

BCCDC Certified Practice Decision Support Tool – Assessment and Diagnostic Guideline: Sexually Transmitted Infections (STI)

Scope

Registered Nurses with **Reproductive Health – Sexually Transmitted Infections** Certified Practice designation (RN[C]) are authorized to manage, diagnose, and/or treat the following STI conditions, diseases and disorders:

- Bacterial Vaginosis
- Chlamydia Trachomatis
- Genital Warts
- Lower Urinary Tract Infection
- Mucopurulent Cervicitis
- Neisseria Gonorrhoea
- STI contacts
- Syphilis
- Trichomoniasis
- Urethritis / Recurrent Urethritis

In addition to the above conditions, RN(C)s are authorized to order screening/testing for HIV, hepatitis A, B, C, mpox as part of comprehensive STI assessment. This guideline supports RN(C)s in conducting the assessment, screening, and/or diagnostic test(s) to manage, diagnose, and treat the STI conditions, diseases, disorders under the Certified Practice framework. ¹

Context

This guideline aims to assist clinicians in applying an equity lens to STI assessment and care. The principles below guide clinicians in considering the diversity of each individual including their body, culture, gender, sexuality, and their context-specific needs when providing services:

- Care that is trauma- and violence-informed, rooted in cultural safety and humility and committed to anti-Indigenous racism and anti-racism principles
- Knowledge and understanding of the profound impact of STIs in relation to the social determinants of health (SDOH) and syndemics

- Creative and flexible person-led care

By adhering to these principles, the decision support tools (DST) aim to provide more equitable, inclusive, and affirming care for all people, particularly for transgender, gender-diverse, sexually diverse, and Two-Spirit peoples. This is of particular importance as inequities are associated with negative stereotypes which may be associated with higher rates of STIs and non-disclosure of information. Consequently, this may hinder relevant testing, diagnosis, treatment, and the provision of targeted education. As part of these principles, anatomy and site-specific testing language are used throughout this document to strive for safer conversations when assessing and managing STI assessment and care.²⁻⁴

RN(C)s must continually work to address and dismantle the ongoing impacts of racism, colonialism, and anti-Indigenous racism prevalent in BC's health care system. Indigenous-specific racism and discrimination negatively affects Indigenous peoples' access to health care and health outcomes. All nurses should be familiar with and follow the BCCNM [Indigenous Cultural Safety, Cultural Humility and Anti-Racism Practice Standard](#) which sets clear expectations for providing culturally safe and anti-racist care for Indigenous peoples.² RN(C)s are encouraged to work closely with First Nation communities, First Nations Health Authority (FNHA), and Indigenous partners to prevent and reduce the impact of communicable diseases in First Nations communities.

The BCCDC Reproductive Health – Sexually Transmitted Infection Decision Support Tools were developed on the unceded, traditional and ancestral lands of the x^wməθkwəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and sel̓ílwitulh (Tseil-waututh) Nations. The authors express gratitude for the privilege of working on these lands and recognize use of these tools extend across what is colonially known as British Columbia, which includes the homelands of over 200 First Nations, seven major language families, and more than 30 dialects.

This guidance acknowledges the inherent rights of Indigenous Peoples (First Nations, Métis, and Inuit) as outlined in the BC Declaration on the Rights of Indigenous Peoples Act (Declaration Act). The Declaration Act reaffirms the right of Indigenous Peoples to self-determination and self-government.

A glossary of terms used in this document can be found in *Appendix A*.

Visual Summary of Guideline

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Consultation and Referral

Consultation and/or referral with a physician or nurse practitioner (NP) is required for:

- All individuals 11 years and under
- Symptomatic individuals aged 12-13 years
- All pregnant individuals*
*Asymptomatic STI screening can be completed without consultation, but treatment and follow-up require consultation and/or referral. Pregnant individuals can have vaginal swabs or self-swabs completed; if cervical swabs are required consult and/or refer.
- Breast/chest feeding individuals for treatment.

STI Assessment

A comprehensive STI assessment involves obtaining a thorough sexual health history, evaluating risk or exposure factors, a physical assessment (when indicated), identifying signs or symptoms of STIs and determining the appropriate screening and/or diagnostic tests.

