

BCCDC STI Screening and Testing Guide: Quick Reference Guide for RN(C)s

Refer to the NNPBC DST-900: Assessment and Diagnostic Guideline: Sexually Transmitted Infections (STI).

For BCCDC Public Health Laboratory (PHL) specimen collection instructions, refer to the eLab Handbook.

Where appropriate, also refer to local laboratory and site guidelines.

Table 1: Routine STI screening and testing based on site of exposure

Collection Sample	Site	Test	Notes
CT/GC NAAT For individuals who are symptomatic and/or are a contact to GC, collect C&S first, then NAAT.	• Throat	GC/CT	 Indicated for individuals who have given oral sex on a penis or share sex toys in the throat
	• Vagina	GC/CT	 Vaginal swab is preferred for vaginal cervix
	• Rectum	GC/CT	 Indicated for individuals who have had receptive anal sex (including penetrative sex with toys)
CT/GC NAAT (urine)	• Urine	GC/CT	 Offered when cervical or vaginal specimens are not desired or appropriate (e.g., individuals who have undergone vaginoplasty or hysterectomy). Individual should not have voided in the previous 1-2 hours. Collect approximately 10-20 ml of first pass urine If urethral C&S swab is indicated, the urine specimen is collected <i>after</i> the urethral swab (see Table 2)

Collection Sample	Site	Test	Notes
	Blood/DrawVenipuncture	Syphilis EIA	• If the EIA is reactive, further confirmatory testing will be automatically completed by the lab
		HIV Ag/Ab (4 th generation)	 If acute HIV infection is suspected, contact the medical microbiologist on call at BCCDC (tel: 604-611-7033) to discuss if HIV RNA testing is an option

Table 2: Diagnostic testing: additional tests for symptomatic individuals and/or contacts to Gonorrhea

Collection Sample	Site	Test	Notes
Contract and a second and a second a se	• Throat	GC	For asymptomatic and symptomatic contacts to GC, collect C&S first, then NAAT
GC Culture For individuals who are	Cervix	GC	 GC C&S cervical is preferred Vaginal GC C&S as an alternate option
symptomatic and/or are a contact to GC, collect C&S first, then NAAT	 Penile Urethra 	GC	 Collect visible discharge from meatus (ask individual to 'milk' penis if necessary); insertion of swab into urethra is not required
	Rectum	GC	 For individuals who are symptomatic and/or are a contact to GC, collect C&S first, then NAAT
Aptima- 2014 Multied Seek Interport Ministrative Seek Verson CT/GC NAAT	• Vagina	Trichomonas vaginalis	 Testing for T. vaginalis is included in the same swab as collected for GC/CT NAAT. It does not require an additional swab This test must be independently selected for on the requisition

Collection Sample		Site	Test		Notes
Vaginal Smear OR	•	Vagina	Bacterial Vaginosis & Vulvovaginal Candidiasis	•	For individuals on testosterone or after vaginoplasty, refer to the <u>STI</u> <u>Assessment and Diagnostic Guideline</u> <u>DST</u> for recommended diagnostic tests
UTM-RT MNN hexperiment U-varians	•	Rectum	Herpes Simplex Virus	•	Use the <u>Zoonotics Diseases &</u> <u>Emerging Pathogens</u> requisition and
	• Genital, Cervical,	Herpes Simplex Virus	•	select box: Treponema pallidum Nucleic Acid Testing If another requisition is used, specify:	
		Oral, ulcers or lesions	Syphilis		Syphilis NAAT swab
Aptima- 27 to Andrew An	•	Genital, Cervical, Rectal, ulcers or lesions	Syphilis	•	Use the <u>Zoonotics Diseases &</u> <u>Emerging Pathogens</u> requisition and select box: Treponema pallidum Nucleic Acid Testing If another requisition is used, specify: Syphilis NAAT swab
			Lymphogranuloma Venereum (LGV)	•	Refer to a physician or NP for all individuals with suspected LGV

Include the following testing options if applicable/indicated	Notes		
Urine dipstick and/or urinalysis with suspected lower UTI	Refer to Uncomplicated Lower UTI DST		
Cervical Screening	Refer to the <u>BC Cancer Health Cervix Screening for Health</u> <u>Professionals Resources site</u>		
Urine Pregnancy Test			