
February 7, 2012

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

**Re: Revisions to the Communicable Disease Control Manual –
Chapter 5 Sexually Transmitted Infections**

Please note the following changes to the Communicable Disease Control Manual – Chapter 5 Sexually Transmitted infections:

(1) Gonorrhea Treatment Changes

In response to increasing gonococcal antimicrobial resistance being observed in Canada and globally, please note the following guideline amendments for the treatment of gonorrhea infection and sexually transmitted infection (STI) syndrome management when covering for presumptive gonorrhea:

- transition to ceftriaxone 250 mg IM as a single dose as the first choice treatment for men who have sex with men (MSM) and for all pharyngeal gonorrhea infections
- addition of lidocaine 1% *without* epinephrine as the diluent for ceftriaxone to reduce injection site pain
- increase of cefixime treatment for non-MSM, females, and non-pharyngeal gonorrhea from 400 mg to 800 mg PO as a single dose
- increase of cefixime from 400 to 800 mg PO as a single dose for treatment of contacts of non-MSM
- transition to ceftriaxone 250 mg IM as a single dose for treatment of contacts of MSM
- change in the co-treatment of gonorrhea to cover chlamydia from doxycycline 100 mg BID PO x 7 days as the first choice to azithromycin 1 gm PO x 1 stat dose. Due to the increase in minimum inhibitory concentration (MIC) of cefixime noted in client populations who are MSM, the preferred co-treatment for chlamydia coverage in cases of gonorrhea is azithromycin as it further potentiates the treatment of gonorrhea.

Administrative Circular 2012:02

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

(1) Gonorrhea Treatment Changes (continued):

- addition of test of cure (TOC) with a gonorrhea culture taken no sooner than 7 days following treatment for:
 - all pharyngeal infections
 - persistent symptoms or signs post-therapy
 - clients who were treated with a medication regimen other than the first choice treatment
 - clients who received antibiotics when linked to a client case who had treatment failure or demonstrated resistance to the same antibiotic

CRNBC will be releasing updates to the certified practice decision support tools (DSTs) shortly. All certified practice RNs are to maintain current practice until notification of the release of the updated certified practice DSTs by CRNBC.

The non-certified practice DSTs updated in this administrative circular all require a referral by RNs to a physician or nurse practitioner and the use of these DSTs may commence immediately.

Please remove the following page from the Communicable Disease Control Manual, Chapter 5 Sexually Transmitted Infections, Section I – STI:

- BCCDC Non-certified practice decision support tool – Epididymitis (August 2009).
- BCCDC Non-certified practice decision support tool – Pelvic Inflammatory Disease (April 2010)
- BCCDC Non-certified practice decision support tool – Proctitis (August 2009).
- Table of Contents dated September 2011

Please insert the following updates to the Communicable Disease Control Manual, Chapter 5 Sexually Transmitted Infections, Section I – STI.

- BCCDC Non-certified practice decision support tool – Epididymitis (February 2012).
- BCCDC Non-certified practice decision support tool – Pelvic Inflammatory Disease (February 2012)
- BCCDC Non-certified practice decision support tool – Proctitis (February 2012).
- Safe Use of 10% Potassium Hydroxide in Screening for Sexually Transmitted Infections dated January 2012
- Table of Contents dated January 2012

Teleconferences facilitated by BCCDC Clinical Leadership members will be available on the following dates to provide support practitioners in this treatment evolution.

- Thursday February 23, 2012 2:30 to 3:30pm

Dial-in Phone Numbers:

1-877-291-3022 Toll Free - North America

604-681-0455 Vancouver Local

Participant Access code: 9066515

(2) Safe Use of Potassium Hydroxide (KOH)

In response to questions from certified practice registered nurses regarding the safe use of 10% potassium hydroxide (KOH) in STI screening, please note the addition of the document titled ***Safe Use of 10% Potassium Hydroxide in Screening for Sexually Transmitted Infections*** located in Chapter 5 under STI Section I Supporting Documents for STI Clinical Practice available at: http://www.bccdc.ca/NR/rdonlyres/22E4E058-DA69-4B54-AFD7-9510618D907D/0/BCCDC_CPS_STI_KOH_20120119.pdf

If you have any questions regarding these practice changes, please contact Elizabeth Elliot, Director, Nursing & Manager, Professional Practice at 604-707-5618, or Cheryl Prescott, Nurse Educator, Clinical Prevention Services at 604-707-5651.

Sincerely,



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Clinical Prevention Services
BC Centre for Disease Control

pc: Ministry of Health

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