, frothy, malodorous, amine odour)
    - pH if indicated
    - Presence of foreign object (i.e., tampon, condom, drugs, etc.)

- Bi manual exam
  Assess for:
  - Cervical motion tenderness (CMT)
  - Adnexal tenderness and or masses
  - Fundal tenderness and or fullness

*The PHSA Pelvic Exam DST indicates that individuals who have not reached menarche are out of scope for RN and RPN provided pelvic exams; this is not a contraindication for certified practice nurses (RN(C)s). For individuals who have not reached menarche and may require a pelvic exam, assess what parts of the exam can be conducted without delaying care.

Shared decision-making with clients when performing a pelvic exam is essential, with consideration for client comfort, capacity, and consent in context of STI assessment and risk. A speculum examination in a prepubertal client in the clinic setting is NOT appropriate as the vaginal tissue is hypoestrogenic and there is a risk for pain, discomfort, and/or tissue damage. The onset of female puberty is marked by thelarche (breast budding), followed by pubarche (pubic hair development), growth spurt, and finally, menarche. Menarche typically occurs 2-3 years after thelarche.

If delayed menarche is a concern, ensure the individual is connected to appropriate care or referred for follow-up.

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Diagnostic and Screening Tests

As part of routine screening, individuals should be offered gonorrhea (GC), chlamydia (CT), syphilis, and HIV testing. In addition, further diagnostic testing is completed based on the sexual health history, risk assessment, and presentation of symptoms. *Appendix B* provides a list of commonly used acronyms found in this table.

Site-Based STI Testing Options

Site	Asymptomatic	Symptomatic	Notes
Throat (when indicated; see notes)	GC/CT NAAT	GC C&S	Collect C&S first Collected on symptomatic individuals and/or those named a contact to GC regardless of symptoms
		GC/CT NAAT	Collect throat swabs for mouth to penis oral sex
Site	**Asymptomatic**	**Symptomatic**	**Notes**
Penile urethra (with or without phalloplasty or metoidioplasty with urethral lengthening)	GC/CT NAAT urine	GC C&S	Collect visible discharge from the meatus (ask individual to milk if necessary); insertion of the swab into the urethra is *not* required.
		GC/CT NAAT urine	

Site	Asymptomatic	Symptomatic	Notes
Vagina (with cervix) Refer to PHSA's *Pelvic Exam DST*	GC/CT NAAT: vaginal **(preferred)** OR cervical OR urine	GC C&S: cervical **(preferred)** OR vaginal	Collect C&S first, then NAAT for contacts of GC (asymptomatic and symptomatic clients)
		GC/CT/ Trich NAAT vaginal **(preferred)** OR cervical OR urine	
	Cervical cancer screening (HPV or PAP as indicated)	Vaginal smear for BV and yeast	*If on testosterone:* Refer for comprehensive yeast and bacterial culture. *If not on testosterone:* Nugent score/gram stain or clue cells (Amsel's Criteria).
		Vaginal pH	pH strips are ineffective in the presence of blood.
		Vaginal KOH whiff test	For BV, clinical diagnosis can be by either a positive KOH whiff test OR if obvious amine odour in the absence of such a test.
		Urine dipstick and/or urinalysis with suspected lower UTI	Refer to *DST 910: Care and Treatment Plan: Uncomplicated Lower UTI* to rule-out complicated lower UTI for consultation/referral information. If pt is menstruating, RBCs will be inaccurate.

