
June 26, 2012

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 Manual –
Chapter 5 Sexually Transmitted Infections**

Please note the following changes to the Communicable Disease Control Manual – Chapter 5 Sexually Transmitted infections:

(1) New Document

A new document titled [**Non-Certified Practice Sexually Transmitted Infection Decision Support Tools Guideline**](#) has been developed and is now posted in *Section I, Chapter 5 Sexually Transmitted Infections* under *Supporting Documents for STI Clinical Practice*.

The document outlines nursing scope of practice in relation to diagnosis, treatment, consultation and referral for STI that are outside of CRNBC certified practice for reproductive health – STI.

(2) BCCDC SYPHILIS DECISION SUPPORT TOOL - Updated

Please note changes to pages 1- 8 (discard & replace entire DST)

- **page 1 – Preamble** – Added - new section to provide information regarding syphilis diagnosis, treatment, management and partner follow up in British Columbia.
- **page 1 – Definition** – Removed - “Prior to treating, a BCCDC STI/HIV Division physician must confirm diagnosis, treatment and management” removed and included in *Preamble*.
- **page 1 – Definition** – Removed – information regarding syphilis infectivity. Replaced under *Typical Findings*.

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- **page 1 – Definition** – Added - definition of the phrase “managing physician” for the purpose of this DST.
- **page 2 – Typical Findings** – Revised to include information regarding syphilis staging and diagnosis along with infectiousness in relation to symptoms and stage of infection.
- **Page 3 – Typical Findings** – Under *Tertiary Syphilis* - clarification regarding the stage of infection, infectivity and the body systems affected.
- **page 3 - Diagnostic Tests** – Under *Syphilis Serology* - removed heading “Syphilis Screen: RPR (rapid plasma regain): Non-treponemal test (NTT) for screening purposes” and replaced with “Syphilis Screen”- to reflect terminology on lab requisition. Included information in bulleted list regarding further testing when RPR is reactive.
- **page 3 - Diagnostic Tests** – Under *Syphilis Serology* - removed heading “Syphilis Confirmation: TP-PA (*T pallidum* particle agglutination): Treponemal confirmatory test” and replaced with “Syphilis Confirmation” to reflect terminology on lab requisition.
- **page 4 - Diagnostic Tests** – Under *Note* - removed indications for TP-PA serology and redistributed in bulleted list under *Syphilis Confirmation*. Included information regarding the interpretation of syphilis serology.
- **page 4 - Diagnostic Tests** – Under *Lesion Specimen Collection; DFA-TP Test (Direct Fluorescent Antibody *T. pallidum* Test)* – removed last bullet “put the slide in a plastic slide cover” and replaced with “write client’s name directly on the slide and place it in a plastic slide cover.”
- **page 4 - Diagnostic Tests** – *Follow up Diagnostic Testing Post Treatment* – this section has been removed from *Client Education and Follow Up* (in old DST) and is now included under *Diagnostic tests*.
- **page 4 – Diagnostic Tests** – Under - *Follow up Diagnostic Testing Post Treatment* - “Follow up is done in collaboration with a BCCDC STI Clinic physician” removed and included under *Preamble*.
- **page 4 – Diagnostic Tests** – Under - *Follow up Diagnostic Testing Post Treatment - Primary, secondary, early latent syphilis – HIV negative clients* - removed “repeat RPR at 6 and 12 months after treatment” and replaced with “repeat RPR at 6 and 12 months post treatment and every 6 months for 24 months”.
- **page 4 – Diagnostic Tests** - Under - *Follow up Diagnostic Testing Post Treatment -- Primary, secondary, early latent syphilis – HIV positive clients* - removed “repeat RPR at 3, 6 9 and 12 months after treatment” and replaced with “ repeat RPR at 3, 6 9 and 12 months post treatment and every 3 months for 24 months”.