Factors Associated with STI Acquisition

Listed below are factors associated with STI acquisition.⁶⁻¹¹

- Any sexual activity with blood and/or body fluid exchange
- Any sexual activity with skin-to-skin contact
- Non-use or failure of barriers for oral, genital, and/or anal sex (e.g., condoms, dental dams, etc.)
- Sharing sex toys without condoms and/or not cleaning between use
- Sexual activity where there is possibility of oral-fecal transmission (e.g., rimming, anal play, etc.)
- Previous history of STI
- Sexual contact with someone with an STI
- Anonymous sexual partner(s) (e.g., internet, bath house, play parties, etc.)
- Trade of money, goods, drugs, food, and/or shelter for sex
- Rough sex causing mucosal tearing
- Substance use, such as alcohol or chemicals, in association with having sex
- Sharing drug use paraphernalia: pipes, intra-nasal, and injecting equipment

Sexual Health History

The sexual health history focuses on information relevant to sexual health, and may include: ^{6-10, 13, 14}

- Presenting concerns
- Demographic information and methods of contact
- Assessment of signs and symptoms
 - Onset
 - Duration and frequency
 - Location
 - Symptoms radiating to adjacent areas
 - Severity
 - Precipitating and aggravating factors
 - Relieving factors
 - Associated symptoms
- Impact on daily activities
- Previous treatments and outcomes
- Immunization history (e.g., hepatitis A, B, and HPV)
- Recent antibiotic use (e.g., date of last dose, reason for use)
- Other medications: prescription and over the counter (OTC)
- Allergies (e.g., latex, antibiotics, and other medications)
- Medical conditions (e.g., renal or liver diseases, GI disease, cardiac, etc.)
- Barrier use (e.g., condoms, dental dams, etc.)
- Body sites used for sex
- Sexual partners (if required for partner notification purposes)
- Previous STI/HIV testing and results
- Drug and alcohol use/practices
- If recently named as an STI contact
- Surgical history (e.g., hysterectomy, vaginoplasty, metoidioplasty, genital cutting, etc.)
- Use of gender-affirming hormones
- Recent history of sexual assault (refer to [PHSA's Prophylaxis Post Sexual Assault DST](#))
- Previous and/or current use and/or knowledge of HIV post-exposure prophylaxis (PEP) and/or pre-exposure prophylaxis (PrEP) (refer to [HIV Post-Exposure Prophylaxis \(PEP\) Guidelines](#) and/or [BCCDC Non Certified Practice Decision Support Tool HIV PrEP](#))

- Reproductive health history
- Cervical cancer screening and results (e.g. HPV or PAP)
- Date of last menstrual period/ regularity of menses
- Pregnancy (risk, intent or current)
- Contraception and emergency contraception (including satisfaction with contraception)

Risk Assessment

The risk assessment focuses on information regarding the likelihood of exposure to a STI and may include: ⁶⁻¹⁵

- Date of last sexual contact (to inform window periods and potential need for future testing)
- Body sites used for sexual activity
- Feasibility of contacting sexual partners should they require notification, testing and/or treatment
- Sexual and substance use practices
- STI, HIV status and substance use practices of sexual contacts (if known)
- Possible exposure to blood borne infections (see [Hepatitis B Post-Exposure Prophylaxis Recommendations](#) if appropriate)
- Candidate for and/or individual request for HIV PrEP (see <https://www.bccfe.ca/hiv-pre-exposure-prophylaxis-prep>)
- Candidate for HIV PEP with high-risk exposure within past 72 hours (see <https://www.bccfe.ca/post-exposure-prophylaxis>)

Signs and Symptoms Associated with STIs ⁵⁻⁹

- Often asymptomatic presentation
- Change in normal urethral, genital and/or rectal discharge
- Pain with intercourse (dyspareunia)
- Urinary abnormality – dysuria, frequency, urgency, colour, odour
- Anogenital irritation and inflammation
- Lesions (skin, oral and/or anogenital)
- Bleeding with intercourse or between menstrual cycles
- Fever, lower back pain, deep dyspareunia
- Rash (on trunk, moving to palms and/or soles of the feet or rash/vesicles on face moving to other parts of the body)

Physical Assessment (when indicated)

