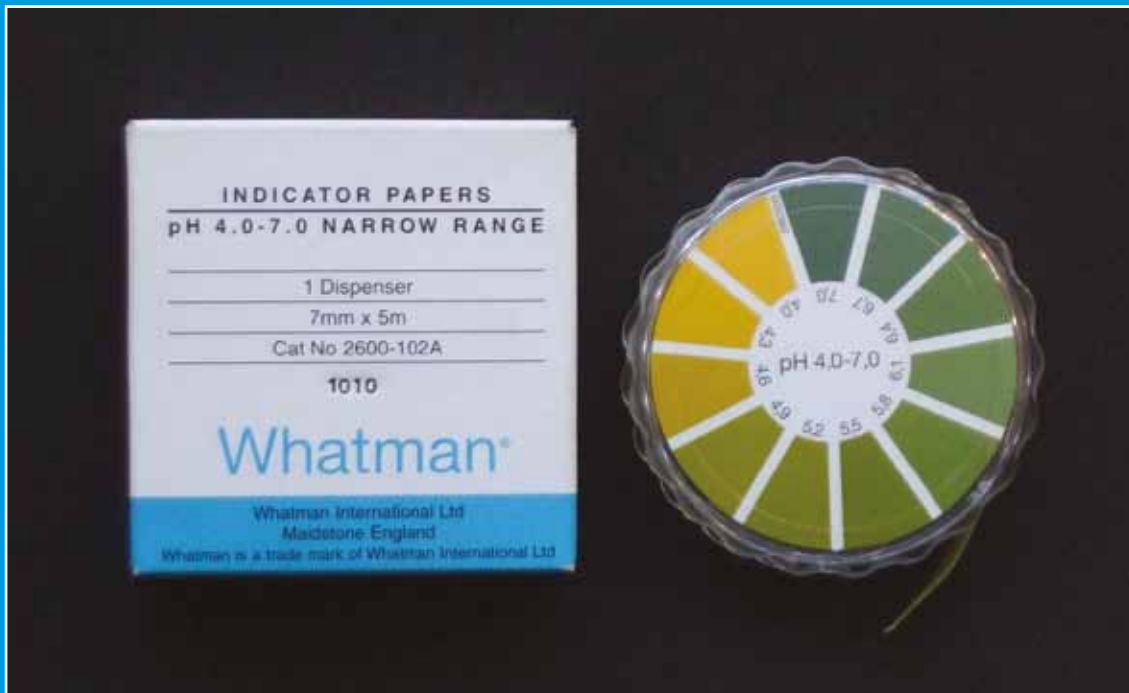


Important!

1. This information is intended to support practitioners in the management of common sexual health problems and it is therefore essential that each doctor and nurse receives a copy.
2. Future updates will only be provided electronically via www.sandyford.org

STI Diagnostics Redesign

HVS and Chlamydia Resource Pack



Introduction to the Resource Pack for HVS and Chlamydia

The aim of this resource is to update all staff involved in the investigation of vaginal discharge and Chlamydia testing, and make them aware of the recent changes in practice and referral.

The goal is that only samples which are in line with the evidence base will be submitted. This will result in improved patient care, a reduction in laboratory consumables and a freeing of laboratory staff time to devote to more appropriate services.

Updating your learning and implementing the changes in practice will be appropriate for your Appraisal/PDP.

Contents

1. New Primary Care Guidelines for the Investigation of Vaginal Discharge in Women of Reproductive Age
2. New Primary Care Guidelines for Chlamydia Testing in NHS GGC
3. Investigation of Vaginal Discharge Protocol
4. Sample Laboratory Forms
5. pH paper - What You Need to Know
6. Patient Information Sources

Included in the Resource Pack is a copy of NHS Greater Glasgow & Clyde Sexual and Reproductive Health in Primary Care Guidelines (2010) together with a pack of Narrow range (4.0-7.0) pH indicator paper reel (available via CEDAR – see section 5 for details).

What we would like you to do

Please use this resource pack to cascade these important messages to staff within your practice team and implement the changes outlined with immediate effect.

Where can I get more information and copies of these resources?

All of these documents can be downloaded from:

www.sandyford.org

If you would like further information on the clinical management of either Chlamydia or Vaginal Discharge contact Sandyford Services.

There is a dedicated section of the Sandyford website for Practitioners.

