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

Re: Revisions to the Communicable Disease Control Manual – Chapter 5: Sexually Transmitted Infections: Section 1: STIs

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

1. Please remove the following sections from the [Communicable Disease Control Chapter 5: Sexually Transmitted Infections](#): Non-Certified Practice Decision

Support Tools for STI

- Candidal Balanitis (Yeast Balanitis) (pp. 1-4)
- Genital Herpes Simplex Virus (HSV) (pp. 1-11)
- Lymphogranuloma Venereum (LGV) (pp. 1-7)
- Molluscum Contagiosum (pp. 1-5)
- Pediculosis pubis (Pubic Lice) (pp. 1-5)
- Scabies (pp. 1-5)
- Syphilis (pp. 1-14)
- Vulvovaginal Candidiasis (VVC) (pp. 1-9)

Please insert the following updated section into the [Communicable Disease Control Chapter 5: Sexually Transmitted Infections](#): Non-certified Practice Decision Support Tools for STI

- Candidal Balanitis (pp. 1-6)
- Herpes Simplex Virus (HSV) (pp. 1-10)
- Lymphogranuloma Venereum (LGV) (pp. 1-8)
- Molluscum Contagiosum (pp. 1-5)
- Pediculosis Pubis (Pubic Lice) (pp. 1-5)
- Scabies (pp. 1-7)
- Syphilis (pp. 1-18)
- Vulvovaginal Candidiasis (VVC) (pp. 1-9)

2. Please note the following updates:



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- **New format, sections include:**
 - Scope
 - Etiology
 - Epidemiology (added to all DSTs)
 - Risk Factors
 - Transmission (added to Syphilis and HSV)
 - Clinical Presentation
 - Physical Assessment
 - Diagnostics and Screening Tests
 - Management
 - Diagnosis and Clinical Evaluation
 - Consultaion and Referral
 - Treatment
 - Monitoring and Follow-up
 - Partner Notification
 - Potential Complications
 - Additional Education
 - References
- **Candidal Balanitis DST**
 - Etiology
 - Added “Not usually sexually transmitted” to Etiology and removed from Risk Factors section
 - Risk Factors
 - Added poor hygiene, taking SGLT2 inhibitors, and individuals with partners with recurrent vulvovaginal candidaias
 - Clinical Presentation
 - For a better description of genital tissue, added “blotchy and shiny”
 - Physical Assessment
 - Added to assess the mobility of foreskin to rule out phimosis or paraphimosis as this is a urologic emergency
 - Additional Education
 - Added proper hygiene for genital skin, including: using mild soaps, avoid over washing, and allowing glans to dry with foreskin retracted
- **Herpes Simplex Virus (HSV)**
 - Epidemiology
 - Removed the old epidemiology statistics and included a general statement as it is not a reportable disease
 - Included HSV-1 & HSV-2 can infect both oral and genital tissue. Most genital infections are caused by HSV-2 but HSV-1 profuces a clinically

similar disease, and the incidence of HSV-1 genital disease is increasing

- Clinical Presentation
 - Added oral symptoms
- Physical Assessment
 - Removed the term “external” from external genitalia as internal genitalia can also be edematous and irritated
 - Added oral: may see severe pharyngitis, and/or painful lesions in mouth or on lips
- Diagnostic and Screening Tests
 - Included to do a complete STI screen, including TP PCR for syphilis and/or CT NAAT swab for LGV
- Treatment
 - Added that HSV is treated with antiviral medication
- Potential Complications
 - Removed neonatal section as outside of RN(C) scope of practice
- Additional Education
 - Added the following:
 - Seek care if they are still experiencing symptoms after one week, treatment duration may need to be extended
 - Treatment options: no treatment, episodic treatment or suppressive treatment
 - Where to access mental health resources to help process the diagnosis as needed
- **Lymphogranuloma venereum (LGV)**
 - Clinical Presentation
 - Added:
 - can mimic inflammatory bowel disease
 - pelvic inflammatory disease
 - Physical Assessment
 - Added:
 - Inspect pharyngeal region for ulceration and inflammation
 - Complete a pelvic exam
 - Complete a penile and scrotal exam
 - Complete an anorectal exam
 - Diagnostic and Screening Tests
 - Added: For individuals presenting with proctitis, cervicitis, pharyngitis, and/or urethritis where history and clinical presentation support probable LGV:
 - Treatment