Physical assessment may include:

- Inspection of the mouth and throat (e.g., for lesions, redness, swelling)
- Inspection of the trunk, forearms and palms (e.g., for signs of rash, lesions)
- Inspection of the external genital, pubic, and perianal areas, (e.g., for bleeding, discharge, irritation, lesions, rash, etc.)
- Palpation of the inguinal nodes (for swelling/tenderness)
- Inspection of the legs and soles of the feet (e.g., for signs of rash, lesions)

Additional Physical Assessments

Engaging in shared decision-making with individuals during a physical exam is essential. This includes involving them in decisions about the exam's necessity, timing, and approach. Careful consideration of individual comfort, capacity, and informed consent is critical to this process.

Penile and Scrotal Anatomy ^{3,6}

- Inspection of urinary meatus for:
 - Redness and/or swelling
 - Discharge (e.g., mucoid, mucopurulent, purulent)
- Palpation of testicles for tenderness or abnormal lumps

Vulvar and Vaginal Anatomy ^{3,6,18}

Indications for a pelvic exam include abnormal bleeding, pelvic pain, change in usual discharge and collection of specimens (e.g. cervical cancer screening).

A pelvic exam can consist of 3 main components:

- External exam
- Speculum exam
- Bimanual exam
 - Routine bimanual exams are no longer recommended; however, bimanual examinations are performed as part of an STI assessment when symptoms are present.

Refer to [PHSA's Pelvic Exam DST](#) when offering or performing a speculum or bimanual exam*. Referral to the PHSA Pelvic Exam DST is not required for external exams or for provider or individual collected vaginal swabs without a speculum

- External exam
 - inspection of the pubic and perianal areas and inguinal node palpation
 - Inspect vulva (e.g., redness, swelling, lesions, etc.), introitus, and vagina (e.g., redness, swelling, lesions, hypergranulation)

- Speculum exam (internal exam)
 - Assess vaginal discharge for:
 - Amount, consistency, colour, and odour (e.g., copious, mucoid, purulent, thick, frothy, malodorous, amine odour)
 - pH if indicated
 - Assess for presence of foreign object(s) (e.g., tampon, condom, drugs, etc.)
 - For exams post penile inversion vaginoplasty / individuals with a neovagina:
 - The anatomy of a neovagina created as part of gender-affirming care differs from a natal vagina in that it is a blind cuff without a cervix and may have a more posterior orientation.³ Referral/consultation with an experienced provider is recommended.

- Bimanual exam
 - Cervical motion tenderness (CMT)
 - Adnexal tenderness and or masses
 - Fundal tenderness and or fullness

*The PHSA Pelvic Exam DST indicates that individuals who have not reached menarche are out of scope for RN-provided pelvic exams; this is not a contraindication for certified practice nurses (RN[C]s). For individuals presenting for STI care that have not yet reached menarche where a pelvic exam would be appropriate, assess what parts of the exam can be performed to not delay assessment and treatment. If delayed menarche is a concern, ensure the individual is connected to appropriate care or referred for follow-up. Shared decision-making with individuals when performing a pelvic exam is essential, with consideration for individual comfort, capacity, and consent in context of STI assessment and risk. The onset of female puberty is marked by thelarche (breast budding), followed by pubarche (pubic hair development), growth spurt, and finally menarche. Menarche typically occurs 2-3 years after thelarche. A speculum examination in a prepubertal individual in the clinic setting is NOT appropriate as the vaginal tissue is hypoestrogenic and there is a risk for pain, discomfort, and/or tissue damage.^{19, 20, 21}

Screening and Diagnostic Tests

As part of routine screening, individuals should be offered gonorrhea (GC), chlamydia (CT), syphilis, and HIV testing. In addition, further diagnostic testing is completed based on the sexual health history, risk assessment, and presentation of symptoms. *Appendix B* provides a list of commonly used acronyms found in this table.