<http://www.sandyford.org/practitioners.aspx>

Professional helpline – Tel: 0141 211 8646

For advice and support around clinical issues, the professional helpline is available Monday to Friday, 9.00 -12.30 and 1.00 - 4.30 pm.

Calls are answered by an experienced Sexual Health Nurse. In addition to their own expertise they have access to medical staff within Sandyford.

All professionals, including non clinical staff are welcome to call the helpline for advice on the management of Sexual and Reproductive Health.

The STI Shared Care Support Service – Tel: 0141 211 8639

For support and advice around partner notification and other patient management issues, Sandyford Sexual Health advisors operate the Shared Care Support Service.

Front cover image – pH paper CEDAR Code L002934

Section 1

New Primary Care Guidelines for Investigation of Vaginal Discharge in Women of Reproductive Age

Review of the use of vaginal swab cultures in diagnosis

The New STI Diagnostics subgroup of the Sexual Health Planning and Implementation Group has recently reviewed the evidence base on utilising vaginal swab cultures to diagnose vaginal discharge.

In practice, many women with vaginal discharge routinely get 'triple swabs'. These are no longer needed. The advent of dual NAAT-based testing for gonorrhoea and chlamydial infection means that these infections can be much more reliably detected in primary care and other settings.

The new NHSGGC advice is that vaginal swab culture (HVS) should be performed only if the patient:

- has failed previous empirical treatment for vaginal discharge
- has recurrent symptoms (itch, soreness, redness, swelling, offensive or discoloured discharge)
- is post-gynaecological instrumentation, post-partum or has symptoms of PID

Can I treat without taking a swab?

- **Yes.** Current UK primary care guidelines suggest empirical treatment of bacterial vaginosis (BV) and vulvo-vaginal candidiasis (VVC) if history, examination and vaginal pH are consistent, and there is no history suggestive of upper reproductive infection, or any other concerning features.

Presence of *Gardnerella* spp in isolation adds little to the diagnosis, as this can be present in asymptomatic women. *Candida* species are present in 20% of healthy vaginas.

When should I do other tests?

- All symptomatic patients at risk of sexually transmitted infections, (new partner or more than 1 partner in the last year), should have dual chlamydia (CT) and gonorrhoea (GC) NAAT testing. GC culture is optional in primary care settings, and clinicians should bear in mind that the likelihood of successful GC detection is highly dependent on transit time.
- *Trichomonas vaginalis* (TV) is rare in NHSGGC, and the diagnosis should only be considered if symptoms fail to resolve. Contacts of TV should be referred to a Sandyford service for specialist investigation.

What outcomes are expected?

- There are over 55,000 requests for vaginal swab culture (HVS) across NHSGGC each year. For each sample, laboratories attempt labour intensive isolation of streptococci, gonorrhoea, trichomonas, candida, anaerobic culture, often including microscopy.

Appropriate selection of cases **in line with the evidence base** will reduce the volume of HVS samples; limiting invasive procedures for patients and resulting in cost-effectiveness savings for laboratories, GP and other clinical settings, as well as freeing up staff time to deliver other essential laboratory services.

Section 2

New Primary Care Guidelines for Chlamydia Testing in NHS GGC

NHS GGC recently reviewed the evidence supporting population-based testing for Chlamydial infection. As a result of this review, the Locally Enhanced Service (LES) contract for opportunistic Chlamydia testing in those aged under 25, ceased on the 1st April 2010.

Key changes to chlamydia testing policy

The key changes to the chlamydia testing policy which all practitioners should be aware of are:

- Confine testing for chlamydial infection to symptomatic patients.
- **Avoid opportunistic testing** in the absence of relevant clinical indications i.e. avoid testing during smear tests and other routine procedures, unless there are clear clinical reasons.
- Asymptomatic patients can be tested for Chlamydial infection in the context of a request for a comprehensive sexual health screen because of concern about sexual risk.

Why is change necessary?

National policy, supported by SIGN 109, encouraged the identification, treatment and control of chlamydial infection using an opportunistic testing strategy. The rationale for this policy was based on two assumptions:

1. Untreated asymptomatic Chlamydial infection is associated with a substantial burden of long-term morbidity.
2. The prevalence of Chlamydial infection can be reduced by proactive screening of asymptomatic individuals.

