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Date: **March 31, 2015** **Administrative Circular: 2015:02**

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) **BCCDC DECISION SUPPORT TOOL – PELVIC INFLAMMATORY DISEASE (PID) – Updated – Discard and Replace Entire DST**

- **page 1 - *Definition*** – included: "*RNs (including certified practice RNs) must refer to a physician or nurse practitioner (NP) all clients who present with suspected PID as defined by pelvic tenderness and lower abdominal pain during the bimanual exam*."

- **page 1 – *Potential Causes*** – revised introduction: "Most cases of PID can be categorized as sexually transmitted or endogenous and are associated with more than one organism or condition including:"

- **page 2** – ***Predisposing Risk Factors*** – revised third bullet: "procedures involving the upper female genital tract including:"

- **page 2 – *Typical Findings*** – *Physical Assessment* – Cardinal Signs – revised second bullet: "abnormal bimanual pelvic examination that includes one or a combination of the following findings: adnexal tenderness, fundal tenderness, cervical motion tenderness."

- **page 3 – *Differential Diagnosis* –** removed heading. Replaced with "*Special Considerations*."

- **page 3 – *Diagnostic Tests* –** removed: "cervical swab for NAAT (GC/CT)." Replaced with "cervical or vaginal swab for nucleic acid amplification test (NAAT) for GC and CT."

- **page 4 – *Clinical Evaluation*** – removed: "*Certified practice RNs must refer to a physician or nurse practitioner all clients who present with suspected PID as defined by pelvic tenderness and lower abdominal pain during the bimanual exam.*" Replaced with: *"Immediately refer all clients who present with suspected PID to a physician or NP for immediate assessment and treatment to avoid complications."*

- **page 4 – *Clinical Evaluation*** – *Note* – removed: "If an IUD is present, removal of the device is not recommended until after antibiotic therapy has been initiated and at minimum 2 doses of antibiotics have been taken.*"* Replaced with: "When indicated, IUD removal is managed by a physician or NP. For moderate PID, IUD removal during treatment is not necessary unless there is no clinical improvement 72 hours after the onset of recommended antibiotic treatment."

- **pages 5&6 – *Treatment of Choice* –** *Notes* – removed: "DO NOT USE azithromycin if history of allergy to macrolides" and "Azithromycin is associated with a significant incidence of gastrointestinal adverse effects. Taking medication with food or administering prophylactic anti-emetics may minimize adverse effects."

- **page 6 – *Treatment of Choice* –** *Second Choice Treatment for PID WITHOUT Bacterial Vaginosis* removed: "cefixime 800 mg PO in a single dose and azithromycin 1 gm PO in a single dose repeated in 1 week (2 doses of 1 gm PO each given 7 days apart) *OR* ceftriaxone 250 mg IM and azithromycin 1 gm PO in 1 week (2 doses of 1 gm PO each given 7 days apart)."

- **page 6 – *Treatment of Choice* –** *Second Choice Treatment for PID WITH Bacterial Vaginosis* removed**: "**cefixime 800 mg PO in a single dose and azithromycin 1 gm PO in a single dose repeated in 1 week (2 doses of 1 gm PO each given 7 days apart) *OR* ceftriaxone 250 mg IM and azithromycin 1 gm PO in 1 week (2 doses of 1 gm PO each given 7 days apart)."

- **Page 7 –*Monitoring and Follow-Up* –** removed: "Clients treated for PID should return to clinic for repeated assessment (bimanual exam) to ensure pelvic tenderness is resolving 2-3 days after the onset of treatment and again 4-7 days after treatment is completed." Replaced with: "recommend the client return for reassessment or seek medical care if symptoms have not resolved by 3-7 days

after the onset of treatment; advise the client to seek urgent medical care if symptoms worsen; refer to a physician or NP at reassessment if the client's symptoms are unresolved; if test results are positive for gonorrhea and/or Chlamydia, refer to the appropriate DST for follow-up."

- **page 8 – *Client Education* –** removed: "to return for follow up assessment for pelvic tenderness in 48 to 72 hours after first visit and 4 to7 days after treatment is finished" and "regarding the importance of revisiting health care provider if symptoms worsen or persist." Replaced with: "to seek medical care for reassessment of pelvic tenderness in 3-7 days if symptoms are not resolving" and "regarding the importance of seeking immediate medical care if symptoms worsen."

- **pages 9 & 10** – ***References*** – updated.

(2) **BCCDC DECISION SUPPORT TOOL – EPIDIDYMITIS – Updated – Discard and Replace Entire DST**

- **page 1 – *Definition*** – included: "*RNs (including certified practice RNs) must refer to a physician or nurse practitioner (NP) for all clients who present with suspected epididymitis*."