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- **page 4 – Diagnostic Tests** – Under - *Follow up Diagnostic Testing Post Treatment - Primary, secondary, early latent syphilis* – removed heading “Clients with difficulty adhering to Doxycycline treatment” and replaced with “For clients with incomplete or interrupted treatment.”
 - **page 5 – Clinical Evaluation** – Revised for clarity to include the diagnosis of syphilis occurs in collaboration with a designated physician and that diagnosis and treatment are based upon health history, clinical findings, diagnostic test results and stage of infection.
 - **Page 6 –Treatment of Choice** – heading removed and replaced with *TREATMENT OF CHOICE – USE ONLY IN CONSULT WITH PHYSICIAN**
 - **page 6 –Treatment of Choice** – removed bulleted list: “Advise client: to abstain from sexual contact for 14 days after the onset of treatment with Bicillin; to abstain for sexual contact until treatment is completed with Doxycycline, about the possibility of a Jarisch-Herxheimer reaction. Clients should be made aware of this possible treatment reaction that presents as an acute febrile illness with headache, chills, rigour that may occur 8 to 12 hours following treatment and is expected to resolve within 24 hours. Symptoms may be treated with acetaminophen.” Information is now redistributed in the *Notes* column in the treatment table.
 - **page 6 –Treatment of Choice** – under *Treatment – First Choice* - removed “Treatment is one time only”, replaced by “For early, infectious syphilis, the usual treatment is one set of Bicillin. Two or three sets of Bicillin may be indicated for infectious syphilis in HIV positive individuals.”
 - **page 6 –Treatment of Choice** - Under *Treatment – First Choice - Notes* – added medication reconciliation for Bicillin.
 - **page 6 –Treatment of Choice** - Under *Treatment – First Choice - Notes* – added anaphylaxis recommendations including: “advise client to remain in the clinic for at least 15 minutes post injection in case of anaphylactic reaction to treatment.”
 - **page 6 –Treatment of Choice** - Under *Treatment – First Choice - Notes* – added “Advise client of the potential for pain, redness and swelling at the injection site or diarrhea. If any of these effects persist or worsen advise client to contact health care provider.”
 - **page 7 –Treatment of Choice** - Under *Treatment –Second Choice - Notes* – added information regarding medication reconciliation for doxycycline.
 - **page 7 – Treatment of Choice** – Under *Treatment –Second Choice – Notes* – included information regarding Jarisch-Herxheimer reaction.

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- **page 7 – Treatment of Choice** – Under *Treatment –Second Choice – Notes* – included information regarding abstinence from sexual contact for 14 days after the onset of treatment.
 - **page 7 – Treatment of Choice** – Under *Treatment –Second Choice – Notes* – included information: “ do not use doxycycline for the treatment of neurosyphilis.
 - **page 8 – Treatment of Choice** – Under *Treatment – First Choice – Notes* - removed: “Treatment of 3 dose series is considered adequate providing there is no less than 5 days between doses and that dosing is completed within a 4 week period” replaced with “Treatment of 3 dose series is considered adequate providing there is no less than 5 days between doses, no more than 14 days between doses and that dosing is completed within a 4 week period.”
 - **page 9 – Treatment of Choice** – Under *Treatment –Second Choice – Notes* – included: “Do not use doxycycline for the treatment of neurosyphilis.”
 - **page 10 – Management of Syphilis Contacts** – included – “For RN(c) see *CRNBC Treatment of STI Contacts DST*.”
 - **page 10 – Management of Syphilis Contacts** – included – “Syphilis contact management is centralized through the BCCDC. Direction for follow-up of contacts to confirmed syphilis cases occurs in collaboration with the BCCDC STI Clinic registered nurse responsible for syphilis.”
 - **page 10 – Management of Syphilis Contacts** – removed - “Primary, Secondary or Early Latent Syphilis” and replaced with “Contacts to Primary, Secondary or Early Latent Syphilis.”
 - **page 10 – Management of Syphilis Contacts** – *Contacts to Primary, Secondary or Early Latent Syphilis* – bulleted list revised for clarity and to outline information in a sequential manner.
 - **page 10 – Management of Syphilis Contacts** – *Contacts to Primary, Secondary or Early Latent Syphilis* – included recommendations for contacts to women who acquired Syphilis during the perinatal period.
 - **page 10 – Management of Syphilis Contacts** – *Contacts to Primary, Secondary or Early Latent Syphilis* – regarding lab requisition for serology final bullet, removed: “note on requisition “contact to Syphilis” RPR and TP-PA” replaced with: “note *contact to syphilis* and include both syphilis screening and syphilis confirmatory tests on requisition.”
 - **page 10 – Management of Syphilis Contacts** – removed “Late Latent Syphilis” replaced with “Contact to Late Latent Syphilis.”

- **page 10 – *Management of Syphilis Contacts* – *Contact to Late Latent Syphilis*** - bulleted list revised for clarity and to outline information in a sequential manner.
- **page 10 – *Management of Syphilis Contacts* – *Contact to Late Latent Syphilis*** – final bullet information included: “follow-up of women with late latent syphilis infection will include syphilis serology for children 18 years or younger as per the direction of the BCCDC STI Clinic physician.”
- **page 11 – *Partner Counselling and Referral*** – revised for clarity regarding follow up for cases of infectious syphilis including partner follow up.
- **page 11 – *Potential Complications*** – removed “all body organs can be affected by untreated syphilis, for example the cardiovascular and neurological” replaced with “All body systems can be affected by untreated syphilis including the cardiovascular and neurological systems.”
- **page 11 – *Potential Complications*** – removed “co-infection with HIV” this information is included under *Client Education and Follow – Up*.
- **page 11 – *Client Education and Follow-Up*** – removed second bullet: “that having a current infection of syphilis increases the likelihood of becoming infected with HIV.” Replaced with: “that having a current infection of syphilis increases the likelihood of becoming infected with HIV and other STI.”
- **page 11 – *Client Education and Follow-Up*** – third bullet included “that having a current infection of syphilis increases the likelihood of passing HIV and STI onto others.”