[*The STI Screening and Testing Guide: Quick Reference Guide*](#) is available for photo references of specimen collection products

TABLE 1: Site-Based STI Testing^{5-9, 22-53}

Site	Asymptomatic	Symptomatic	Notes
Throat	GC/CT NAAT	GC C&S	Collect culture & sensitivity (C&S) first. C&S is collected on all symptomatic sites and/or those named a contact to GC regardless of symptoms
		GC/CT NAAT	Indicated for individuals who have given oral sex on a penis or share sex toys in the throat.
Penile urethra (with or without phalloplasty or metoidioplasty with urethral lengthening)	GC/CT NAAT (urine)	GC C&S GC/CT NAAT (urine)	Collect culture & sensitivity (C&S) first. C&S is collected on all symptomatic sites and/or those named a contact to GC regardless of symptoms Collect visible discharge from the meatus (ask to milk if necessary); insertion of the swab into the urethra is <i>not</i> required. If 'female' or 'X' gender marker, indicate

Site	Asymptomatic	Symptomatic	Notes
			<p>'Trans patient' to reduce likelihood of sample rejection</p> <p>*If urethral symptoms occur after gender affirming surgery, consult with an experienced clinician, as swabs may be contraindicated.</p> <p>RACE line: 604-696-2131 or toll free at 1-877-696-2131 and request the "Transgender Health" option Trans Care BC: 1-866-999-1514 transcareteam@phsa.ca</p>
Vagina (with cervix)	GC/CT NAAT: vaginal (preferred) OR cervical OR urine	GC C&S: cervical (preferred) OR vaginal	Collect culture & sensitivity (C&S) first. C&S is collected on all symptomatic sites and/or those named a contact to GC regardless of symptoms.
		GC/CT/ Trich NAAT vaginal (preferred) OR cervical OR urine	

Site	Asymptomatic	Symptomatic	Notes
	Cervical cancer screening (HPV or PAP as indicated)	Vaginal smear for BV and yeast	See BC Cancer Screening Guidelines for full recommendations on cervical cancer screening. <i>If not on testosterone:</i> Nugent score/gram stain or clue cells (Amsel’s Criteria). <i>If on testosterone:</i> Refer for comprehensive yeast and bacterial culture. For community lab testing consider C&S superficial wound panel.
		Vaginal pH	pH strips are ineffective in the presence of blood.
		Vaginal KOH whiff test	For BV, clinical diagnosis can be by either a positive KOH whiff test OR if obvious amine odour in the absence of such a test.
		Urine Point of Care (POC) test e.g. dipstick or urine chemistry analyzer and/or urinalysis with suspected lower UTI	Refer to <i>BCCDC Certified Practice Decision Support Tool: Uncomplicated Lower UTI</i> to rule-out complicated lower UTI for consultation/referral information.

Site	Asymptomatic	Symptomatic	Notes
			If menstruating, RBCs will be inaccurate.
		Urine pregnancy test	Consider window periods. Possible false positive within 4 weeks of therapeutic abortion, spontaneous abortion, and delivery.
Vagina after hysterectomy (no cervix)	GC/CT/Trich NAAT: urine (preferred) OR vaginal	GC C&S (vaginal)	Collect culture & sensitivity (C&S) first. C&S is collected on all symptomatic sites and/or those named a contact to GC regardless of symptoms
		GC/CT/Trich NAAT: urine (preferred) or vaginal	Samples obtained for Trich NAAT, and processed by the BCCDC PHL, will be done using the same sample (cervical/vaginal swab or urine) submitted for GC and CT testing.
		Trich NAAT (if not done with GC/CT) vaginal OR urine	Refer to <i>BCCDC Certified Practice Decision Support Tool: Trichomoniasis</i> for further testing options.

Site	Asymptomatic	Symptomatic	Notes
Vagina after hysterectomy (no cervix) cont.	Cervical cancer screening	Vaginal smear for BV and yeast	<p><i>If not on testosterone:</i> Nugent score/gram stain or clue cells (Amsel’s Criteria).</p> <p><i>If on testosterone:</i> Refer for comprehensive yeast and bacterial culture. For community lab testing consider C&S superficial wound panel</p> <p>See BC Cancer Screening Guidelines for full recommendations on cervical cancer screening</p>
		Vaginal pH	pH strips are ineffective in the presence of blood.
	Vaginal KOH whiff test	For BV, clinical diagnosis can be by either a positive KOH whiff test OR obvious amine odour in the absence of such a test.	