Site	Asymptomatic	Symptomatic	Notes
		Urine pregnancy test	Consider window periods. Possible false positive within 4 weeks of therapeutic abortion, spontaneous abortion, and delivery.
Vagina after hysterectomy (no cervix) Refer to PHSA's *Pelvic Exam DST* and the BCCA *Screening of the Cervix* to determine recommendations for clients with removal of cervix	GC/CT/Trich NAAT: urine **(preferred)** OR vaginal	GC C&S: vaginal	Collect C&S first, then NAAT for contacts to GC (asymptomatic and symptomatic clients).
		GC/CT/Trich NAAT: urine **(preferred)** or vaginal	
		Trich NAAT (if not done with GC/CT) vaginal OR urine	Samples obtained for Trich NAAT, and processed by the BCCDC PHL, will be done using the same sample (cervical/vaginal swab or urine) submitted for GC and CT testing. NB: Refer to the *DST 909:Care and Treatment Plan: Trichomoniasis* for further testing options.
		Vaginal smear for BV and yeast	*If on testosterone*: Refer for comprehensive yeast and bacterial culture. *If not on testosterone*: Nugent score/gram stain or clue cells (Amsel's Criteria).
		Vaginal pH	pH strips are ineffective in the presence of blood.

Site	Asymptomatic	Symptomatic	Notes
Vagina after hysterectomy (no cervix) cont.		Vaginal KOH whiff test	For BV, clinical diagnosis can be by either a positive KOH whiff test OR obvious amine odour in the absence of such a test.
		Urine dipstick and/or urinalysis with suspected lower UTI	Refer to *DST 910: Care and Treatment Plan: Uncomplicated Lower UTI* to rule-out complicated lower UTI for consultation/referral information.
Site	**Asymptomatic**	**Symptomatic**	**Notes**
Vagina after vaginoplasty If pain, discharge, or bleeding occur in the early post-operative period, consult with an experienced clinician: • **RACE line:** 604.696.2131 or toll-free 1.877.696.2131; select "Transgender Health' • **Trans Care BC:**	GC/CT NAAT: urine	GC/CT/Trich NAAT urine	
		T. vaginalis NAAT (if not done with GC/CT NAAT) urine	Samples that are obtained for T. vaginalis NAAT, and processed by the BCCDC PHL, will be done using the same sample (urine) submitted for GC and CT testing.
		Urine dipstick and/or urinalysis with suspected lower UTI	Refer *to DST 910: Care and Treatment Plan: Uncomplicated Lower UTI* to rule-out

Site	Asymptomatic	Symptomatic	Notes
1.866.999.1514 or transcareteam@phsa.ca			complicated lower UTI for consultation/referral information.
		Refer and/or consult for comprehensive yeast and bacterial culture	Clients who have had vaginoplasty require a comprehensive yeast and bacterial culture to diagnose bacterial vaginosis.
Rectum	GC/CT NAAT	GC C&S	Collect C&S first Collected on symptomatic individuals and/or those named a contact to GC regardless of symptoms
		GC/CT NAAT	Indicated for clients who have had receptive anal penetration (including penetrative sex with toys).
		HSV PCR or NAAT	If clinically suspicious of HSV, refer to HSV *Non-certified Practice DST* and consult or refer with a physician or NP as needed
Genital and/or oral ulcers or lesions Note: All syphilis lesion specimens should be		HSV PCR swab	If clinically suspicious of HSV, refer to HSV *Non-certified Practice DST* and consult or refer with a physician or NP as needed
		CT NAAT for LGV	Refer to a physician or NP for individuals presenting with suspected LGV.

Site	Asymptomatic	Symptomatic	Notes
accompanied by serology (see below).		Syphilis PCR or NAAT (for oral or genital lesions) swab of the lesion(s)	
Serology	Syphilis EIA	Syphilis EIA	See Syphilis DST for further serology recommendations
	HIV Ag/Ab (4th generation)	HIV (Ag/Ab 4th generation)	If acute HIV infection is suspected, contact the medical microbiologist on call at BCCDC (604.661.7033) to discuss if HIV RNA testing is an option.
	HIV point-of-care (POC) (Ab 3rd generation)	HIV POC (Ab 3rd generation)	POC involves finger-prick blood specimen (not venipuncture per se); See *BC Point of Care HIV Testing Program* website for further information. Confirmatory testing (4th generation serology lab test) is required for all "preliminary positive" results.
		HSV IgG; HSV type-specific serology (TSS)	Refer to HSV DST for information on when type specific HSV TSS is indicated