(3) BCCDC NON CERTIFIED PRACTICE DECISION SUPPORT TOOL STI PROPHYLAXIS POST SEXUAL ASSAULT

Please note changes to pages 3, 4, 6 & 7 (discard & replace entire DST)

- **page 3 – *STI Prophylaxis Post Sexual Assault*** – under *Clients Presenting Within 7 Days of Assault* – information included regarding Human Immunodeficiency Virus (HIV) post exposure prophylaxis (PEP) included.
- **page 3 – *STI Prophylaxis Post Sexual Assault*** – under *Clients Presenting Within 7 Days of Assault* – information included regarding Hepatitis B (HBV) pose exposure prophylaxis.
- **page 3 – *STI Prophylaxis Post Sexual Assault*** – under *Clients Presenting Within 7 Days of Assault* – information included regarding Hepatitis C (HCV) pose exposure diagnostic testing.
- **page 5 – *Diagnostic Tests*** – Information included regarding follow up testing for Hepatitis B & C.

- **page 6 – *Prophylactic Treatment of Choice*** – treatment table updated to reflect current gonorrhea treatment recommendations. *First Choice* – removed: “cefixime 400 mg po in a single dose AND azithromycin 1 gram po in a single dose (if poor compliance is expected with doxycycline) OR cefixime 400 mg po in a single dose AND doxycycline 100 mg po bid for 7 days” replaced with “cefixime 800 mg po in a single dose AND azithromycin 1 gram po in a single dose OR cefixime 800 mg po in a single dose AND doxycycline 100 mg po bid for 7 days.”
- **page 6 – *Prophylactic Treatment of Choice*** – *Notes* – included: “ Do not use azithromycin if history of allergy to macrolides.”
- **page 6 – *Prophylactic Treatment of Choice*** – *Notes* - included: “Do not use doxycycline if allergic to tetracycline.”
- **page 6 – *Prophylactic Treatment of Choice*** – *Notes* - included: “Azithromycin is associated with a significant incidence of gastrointestinal adverse effects. Taking medication with food or administering prophylactic anti-emetics may minimize adverse effects.”
- **page 6 – *Hepatitis B Immunoprophylaxis*** – new section included to cover potential exposure to hepatitis B and prophylaxis recommendations.
- **page 6 – *HIV Post Exposure Prophylaxis (PEP)*** new section included to cover potential exposure to HIV and prophylaxis recommendations.

(4) BCCDC MOLLUSCUM CONTAGIOSUM DECISION SUPPORT TOOL - Updated
Please note changes to pages 1&2 (discard & replace entire DST)

- **page 2 – *Alternate Treatment*** – removed – “By clinician: *light spray* of liquid Nitrogen only once to each lesion. One treatment is usually sufficient.” Replaced with “*Light spray* of liquid Nitrogen only once to each lesion. One treatment is usually sufficient. Can be administered by RN(c) (CRNBC certified practice in reproductive health – STI), nurse practitioner (NP), or physician.”

Please remove the following page from the Communicable Disease Control Manual, Chapter 5 Sexually Transmitted Infections, Section I – STI:

- BCCDC Non-certified practice decision support tool – Syphilis April 2010 (pg. 1-8)
- BCCDC Non-certified practice decision support tool – STI Prophylaxis Post Sexual Assault October 2011 (pg. 1-8)
- BCCDC Non-certified practice decision support tool – Molluscum Contagiosum (pg. 1-2)

Please insert the following updates to the Communicable Disease Control Manual, Chapter 5 Sexually Transmitted Infections, Section I – STI

- BCCDC Non-certified practice decision support tool – Syphilis June 2012 (pg. 1-12)
- BCCDC Non-certified practice decision support tool – STI Prophylaxis Post Sexual Assault June 2012 (pg. 1-9)
- BCCDC Non-certified practice decision support tool – Molluscum Contagiosum (pg. 1-4)
- Non-Certified Practice STI decision support tool Guidelines – June 2012

If you have any questions regarding these practice changes, please contact Cheryl Prescott, Nurse Educator, Clinical Prevention Services at 604-707-5651 cheryl.prescott@bccdc.ca or Elizabeth Elliot, Director, Nursing & Manager, Professional Practice at 604-707-5618.

Sincerely,



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