Evidence now suggests that these assumptions are flawed:

1. The long term health impact of chlamydial infection is considerably lower than previously estimated with the risk of infertility directly attributable to chlamydial infection substantially lower (0.02-4.1%) than the original estimates (10-40%)
2. National Audit Office Data from 2009 indicates that opportunistic screening does not significantly reduce the overall population prevalence of Chlamydial infection.

In what circumstances can I still test?

Clinicians are encouraged to perform diagnostic testing for *Chlamydia trachomatis* only in the presence of relevant clinical factors and/or as part of an overall sexual health screen

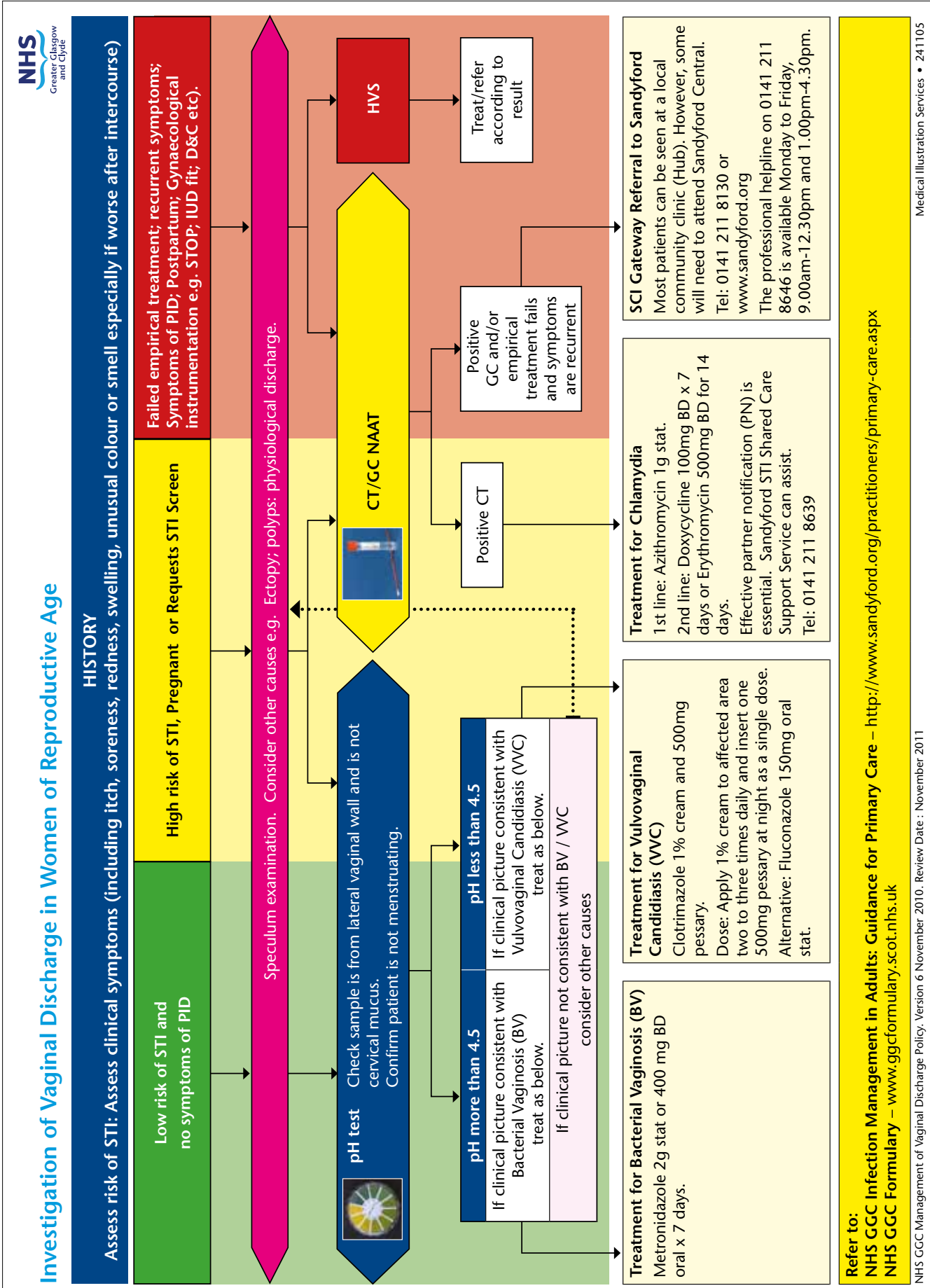
- patients presenting with symptoms (see Sandyford website www.sandyford.org)
- at risk of a STI
- requesting STI screening, because of concern about sexual risk

Managing positive results

- In the event of a positive result, **effective partner notification is essential**. Practices can undertake this either directly or via the STI Shared Care Support service, run by the Sexual Health Adviser team at Sandyford (0141 211 8639).