Site	Asymptomatic	Symptomatic	Notes
		Urine Point of Care(POC) test e.g. dipstick or urine chemistry analyzer and/or urinalysis with suspected lower UTI	Refer to <i>BCCDC Certified Practice Decision Support Tool: Uncomplicated Lower UTI</i> to rule-out complicated lower UTI for consultation/referral information.
<p>Vagina after vaginoplasty including penile inversion vaginoplasty/neovagina surgery</p> <p>If pain, discharge or bleeding occur in the early post-operative period, consult with an</p>	GC/CT NAAT: vaginal (preferred in natal vagina) OR urine (preferred with neovagina/penile inversion vaginoplasty)	GC C&S: vaginal GC/CT/Trich NAAT: urine (preferred) or vaginal	<p>Collect culture & sensitivity (C&S) first. C&S is collected on all symptomatic sites and/or those named a contact to GC regardless of symptoms.</p> <p>The role of vaginal GC /CT specimens, as opposed to urine testing only, is unknown in individuals who have undergone penile inversion vaginoplasty. Providers may consider vaginal specimens if individual finds pelvic exam affirming, however urine testing</p>

Site	Asymptomatic	Symptomatic	Notes
experienced clinician: RACE line: 604-696-2131 or toll free at 1-877-696-2131 and request the “Transgender Health” option Trans Care BC: 1-866-999-1514 transcareteam@phsa.ca			should be considered essential. If ‘male’ or ‘X’ gender marker, indicate ‘Trans patient’ to reduce likelihood of sample rejection
		GC/CT/ Trich NAAT vaginal (preferred) OR cervical OR urine	
		Urine dipstick and/or urinalysis with suspected lower UTI	Refer to <i>BCCDC Certified Practice Decision Support Tool: Uncomplicated Lower UTI</i> to rule-out complicated lower UTI for consultation/referral information.
		Refer and/or consult for comprehensive yeast and bacterial culture	Individuals who have had vaginoplasty require a comprehensive yeast and bacterial culture to diagnose bacterial vaginosis. /C&S superficial wound panel

Site	Asymptomatic	Symptomatic	Notes
Rectum	GC/CT NAAT	GC C&S	Collect culture & sensitivity (C&S) first. C&S is collected on all symptomatic sites and/or those named a contact to GC regardless of symptoms
		GC/CT NAAT	Indicated for individuals who have had receptive anal penetration (including penetrative sex with toys).
Skin, Genital, Rectal and/or oral ulcers or lesions Note: All syphilis lesion specimens should be accompanied by serology (see below).		HSV PCR	If clinically suspicious of HSV, refer to <i>BCCDC Non-Certified Practice Decision Support Tool: HSV</i> and consult or refer with a physician or NP as needed
		CT NAAT for LGV	Refer to a physician or NP for individuals presenting with suspected LGV.
		Syphilis PCR or NAAT	refer to <i>BCCDC Certified Practice Decision Support Tool: Syphilis</i>
		Mpox PCR	The highest yield is from skin and mucosal lesions. If lesions are present on different

Site	Asymptomatic	Symptomatic	Notes
			<p>areas of the body, use a different swab for different anatomic areas.</p> <p>Where appropriate consult with MD/NP to ensure that the best sample types are collected to maximize test sensitivity, and the wide differential of agents is considered.</p>
Site	Asymptomatic	Symptomatic	Notes
Serology (including capillary blood samples)	Syphilis EIA	Syphilis EIA	Refer to <i>BCCDC Non-Certified Practice Decision Support Tool: Syphilis</i>
	HIV Ag/Ab (4 th generation)	HIV (Ag/Ab 4 th generation)	If acute HIV infection is suspected, contact the medical microbiologist on call at BCCDC 604 - 661-7033 to discuss if HIV RNA testing is an option.
	HIV point-of-care (POC) (Ab 3 rd generation)	HIV point-of care (POC) (Ab 3 rd generation)	Capillary blood (via finger prick) See <i>BC Point of Care HIV Testing Program</i> website for further information.