- Added: At the time of the initial visit (before diagnostic NAATs for chlamydia are available), persons with a clinical syndrome consistent with LGV should be presumptively treated
- **Molluscum Contagiosum**
 - Etiology
 - Included molluscum contagiosum is a viral skin infection caused by molluscum contagiosum pox virus through direct skin-to-skin contact with someone who has the molluscum contagiosum virus, or with an object that has the virus on it
 - Epidemiology
 - Added: molluscum contagiosum is a common skin infection in British Columbia
 - Treatment
 - Added: prior to treatment, a full skin examination should be performed on clients with molluscum to identify all lesions. Incomplete treatment may result in continued autoinoculation and failure to achieve cure
 - Additional Education
 - Avoid electrolysis treatment on an area of skin where molluscum is present
 - Keep lesions clean and wash hands after touching them to avoid autoinoculation
 - Use two towels when drying off – one for skin with molluscum and one for skin without molluscum
 - Get tested for all STIs if Mollusca lesions are present in the genital area, abdomen and/or inner thighs
- **Pediculosis Pubis (Pubic Lice)**
 - Treatment
 - Apply treatment to all areas of suspected infestation and all other areas with thick body hair including the chest, buttocks, axillae, moustache and beard areas
- **Scabies**
 - Physical Assessment
 - Added: “typically 10-15 mites” to provide a comparison to crusted scabies
 - Diagnosis and Screening Tests
 - Included diagnosis can be supported by visual imaging techniques such as dermoscopy or microscopy of skin scrapings from burrows
- **Syphilis**
 - Background

- Specified what is meant by “management of syphilis” to clarify extent of involvement
 - Specified who may be involved in this collaboration – extending to any managing primary care provider, ID, and RNs
- Scope
 - Inclusion of scope for RN(C)s regarding treatment of contacts
- Epidemiology
 - Removed specificity of rates (e.g., rates tied to any given year or population subset)
 - Removed link to Dashboard as the information is not regularly updated
 - Summarized overall epidemiological trend over the course of the past decade, highlighting shift of landscape to females and congenital syphilis cases
- Transmission
 - new inclusion based on PHAC syphilis guide to separate modes of transmission and risk factors
- Risk Factors
 - Updated based on current behavioural and epidemiological risk factors as per the PHAC syphilis guide and local epidemiology
- Clinical Presentation
 - Updated the following:
 - Change of SEL-P nomenclature to LSUD
 - Removal of LSUD as an “infectious” form of syphilis
 - Removal of Tertiary syphilis
 - Addition of congenital syphilis
- Diagnosis/Clinical Evaluation
 - Additional of consult with BCCDC STI Clinic physicians in cases of high clinical suspicion to provide presumptive TX PRN
- Potential Complications
 - Included “untreated syphilis”
- Additional Education
 - Inclusion of HIV-PrEP offer and education for pregnant person
 - Changed – abstain from sexual contact for 7 days after receipt of single-dose Bicillin® L-A (2.4 MU), where applicable until lesions have completely healed. To – For LSUD, abstain from sexual contact for 7 days after receipt of the first set of Bicillin® L-A (2.4 MU). For alternate treatment regimens (e.g., doxycycline), abstain from sexual contact until treatment is completed.
- **Vulvovaginal Candidiasis (VVC)**

- Scope
 - Specified “uncomplicated” VVC in reference to what is in RN(C) scope to diagnose and treat autonomously
 - Included definitions for uncomplicated and complicated VVC
 - Changed definition of recurrent VVC from of ≥ 4 episodes/year to ≥ 3 episodes/year
- Risk Factors
 - Included genetic predisposition to the list as often there is no identifiable etiology present in those prone to recurrent infection
- Diagnostic and Screening Tests
 - Added wet mount microscopy to lab tests as it is considered the gold-standard for supporting clinical diagnosis in many guidelines

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

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Sincerely,



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