- **Treatment** for genital *Chlamydia trachomatis* infection:
 - 1st line Azithromycin 1g stat;
 - 2nd line Doxycycline 100mg BD x 7 days;
 - or Erythromycin 500 mg BD for 14 days.
- **Repeat Chlamydia testing post-therapy is not routinely indicated.** However, if the patient has failed to adhere to treatment **or** has had further sexual exposure with infected or untreated partners, a 'test of cure' should be performed **a minimum of four weeks after the initiation of therapy** to avoid false positives.
If the patient is pregnant specialist management is required due to the risk of vertical transmission. Sandyford STI Shared Care Support Service can assist with this decision-making and follow-up (0141 211 8639).

Section 3



Section 4

Sample Laboratory Forms

Shown here are six examples of laboratory request forms, some that meet the evidence base and some that do not.

1. Not indicated: HVS is not part of a sexual health screen.

 North Glasgow University Hospital NHS Trust DIRECTORATE OF LABORATORY MEDICINE Clinical Microbiology						ICHI NUMBER 0302659471 LABORATORY NUMBER							
CLINICAL DETAILS, Including relevant therapy <i>Sexual health screen</i>				HOSPITAL NUMBER SEX F		DATE / TIME TAKEN 3-11-10							
				SURNAME SMITH FIRST NAME BETTY		REQUESTED BY (PRINT) WINTER							
If patient is pregnant, indicate EDD SPECIMEN DETAILS including SITE HVS				ADDRESS DATE OF BIRTH 3-2-65		PRACTICE NUMBER PAGE / PHONE NO.							
				HOSPITAL / GP PRACTICE BLOSS		WARD / DEPARTMENT BLOSS		CONSULTANT / G.P. BLOSS					
INVESTIGATION MCLS				DATE/TIME RECEIVED AT LABORATORY									
LABORATORY USE ONLY BELOW THIS LINE. ONE FORM PER SPECIMEN.													
NEG	I	F	A	SPECIMEN COMMENT	ANTIB 1	2	3	ANTIB 1	2	3	ANTIB 1	2	3
Specimen type	Investigation			RESULTS	AMI			GEN			TZP		

2. Not indicated: Discharge noticed incidentally in absence of patient complaint or risk factors.

 North Glasgow University Hospital NHS Trust DIRECTORATE OF LABORATORY MEDICINE Clinical Microbiology						ICHI NUMBER 0302659471 LABORATORY NUMBER							
CLINICAL DETAILS, Including relevant therapy <i>Visible discharge - cervical smear</i>				HOSPITAL NUMBER SEX F		DATE / TIME TAKEN 3-11-10							
				SURNAME SMITH FIRST NAME BETTY		REQUESTED BY (PRINT) WINTER							
If patient is pregnant, indicate EDD SPECIMEN DETAILS including SITE HVS				ADDRESS DATE OF BIRTH 3-2-65		PRACTICE NUMBER PAGE / PHONE NO.							
				HOSPITAL / GP PRACTICE BLOSS		WARD / DEPARTMENT BLOSS		CONSULTANT / G.P. BLOSS					
INVESTIGATION MCLS				DATE/TIME RECEIVED AT LABORATORY									
LABORATORY USE ONLY BELOW THIS LINE. ONE FORM PER SPECIMEN.													
NEG	I	F	A	SPECIMEN COMMENT	ANTIB 1	2	3	ANTIB 1	2	3	ANTIB 1	2	3
Specimen type	Investigation			RESULTS	AMI			GEN			TZP		