Hepatitis A, B, & C Serology Testing

Hepatitis A Serology: General Information	Testing Recommendations	Serological Tests
• HAV infection is primarily transmitted by the fecal-oral route. The most common transmission pathway is through the consumption of food or water contaminated with infected feces. Transmission can also occur through close physical contact resulting in the oral ingestion of contaminated feces (e.g., rimming). For further information, see *BCCDC CDC Manual: Chapter 1 -*	• HAV serologic testing is only recommended in the following scenarios where there has been no prior hepatitis A vaccine series: ○ Presenting with signs and symptoms suggestive of acute hepatitis ○ Chronic hepatitis B or hepatitis C infection ○ Chronic liver disease (e.g., cirrhosis) ○ Individuals with haemophilia A or B receiving plasma-derived replacement clotting factors and testing negative for anti-HAV IgG	• Include the following serologic tests: • Signs and symptoms: ○ Anti-HAV Total and Anti-HAV IgM • Screening: ○ Anti-HAV Total

Hepatitis A and *BCCDC CDC Manual: Chapter 2 - Immunization.*		
Hepatitis B Serology: General Information	**Testing Recommendations**	**Serological Test**
• HBV is a blood-borne virus that is highly transmissible via perinatal, percutaneous or sexual exposure to a HBV infected person's blood and/or body fluids. HBV infection is most commonly acquired through sexual contact, injection drug use, and perinatal exposure from mother-to-infant. • For further information, see *BCCDC CDC Manual: Chapter 1 – Hepatitis B* and *BCCDC CDC Manual: Chapter 2 - Immunization.*	• Indications for HBV serologic testing in the absence of a prior full hepatitis B vaccine series includes: ○ HIV or HCV infection ○ Individuals who engage in illicit drug use Sexual partner or household contact of someone with acute or chronic HBV infection ○ Recent sexual assault (refer to PHSA's *Prophylaxis Post Sexual Assault DST*) ○ Unprotected sex and/or multiple sex partners	• Include the following serologic tests: ○ HBsAg ○ Anti-HBs ○ Anti-HBc Total For further information, see *BCCDC CDC Manual: Chapter 1 – Hepatitis B* and *BCCDC CDC Manual: Chapter 2 - Immunization.*

Hepatitis C Serology: General Information	**Testing Recommendations**	**Serological Test**

• HCV is a blood-borne virus that is highly transmissible via percutaneous exposures to infectious blood. Per mucosal transmission may occur if blood is present but is not as efficient.
• Indications for testing in a sexual health/harm reduction context may include:
  ○ Sharing of injection and/or non-injection drug equipment (e.g., crack pipes, cocaine straws)
  ○ Diagnosis of HBV (chronic or acute), HIV, or STIs where sores and lesions are present such as Lymphogranuloma
	• Indications for testing in a sexual health/harm reduction context may include:
	  ○ Sharing of injection and/or non-injection drug equipment (e.g., crack pipes, cocaine straws)
	  ○ Diagnosis of HBV (chronic or acute), HIV, or STIs where sores and lesions are present such as Lymphogranuloma venereum (LGV) and syphilis
	  ○ Repeated condomless sexual contact with person(s) where there is a possibility of blood exchange (e.g., rough sex causing mucosal tearing)
	  ○ Tattooing, body piercing, and/or acupuncture in unregulated premises where unsterile equipment and/or improper technique is used
	  ○ Recent sexual assault (refer to PHSA's *Prophylaxis Post Sexual Assault DST*)
		• For individuals with ongoing hepatitis C related risk factors, annual screening is recommended. Include the following serologic tests:
		  ○ Anti-HCV
		  ○ HCV RNA – only if previous anti-HCV positive

venereum (LGV) and syphilis • For further information on HCV, screening, risk factors and/or laboratory and testing information, refer to the *BCCDC CDC Manual: Chapter 1 - Hepatitis C*		

