

## **SCREENING FOR SEXUALLY TRANSMITTED INFECTIONS**

### **Take history:-**

- History of presenting problem
  - Full sexual history (refer to guideline on sexual history taking)
  - Relevant past medical history, including previous STIs
  - Vaccination history -Hep B (refer to guideline on hepatitis testing)
  - Drug history (including recreational)
  - Allergies - if none known document as such!
  - Females –menstrual, contraceptive & obstetric history. Date & outcome of last cervical cytology
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- **Examination of the genital area should be offered to all new patients. However, in asymptomatic patients, this is not essential.** Where examination is declined, testicular self examination should be discussed with males and an explanatory leaflet offered. Document this in the notes.
  - **All patients undergoing genital examination should be offered a chaperone (and this should be documented). In the case of patients <16 years of age a chaperone is mandatory.**

## **Nucleic Acid Amplification Tests (NAATS) for gonorrhoea and chlamydia.**

This method of testing for gonorrhoea and chlamydia is highly sensitive and can detect minute amounts of genetic material. Because of this, the possibility of contamination from one sample to another leading to false positive results is a real concern and every precaution to prevent contamination must be taken.

Urine samples should be collected directly into universal container and patients advised about avoidance of contamination. (Wash hands first, place lid with top/external surface downwards). Care must be taken when pipetting samples not to place pipette or open tube/lid onto any work surface until sampling completed and sealed.

Clinician taken vaginal swabs should be taken before any other contact with the vagina (including fingers on examination) and placed directly into specimen tube which must be sealed without delay.

Patients doing self taken vaginal swabs must be properly instructed in how to avoid contamination. (Collect the sample without putting the sampling swab or tube down anywhere until sealed).

Rectal sample should be collected before any contact with anus (including fingers on examination) and placed directly into specimen tube which must be sealed without delay.

**[NB. NAAT testing has not been formally validated as yet for swabs from rectum or eye but is widely used “off licence” in current practice. Direct Immunofluorescence is still the gold standard for these sites. Samples should be sent to lab on blue PTFE slides]**

## Routine screen: Asymptomatic Female

- **Vaginal swab** into NAATS sample tube for gonorrhoea & Chlamydia testing. This can be self taken or clinician taken depending on patient preference.
- **Blood** sample for syphilis & HIV (1 tube - clotted). All patients should have a risk-assessment for HIV documented on the appropriate sheet, irrespective of whether they opt to have the HIV test or not.
- Offer testing/vaccination for hepatitis B as appropriate to those in at risk groups (refer to guideline on hepatitis testing)
- Offer testing for Hepatitis C as appropriate (refer to guideline on hepatitis testing).

## Routine screen: Asymptomatic Male (heterosexual)

- **First Void Urine** (after urine held for minimum of 1 hour) 10ml collected into universal container and transferred by pipette into NAATS sample tube for gonorrhoea and chlamydia testing. (More than 10ml may lead to dilution of sample and reduced sensitivity)
- **Blood** sample for syphilis & HIV (1 bottle - clotted) Tests for these are offered to all patients. All patients should have a risk-assessment for HIV documented on the appropriate sheet, irrespective of whether they opt to have the HIV test or not.
- Offer testing/vaccination for hepatitis B as appropriate to those in at risk groups (refer to guideline on hepatitis testing)
- Offer testing for Hepatitis C as appropriate (refer to guideline on hepatitis testing).

## Routine screen: Asymptomatic Male (MSM)

- **Throat swab** into charcoal medium for gonococcal culture
- **First Void Urine** (10ml) collected into universal container and transferred by pipette into NAATS sample tube for gonorrhoea and chlamydia testing.
- **Rectal swab** into NAATS sample tube for gonorrhoea & Chlamydia testing in those reporting history of receptive anal sex. (Use orange vaginal test kit)
- **Blood** sample for syphilis, HIV & Hepatitis B (2 bottles - clotted)
- **Offer vaccination** for hepatitis B (unless known to be immune)
- Offer testing for Hepatitis C as appropriate (refer to guideline on hepatitis testing).