Continues on next page

Sample Laboratory Forms continued

3. Indicated: Pelvic pain and symptoms.

West of Scotland Specialist Virology Centre			
Gartnavel General Hospital, 1053 Great Western Road, Glasgow, G12 0YN / Tel: 0141 211 0080 / Fax: 0141 211 0082			
SEXUALLY TRANSMITTED INFECTION INVESTIGATION REQUEST FORM - 00521			
Surname <i>SMITH</i>	Date of Birth <i>01 09 84</i>	CHI Number <i>9431</i>	FOR LABORATORY USE: Specialist Virology Centre Number
attach name label here	Male <input type="checkbox"/>	Female <input checked="" type="checkbox"/>	
Forename <i>BETTY</i>	Hospital Number		Date / Time Received
GP / Consultant <i>BLOSS</i>	Date / Time Specimen Taken <i>3, 11, 10</i>		
Source (Clinic / GP Practice / Hospital / Ward) Address & Contact Telephone <i>BLOSS, HIGHST, ANTDOWN</i>			
1. Specimen (one per form)		2. Test Requested (one per form)	
Urine	<input type="checkbox"/> U	Genital Ulcer Pathogens (including HSV) (PCR HSV) <input type="checkbox"/>	
Cervical	<input checked="" type="checkbox"/> CX	OR	
Rectal	<input type="checkbox"/> REC	Non-Ulcer Pathogens (including Chlamydia) (PCR STD) <input checked="" type="checkbox"/>	
Vaginal	<input checked="" type="checkbox"/> VLVAG	3. Clinical Details	
Pharyngeal	<input type="checkbox"/> THS	<i>PELVIC PAIN + DISCHARGE ?PID</i>	
Other	PLEASE SPECIFY	4. Patient is:	
		Symptomatic <input checked="" type="checkbox"/>	
		Asymptomatic <input type="checkbox"/>	

4. Indicated: Chlamydia contact.

West of Scotland Specialist Virology Centre			
Gartnavel General Hospital, 1053 Great Western Road, Glasgow, G12 0YN / Tel: 0141 211 0080 / Fax: 0141 211 0082			
SEXUALLY TRANSMITTED INFECTION INVESTIGATION REQUEST FORM - 00521			
Surname <i>ADAMS</i>	Date of Birth <i>02 09 75</i>	CHI Number <i>7923</i>	FOR LABORATORY USE: Specialist Virology Centre Number
attach name label here	Male <input type="checkbox"/>	Female <input checked="" type="checkbox"/>	
Forename <i>JANE</i>	Hospital Number		Date / Time Received
GP / Consultant <i>BLOSS</i>	Date / Time Specimen Taken <i>3, 11, 10</i>		
Source (Clinic / GP Practice / Hospital / Ward) Address & Contact Telephone <i>BLOSS, HIGHST, ANTDOWN</i>			
1. Specimen (one per form)		2. Test Requested (one per form)	
Urine	<input type="checkbox"/> U	Genital Ulcer Pathogens (including HSV) (PCR HSV) <input type="checkbox"/>	
Cervical	<input type="checkbox"/> CX	OR	
Rectal	<input type="checkbox"/> REC	Non-Ulcer Pathogens (including Chlamydia) (PCR STD) <input checked="" type="checkbox"/>	
Vaginal	<input checked="" type="checkbox"/> VLVAG	3. Clinical Details	
Pharyngeal	<input type="checkbox"/> THS	<i>Chlamydia CONTACT</i>	
Other	PLEASE SPECIFY	4. Patient is:	
		Symptomatic <input type="checkbox"/>	
		Asymptomatic <input checked="" type="checkbox"/>	

Sample Laboratory Forms continued

5. Not indicated: Asymptomatic screen with no clinical information.

West of Scotland Specialist Virology Centre			
Gartnavel General Hospital, 1053 Great Western Road, Glasgow, G12 0YN / Tel: 0141 211 0080 / Fax: 0141 211 0082			
SEXUALLY TRANSMITTED INFECTION INVESTIGATION REQUEST FORM - 00521			
Surname BROWN <small>attach name label here</small>		Date of Birth 07/07/94	CHI Number 7109
Forename JANE		Hospital Number	
GP / Consultant BLOGGS		Date / Time Specimen Taken 3, 11, 10	
Source (Clinic / GP Practice / Hospital / Ward) Address & Contact Telephone BLOGGS ASYMPTOM			
1. Specimen (one per form)		2. Test Requested (one per form)	
Urine	U	Genital Ulcer Pathogens (including HSV) (PCR HSV) <input type="checkbox"/>	
Cervical	CX	OR	
Rectal	REC	Non-Ulcer Pathogens (including Chlamydia) (PCR STD) <input checked="" type="checkbox"/>	
Vaginal	VLVAG	3. Clinical Details	
Pharyngeal	THS	Screen	
Other	<small>PLEASE SPECIFY</small>	4. Patient is:	
		Symptomatic <input type="checkbox"/>	
		Asymptomatic <input checked="" type="checkbox"/>	