Site	Asymptomatic	Symptomatic	Notes
			Confirmatory testing (4 th generation serology lab test) is required for all “ <i>preliminary positive</i> ” results.
	HIV/syphilis point-of-care (POC) Multiplex		<p>Capillary blood (via finger prick)</p> <p>The multiplex is not recommended if the individual provides a verbal history of treated syphilis or positive syphilis serology. It is also not recommended if sufficient access to syphilis EIA serology via blood draw is available.</p> <p>See Guidance for use of the INSTI HIV/Syphilis Multiplex Test for further information.</p>
		HSV type-specific serology (TSS)	Refer to <i>BCCDC Non-Certified Practice Decision Support Tool: HSV</i> for information on when type specific HSV TSS is indicated. TSS is not recommended as part of routine STI screening.

TABLE 2: Hepatitis A, B, & C Serology Testing ¹⁵⁻¹⁷

Hepatitis A	Testing Recommendations	Serological Tests
<p>Hepatitis A (HAV) is primarily transmitted by the fecal-oral route. The most common transmission pathway is through the consumption of food or water contaminated with infected feces, but can also occur through oral-anal contact (e.g. rimming)</p> <p>Refer to BCCDC CDC Manual: Chapter 1 - Hepatitis A and BCCDC CDC Manual: Chapter 2 - Immunization.</p>	<ul style="list-style-type: none"> • HAV serologic testing is only recommended in the following scenarios where there has been no prior hepatitis A vaccine series: <ul style="list-style-type: none"> ○ Presenting with signs and symptoms suggestive of acute hepatitis ○ Chronic hepatitis B or hepatitis C infection ○ Chronic liver disease (e.g., cirrhosis) ○ Individuals with haemophilia A or B receiving plasma-derived replacement clotting factors and testing negative for anti-HAV IgG 	<ul style="list-style-type: none"> • Signs and symptoms: <ul style="list-style-type: none"> ○ Anti-HAV Total and Anti-HAV IgM • Screening: <ul style="list-style-type: none"> ○ Anti-HAV Total

Hepatitis B	Testing Recommendations	Serological Test
<p>Hepatitis B (HBV) can be transmitted through body fluids including blood, saliva, semen, vaginal secretions and any other body fluid containing blood</p> <p>Refer to BCCDC CDC Manual: Chapter 1 – Hepatitis B and BCCDC CDC Manual: Chapter 2 - Immunization.</p>	<ul style="list-style-type: none"> • Indications for HBV serologic testing in the absence of a prior full hepatitis B vaccine series or unknown vaccine status includes: <ul style="list-style-type: none"> ○ HIV or HCV infection ○ Sharing of injection and/or non-injection drug equipment (e.g., crack pipes, cocaine straws) ○ Sexual partner or household contact of someone with acute or chronic HBV infection ○ Recent sexual assault (refer to PHSA’s Prophylaxis Post Sexual Assault DST) ○ Unprotected sex and/or multiple sex partners 	<ul style="list-style-type: none"> • Include the following serologic tests: <ul style="list-style-type: none"> ○ HBsAg ○ Anti-HBs ○ Anti-HBc Total <p>For further information, see HBV Quick Reference Guide in the BCCDC CDC Manual: Chapter 1 – Hepatitis B and BCCDC CDC Manual: Chapter 2 - Immunization.</p>

Hepatitis C	Testing Recommendations	Serological Test
<p>Hepatitis C (HCV) is transmitted through exposure to blood from shared drug equipment, and sexual practices that lead to blood contact</p> <p>Refer to BCCDC CDC Manual: Chapter 1 - Hepatitis C</p>	<ul style="list-style-type: none"> • Indications for testing in a sexual health/harm reduction context may include: <ul style="list-style-type: none"> ○ Sharing of injection and/or non-injection drug equipment (e.g., crack pipes, cocaine straws) ○ Diagnosis of HBV (chronic or acute), HIV, or STIs where sores and lesions are present such as Lymphogranuloma venereum (LGV) and syphilis ○ Repeated condomless sexual contact with person(s) where there is a possibility of blood exchange (e.g., rough sex causing mucosal tearing) ○ Tattooing, body piercing, and/or acupuncture in unregulated premises where unsterile equipment and/or improper technique is used ○ Recent sexual assault (refer to PHSA’s Prophylaxis Post Sexual Assault DST) 	<ul style="list-style-type: none"> • For individuals with ongoing hepatitis C related risk factors, annual screening is recommended. Include the following serologic tests: <ul style="list-style-type: none"> ○ Anti-HCV ○ HCV RNA – only if previous anti-HCV positive

Appendix A

Glossary of Terms

Equity: The practice of ensuring fair, inclusive, and respectful treatment of all peoples, with consideration of individual and group diversities. Equity honours and accommodates the specific needs of individuals/groups.