## Screen: Symptomatic Female

- **Vaginal swab** into NAATS sample tube for gonorrhoea & chlamydia testing. **(NB Take this swab prior to commencing genital inspection / speculum examination)**
- Detailed **examination** of external genitalia
- **Swab** from any ulcer/fissure into viral transport medium for **herpes simplex virus culture**. If a blister is present, pierce the blister with a plastic loop and collect the fluid on a swab which is then inserted into viral transport medium. **(NB. Do not proceed to speculum examination in presence of vulvovaginal herpes - delay to review visit)**
- Pass speculum either dry or lubricated with water only and visualize cervix
- High Vaginal swab into charcoal for trichomonas, candida, BV
- **Cervical swab**. Cotton tipped swab inserted 1cm into external cervical os and rotated and placed into charcoal for culture of gonococcus
- **In patients who are known contacts of gonorrhoea or where high risk/high clinical suspicion:-**
  - **Rectal swab**. Cotton tipped swab taken blind from terminal 3cm of rectum into charcoal for culture for gonococcus
  - **Urethral swab**. Cotton tipped swab taken from urethra into charcoal for culture for gonococcus
  - **Throat swab**. Cotton tipped swab taken from pharynx into charcoal for culture for gonococcus
- When indicated by history or findings (pelvic, abdominal or back pain, dyspareunia, tenderness on abdominal palpation) - **bimanual examination** with palpation of the adnexae.
- **Blood** sample for syphilis & HIV(1 tube – clotted).
- **Where clinically indicated:-**
  - **Mid stream urine** sample to bacteriology in those with symptoms of UTI, blood or protein on stix testing.
  - Urine clearvue **pregnancy test**

**Offer testing/vaccination for hepatitis B** as appropriate to those in at risk groups (refer to guideline on hepatitis testing)

**Offer testing for Hepatitis C** as appropriate (refer to guideline on hepatitis testing)

**Screen: Symptomatic Male (heterosexual)**

- **Examination** of external genitalia, including urethral meatus and perianal area, and of oral cavity/rectum as appropriate/indicated by history
- **Swab** from terminal urethra into charcoal for gonococcal culture
- **First Void Urine** (10ml) collected into universal container and transferred by pipette into NAATS sample tube for gonorrhoea and Chlamydia testing.
- **Mid stream urine** sample to bacteriology in those with symptoms of UTI, blood or protein on stix testing.
- **Swab** from any ulcer/fissure into viral transport medium for **herpes simplex virus culture**. If a blister is present, pierce the blister with a plastic loop and collect the fluid onto the swab which is to be placed into viral transport medium as above.
- **Throat swab** into charcoal medium for gonococcal culture in all with suspected diagnosis of gonorrhoea
- **Blood sample** for syphilis & HIV (1 tube – clotted)
- Offer testing/vaccination for hepatitis B as appropriate to those in at risk groups (refer to guideline on hepatitis testing)
- Offer testing for Hepatitis C as appropriate (refer to guideline on hepatitis testing).

**Screen: Symptomatic Male (MSM)**

- **Examination** of external genitalia, including urethral meatus and perianal area, and of oral cavity. Proctoscopy may be indicated for men who present with rectal symptoms. If proctoscopy is being performed take relevant swabs at the time of proctoscopy
- **Throat swab** into charcoal medium for gonococcal culture
- **Swab** from terminal urethra into charcoal for gonococcal culture
- **Rectal swab** into NAATS sample tube for gonorrhoea & Chlamydia testing in those reporting history of receptive anal sex. (Use orange vaginal test kit)
- **Rectal mucosal swab** into charcoal medium for gonococcal culture. (In those with symptoms or signs of rectal infection, rectal swab taken at proctoscopy for gram staining and culture. If patient does not require proctoscopy, blind rectal swab from terminal 3cm of rectum.)
- **First Void Urine** (10ml) collected into universal container and transferred by pipette into NAATS sample tube for gonorrhoea and chlamydia.
- **Blood** sample for syphilis, HIV & Hepatitis B (2 bottles - clotted)
- **Mid stream urine** sample to bacteriology in those with symptoms of UTI, blood or protein on stix testing.
- **Swab** from any ulcer/fissure into viral transport medium for **herpes simplex virus culture**. If a blister is present, pierce the blister with a plastic loop and collect the fluid onto the swab which is then placed in viral transport medium.
- **Offer vaccination** for hepatitis B (unless known to be immune)
- Offer testing for Hepatitis C as appropriate (refer to guideline on hepatitis testing).

## Sending Samples

- Get your samples to the lab as quickly as possible
- It is good practise to keep all swabs in the fridge if they can not get to the lab in reasonable time. Do not discard any samples without first contacting the lab. Some samples are stable for an extended period of time at room temperature.
- If you have concerns please call the lab and discuss your case with the Virologist/Microbiologist