Date:       June 21, 2018                              Administrative Circular: 2018:09

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 (CDC) Manual – Chapter 5:  
      Sexually Transmitted Infections: Section 1: STIs

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

(1) BCCDC Non-Certified Practice Decision Support Tools – Updated. Please discard and  
replace the following with *Dispensing Prophylactic Medications Post Sexual Assault (June 2018)*:

- *Dispensing Prophylactic Medications Post Sexual Assault (June 2012)*

(2) BCCDC Non-Certified Practice Decision Support Tools – Updated. Please discard and  
replace the following with *Core Nursing Practice Competencies for Dispensing Prophylactic Medications Post Sexual Assault (June 2018)*:

- *Competencies for Dispensing Prophylactic Medications Post Sexual Assault by CRNBC Sexually Transmitted Infection Certified Practice Registered Nurses (October 2011)*

Changes in *Dispensing Prophylactic Medications Post Sexual Assault (June 2018)* include:

- Focus on a client-centered, trauma informed approach to promote safe and equitable care;
- Terminology, language and practice that respects and includes both gender and cultural diversity and awareness, including a move from gender-based to site-based testing;
- Expanded *Application Parameters* to include likelihood of non-certified practice designation nurses providing care to sexual assault survivors. In addition, to align with the recently revised Pelvic Exam DST, further application parameters were included for referral or a consult to a physician or nurse practitioner;
• More fulsome sexual health/assault history section – addition of type and nature of assault, date and time of assault, number of assailants, human papilloma virus (HPV) and hepatitis A virus (HAV) immunization history/status;
• Offering of vaccination and/or education for HPV and HAV – to align with current BC Immunization Guidelines for provincially funded vaccines;
• Change of wording from diagnostic tests to screening tests;
• Creation of a Table to present serological and specimen collection and accompanying notes;
• Updates and formatting to align with recent revisions and changes made to the certified practice DSTs scheduled for submission to CRNBC in September of 2018. Updates include:
  o Support to offer self-swab specimen collection to align with the provision of client-centered care, and recent validation of this method of specimen collection;
  o Reference to 4th generation HIV screening - the current standard for baseline HIV serological testing in the province;
  o Inclusion of Trichomonas vaginalis testing (where available) to align with inclusion of this organism on the BC Public Health Laboratory testing panel;
  o Increase to the scope and breadth of the “Treatment of Choice” table as per other DSTs. Examples include:
    o Addition of ceftriaxone and azithromycin as first choice treatment with inclusion of allergy and administration notes for IM ceftriaxone
    o Move of cefixime and doxycycline as 2nd choice treatment
    o Move of azithromycin 2 gm as 3rd choice treatment
    o Retreatment for clients who have missed 2 or more consecutive doses of doxycycline
    o Referral to the STI medication handouts for further medication or client information
    o **Change of wording:** “DO NOT USE ceftriaxone or cefixime if history of allergy to cephalosporins. Consult with or refer to a physician or NP if history of anaphylaxis or immediate reaction to penicillins”. From “do not use cefixime if allergic to penicillin or cephalosporins”.
    o Addition of recent data regarding azithromycin and QT prolongation
Updates to references and hyperlinks. This includes updates to all current BCCDC Guidelines (ex. Guidelines for Testing, Follow up, and Prevention of HIV - October 2016, Hepatitis B – December 2017, Blood and Body Fluid Exposure Management Guidelines (BBFE) – October 2017), as well as to relevant non-BCCDC Guidelines (ex. BC-CfE HIV Post-Exposure Prophylaxis (PEP) Guidelines - May 2017, CRNBC legislation). As a consequence, this DST also includes updates to current treatment and diagnostic practices which include:

- Provision of HIV Post Exposure Prophylaxis (PEP) up to 72 hours (from 36 hours);
- Inclusion of a link to Consultation Sites for PEP;
- In instances where the assailant is known to be HIV positive, or is identified as “high risk” for HIV infection, contact the medical microbiologist at BCCDC (604-661-7033) to discuss if HIV RNA testing is an option;
- Follow-up serology as per BBFE guidelines

- Consideration or offering of prophylactic syphilis treatment to align with other existing guidelines and the current landscape of syphilis epidemiology in the province.
- Update to emergency contraception (EC) including timelines for offering and type of EC to offer (ie. Oral hormonal vs. IUD)
- Enhanced *Monitoring and Follow-Up* to include a Test of Cure if treatment other than the recommended first choice was used as well as return for immunizations according to the recommended schedule
- Three appendices were added to this revision of the DST:
  - Appendix A: Flow diagram outlining follow-up for clients post sexual assault
  - Appendix B: Definitions
  - Appendix C: Client resources

Please remove the following sections from the CDC Manual: Chapter 5: Section 1: STIs:

- *Dispensing Prophylactic Medications Post Sexual Assault (June 2012)* (pp1-9)
- *Competencies for Dispensing Prophylactic Medications Post Sexual Assault by CRNBC Sexually Transmitted Infection Certified Practice Registered Nurses (October 2011)*
Please insert the following updated section to the CDC Manual: Chapter 5: Section 1: STIs:

- Dispensing Prophylactic Medications Post Sexual Assault (June 2018) (pp 1-21)
- Core Nursing Practice Competencies for Dispensing Prophylactic Medications Post Sexual Assault (June 2018)

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

- Dr. Troy Grennan, Medical Head, STI/HIV Program – Clinical Prevention Services
  Troy.Grennan@bccdc.ca
- Geoffrey Ford, Senior Practice Lead, Clinical Prevention Services
  (p) 604-707-5616 or Geoffrey.Ford@bccdc.ca
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A Continued Nursing Education (CNE) webinar to review the changes to the BCCDC Non-Certified Practice Decision Support Tools section of Chapter 5 (CDC Manual) is scheduled for September 6, 2018. The webinar is hosted by PHSA Webcasting Services and is recorded for viewing at a later date. Presentation details include:

Title: Sexual Assault Decision Support Tool Update
Date: Thursday, September 06, 2018
Time: 11:00 AM – 12:00 PM PST
Duration: 1:00:00
Link: http://mediasite.phsa.ca/Mediasite/Play/4cd94faa45a14a6eb5eba5bcf3dc16001d

Sincerely,

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Medical Head, STI/HIV Program – Clinical Prevention Services
BC Centre for Disease Control

pc: Dr. Bonnie Henry  BC Ministry of Health, Population & Public Health Division:
Provincial Health Officer

Dr. Mark Tyndall  Craig Thompson
Executive Medical Director  Director, Immunization
BC Centre for Disease Control, and  Wendy Trotter
Deputy Provincial Health Officer  Executive Director, Public Health Services