Gender: Also referred to as gender identity. Socially and culturally constructed roles, behaviours, actions, expressions, roles, and identities linked to girls, women, boys, men, transgender, gender-diverse, non-binary, agender, and two-spirit peoples.

Gender-Affirming Care: Encompasses a range of social, psychological, behavioral, and medical interventions to support an individual's gender identity when it differs from the gender they were assigned at birth. Gender-affirming care will be individualized to the person and what they find affirming.

Gender-diverse: Gender roles and/or expressions that do not follow social and cultural expectations, norms, and stereotypes of gender. People who are gender-diverse may or may not identify as transgender; sometimes also referred to as gender nonconforming, gender-variant.

Hypergranulation: Occurs when there is an extended inflammatory response and characterised by the appearance of light red or dark pink flesh that can be smooth, bumpy, or granular. Most commonly present beyond the surface of incision sites post-vaginoplasty.

Hysterectomy: A surgical procedure to remove all or part of the uterus, and sometimes the cervix; is also a gender-affirming, masculinizing lower surgery.

Inclusive: an approach that aims to reach-out to and include all people, honouring the diversity and uniqueness, talents, beliefs, backgrounds, capabilities, and ways of living of individuals and groups.

Metoidioplasty: A gender-affirming, masculinizing, lower surgery to create a penis and scrotum, done by cutting ligaments around the clitoris to add length to the shaft, grafting skin around the shaft to create added girth, lengthening the urethra so one can urinate from the shaft, and creating a scrotum.

Neovagina: A gender-affirming surgically created vagina as a result of vaginoplasty procedure.

Natal vagina: A vagina that has biologically formed and is present from birth.

Non-binary: Encompasses gender identity that doesn't fit into the male/female binary system. See Gender and Gender-diverse for more information.

Phalloplasty: A multi-phase gender-affirming, masculinizing, lower surgery to create a penis and scrotal sac, testicular implants, and implants to obtain rigidity/erection.

Syndemic: For the purpose of this guideline, syndemics is the presence of two or more epidemics interacting and creating an increase in disease burden based on social conditions that sustain vulnerability. Syndemics generally occur when health-related changes cluster by person, place, or time.

Transgender: An umbrella term used to describe anyone whose gender identity differs from the gender they were assigned at birth, including transgender people with binary and non-binary identities.

Two-spirit: Taken during colonization, two-spirit is being reclaimed as a term used within some Indigenous communities to encompass sexual, gender, cultural, and/or spiritual identities. It reflects complex understandings of gender and sexuality, and the long history of sexual- and gender-diversity that is specific to each nation. Two-spirit is different than identifying as LGBTQ+ and being indigenous due to the cultural, spiritual, and historical contexts of this identity.

Vaginoplasty: A gender-affirming, feminizing, lower surgery to create a vagina and vulva (mons, labia, clitoris, and urethral opening) by inverting the penis, scrotal sac, and testes. Vaginoplasty with penile inversion creates a neovagina, but this language distinction is usually only relevant for clinical assessment and management. Vaginoplasty can also refer to a cosmetic/reconstructive surgery for those with a natal vagina where skin from the back side of the vagina is removed along with removal of external skin.

Appendix B

Commonly Used Acronyms

Acronym	Definition
BV	Bacterial vaginosis
C&S	Culture and sensitivity
CT	Chlamydia
EIA	Enzyme immunoassay
DBS	Dried blood spot
GC	Gonorrhea
HAV	Hepatitis A
HBV	Hepatitis B
HCV	Hepatitis C
HIV	Human immunodeficiency virus
HPV	Human papillomavirus
KOH	Potassium hydroxide
LGV	Lymphogranuloma venereum
NAAT	Nucleic acid amplification testing
PCR	Polymerase Chain Reaction
Trich	Trichomoniasis

References

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