6. Not indicated: Test not ticked; symptoms not ticked; health check only at time of smear.

West of Scotland Specialist Virology Centre			
Gartnavel General Hospital, 1053 Great Western Road, Glasgow, G12 0YN / Tel: 0141 211 0080 / Fax: 0141 211 0082			
SEXUALLY TRANSMITTED INFECTION INVESTIGATION REQUEST FORM - 00521			
Surname SMITH <small>attach name label here</small>		Date of Birth 17/11/75	CHI Number 7413
Forename ZOE		Hospital Number	
GP / Consultant BLOGGS		Date / Time Specimen Taken 3, 11, 10	
Source (Clinic / GP Practice / Hospital / Ward) Address & Contact Telephone BLOGGS ASYMPTOM			
1. Specimen (one per form)		2. Test Requested (one per form)	
Urine	U	Genital Ulcer Pathogens (including HSV) (PCR HSV) <input type="checkbox"/>	
Cervical	CX	OR	
Rectal	REC	Non-Ulcer Pathogens (including Chlamydia) (PCR STD) <input type="checkbox"/>	
Vaginal	VLVAG	3. Clinical Details	
Pharyngeal	THS	Health check - cervical smear	
Other	<small>PLEASE SPECIFY</small>	4. Patient is:	
		Symptomatic <input type="checkbox"/>	
		Asymptomatic <input type="checkbox"/>	

Section 5

pH Paper – What You Need to Know

Where do I get supplies?

- You can order further supply of pH paper via the CEDAR system. Order only what you need, in multiples of 1 unit. You will receive 1 reel, which is sufficient to carry out more than 100 tests.
- The CEDAR order code for narrow range pH (4.0-7.0) indicator paper is **L002934**.
- Add the pH paper request onto the form you currently use for other laboratory consumables e.g. blood collection bottles etc.
- Ensure that you have appended the correct IDA code so that the delivery point is clear.
- Either fax or send the request to the GRI Procurement department, as you would normally.

If you are having problems with your order please contact **Procurement Customer Services** on:

Tel: 0141 211 1200 or 21200

Email: ProcurementCustomerServices@ggc.scot.nhs.uk

The Customer Services Team take calls from 9.30am - 12.30pm and 2.00pm - 4.00pm.

How to use the pH indicator paper

- Pull out and tear off an inch long strip of paper from the reel.

Either:

Use a non-sterile swab to collect the sample material, ensuring that it is from the lateral vaginal wall, then wipe the swab containing the sample material onto the pH paper

or

Dip the pH paper into the pool of collected discharge on withdrawing the speculum.

- Allow a few seconds to develop.
- Compare pH paper colour to the colour classification dial on the reel.
- Avoid sampling:
 - cervical mucus, which will cause an elevated pH reading
 - when the women is menstruating as this will also elevate pH levels
 - lubricant gels, which have varying pH and will give a false assessment

Further advice

For advice on use and interpretation of results please contact:

Sandyford professional helpline on **0141 211 8646**.

The helpline is available Monday to Friday, 9.00am - 12.30pm and 1.00pm - 4.30pm.

Section 6

Patient Information Sources – Chlamydia, Vaginal Discharge and Gonorrhoea

Publications available

A wide range of information sources on sexual health and relationships are available from NHS GGC's Public Education and Resource Library.

Specific resources on vaginal health, chlamydia and gonorrhoea are listed below:

1. **What do you know about... Vaginal health?**
2. **What do you know about... Chlamydia?**
3. **What do you know about... Gonorrhoea?**
4. **Chlamydia. Everything you need to know.**

Languages other than English

The 'What do you know about ..?' range of information is available in 9 other languages:

- Chinese
- Bengali
- French
- Hindi
- Lithuanian
- Polish
- Russian
- Spanish
- Urdu

Browse the publications library, download or order online at:

www.phru.net/perl

More information resources

For further patient information resources visit:

www.sandyford.org

www.sexualhealthscotland.co.uk