Methods of Specimen Collection

1. **Throat, vaginal, cervical, rectal swabs**
   - Clinician- or self-collection
2. **Urine specimens**
   - Individuals should not have voided in the previous 1-2 hours
   - Collect approximately 10-20ml of first-pass urine
   - Used when cervical or vaginal specimens are not desired or appropriate
3. **Urethral specimens**
   - When visible discharge is present at the meatus, collect discharge (ask individual to milk penis if necessary); insertion of the swab into the urethra is not required

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More recent editions of any of the items in the References List may have been published since this DST was published. If you have a newer version, please use it.

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Appendix A

Glossary of Terms

Accommodation: A principle about structuring and designing for inclusiveness, adjustments made to policies, programs, and/or practices to enable individuals to benefit from and participate in the provision of services equally.

Equity: The practice of ensuring fair, inclusive, and respectful treatment of all peoples, with consideration of individual and group diversities. Equity honours and accommodates the specific needs of individuals/groups.

Gender: Socially and culturally constructed roles, behaviours, actions, expressions, roles, and identities linked to girls, women, boys, men, transgender, gender-diverse, and two-spirit peoples.

Gender-diverse: Gender roles and/or expressions that do not follow social and cultural expectations, norms, and stereotypes of gender. People who are gender-diverse may or may not identify as transgender; sometimes also referred to as gender nonconforming, gender-variant, etc.

Hypergranulation: Occurs when there is an extended inflammatory response and characterised by the appearance of light red or dark pink flesh that can be smooth, bumpy, or granular. Most commonly present beyond the surface of incision sites post-vaginoplasty.

Hysterectomy: A surgical procedure to remove all or part of the uterus, and sometimes the cervix; is also a gender-affirming, masculinizing lower surgery.

Inclusive: an approach that aims to reach-out to and include all people, honouring the diversity and uniqueness, talents, beliefs, backgrounds, capabilities, and ways of living of individuals and groups.

Metoidioplasty: A gender-affirming, masculinizing, lower surgery to create a penis and scrotum, done by cutting ligaments around the clitoris to add length to the shaft, grafting skin around the shaft to create added girth, lengthening the urethra so one can urinate from the shaft, and creating a scrotum.

Phalloplasty: A multi-phase gender-affirming, masculinizing, lower surgery to create a penis and scrotal sac, testicular implants, and implants to obtain rigidity/erection.

Syndemic: For the purpose of this guideline, syndemics is the presence of two or more epidemics interacting and creating an increase in disease burden based on social conditions that sustain vulnerability. Syndemics generally occur when health-related changes cluster by person, place, or time.

Transgender: An umbrella term used to describe anyone whose gender identity differs from the gender they were assigned at birth, including transgender people with binary and non-binary identities.

Two-spirit: Taken during colonization, two-spirit is being reclaimed as a term used within some Indigenous communities to encompass sexual, gender, cultural, and/or spiritual identities. It reflects complex understandings of gender and sexuality, and the long history of sexual- and gender-diversity that is specific to each nation. Two-spirit is different than identifying as LGBTQ+ and being indigenous due to the cultural, spiritual, and historical contexts of this identity.

Vaginoplasty: A gender-affirming, feminizing, lower surgery to create a vagina and vulva (mons, labia, clitoris, and urethral opening) by inverting the penis, scrotal sac, and testes.

Appendix B

Commonly Used Acronyms

Acronym	Definition
BV	Bacterial vaginosis
C&S	Culture and sensitivity
CT	Chlamydia
EIA	Enzyme immunoassay
GC	Gonorrhea
HAV	Hepatitis A
HBV	Hepatitis B
HCV	Hepatitis C
HIV	Human immunodeficiency virus
HPV	Human papillomavirus
KOH	Potassium hydroxide
LGV	Lymphogranuloma venereum
NAAT	Nucleic acid amplification testing
PCR	Polymerase Chain Reaction
Trich	Trichomoniasis