- **page 1 – *Typical Findings* –** *Sexual Health History* **–** removed: "sexual contact(s) diagnosed with an STI in past 60 days." Replaced with "sexual contact(s) diagnosed with an STI."

- **page 2 – *Differential Diagnosis*** – removed heading. Replaced with: "*Special Considerations*."

- **page 3 – *Diagnostic Tests* –** removed: "midstream urine for microscopy & culture."

- **page 3 – *Clinical Evaluation*** – removed: "*Certified practice RNs must refer to a physician or nurse practitioner for all clients who present with suspected epididymitis.*" Replaced with "*Immediately refer all clients who present with suspected epididymitis to a physician or NP*."

- **pages 4 – *Treatment of Choice* –** *Notes* - removed**: "**Do NOT USE azithromycin if history of allergy to macrolides."
- **pages 4 & 5 –*Treatment of Choice* –** *Men who have sex with men (MSM)* -

removed. Treatment recommendations apply to all client populations (MSM and non-MSM).

- **page 5 –*Treatment of Choice –*** *Second Choice Treatment* - removed: "cefixime 800 mg PO in a single dose and azithromycin 1 gm PO in a single dose and 1 gm PO in a single dose in 1 week (for a total of 2 doses given 7 days apart) *OR* ceftriaxone 250 mg IM in a single dose and azithromycin 1 gm PO in a single dose and 1 gm PO in a single dose in 1 week (for a total of 2 doses given 7 days apart)."

- **page 6** – ***Monitoring and Follow Up –*** revised. Removed points 1-4. Replaced with: "recommend the client return for reassessment or seek medical care if symptoms have not resolved by 3-7 days after the onset of treatment; advise the client to seek urgent medical care if symptoms worsen; refer to a physician or NP at reassessment if the client's symptoms are unresolved; if test results are positive for gonorrhea and/or Chlamydia, refer to the appropriate DST for follow-up."

- **page 6** – ***Client Education*** – revised first bullet; "to return for reassessment if symptoms have not resolved by 3-7 days after starting treatment and seek urgent medical care if symptoms worsen."

- **page 8 – *References*** – updated

(3) **BCCDC DECISION SUPPORT TOOL – PROCTITIS – Updated – Discard and Replace Entire DST**

- **page 1 – *Definition*** – included: "*RNs (including certified practice RNs) must refer to a physician or nurse practitioner (NP) all clients who present with suspected proctitis*."

- **page 2 – *Differential Diagnosis –*** removed heading. Replaced with "*Special Considerations*."

- **page 3 – *Diagnostic Tests –*** revised introduction: "It is recommended that all cases of suspected proctitis receive an anoscopic examination as part of the overall STI assessment. However, where anoscopy is not present or available, certain specimens can be collected via blind swab."

- **page 3 – *Diagnostic Tests –*** revised. Includes specimen collections

appropriate for blind swab and those that are not appropriate for blind swab. Language for specimen collection changed from “anal swab” to “rectal swab.”

- **page 3 - *Diagnostic Tests*** – included: “PCR for syphilis (collected if kits are available and suspected lesion is present).”

- **pages 4 & 5 –*Treatment of Choice –*** *Men who have sex with men (MSM)* - removed. Treatment recommendations apply to all client populations (MSM, non-MSM and women).

- **page 6 – *Monitoring and Follow UP*** – revised. Removed points 1-4. Replaced with: *“*recommend the client return for reassessment or seek medical care if symptoms have not resolved by 3-7 days after the onset of treatment; advise the client to seek urgent medical care if symptoms worsen; refer to a physician or NP at reassessment if the client’s symptoms are unresolved; if test results are positive for gonorrhea and/or Chlamydia, refer to the appropriate DST for follow-up.”

- **page 6 – *Client Education* –** included: “to return to the clinic or seek medical care in 3-7 days if symptoms have not resolved” and “to seek immediate medical care if symptoms worsen.”

- **page 8 - *References*** – updated.

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 – Pelvic Inflammatory Disease (PID) March 2012 (pp. 1-10)

- BCCDC Non-certified practice decision support tool – Epididymitis Feb 2012 (pp. 1-7)

- BCCDC Non-certified practice decision support tool – Proctitis March 2012 (pp.1-7)

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 – Pelvic Inflammatory Disease (PID) March 2015 (pp. 1-10)
- BCCDC Non-certified practice decision support tool – Epididymitis March 2015 (pp. 1-8)
- BCCDC Non-certified practice decision support tool – Proctitis March 2015 (pp. 1-8)

If you have any questions regarding these practice changes, please contact Cheryl Prescott, Nurse Educator, Clinical Prevention Services at 604-707-5651 cheryl.prescott@bccdc.ca or Manav Gill, Manager Public Health & Education Services, Clinical Prevention Services at 604-707-2746 manav.gill@bccdc.ca.

Sincerely,

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