STI Diagnostics Redesign - HVS and Chlamydia resource pack

All GPs and Practice Nurses in Greater Glasgow and Clyde will shortly receive a resource pack which is intended to support practitioners in the management of common sexual health problems. The aim of the resource is to update all practitioners involved in the investigation of vaginal discharge and Chlamydia testing and make them aware of the recent changes in practice and referral.

The ultimate goal is that only samples in keeping with the evidence base will be submitted. This will result in improved patient care, a reduction in laboratory consumables and a freeing-up of staff time to attend to other priorities.

It is therefore essential that staff involved in these procedures take some time to familiarise themselves with the information and implement the changes with immediate effect.

The resource pack contains 4 items:

1. STI Diagnostic Redesign – Chlamydia and HVS
2. Sexual and Reproductive Health in Primary Care. September 2010 Guidelines
3. Flow-chart: Investigation of Vaginal Discharge in Women of Reproductive Age (see next page)
4. A reel of pH paper.

The main changes are:

1) Investigation of vaginal discharge

Many women with vaginal discharge routinely get ‘triple swabs’. However, use of a simple algorithm that includes vaginal pH measurement has been shown to offer faster and more accurate diagnosis of common complaints such as bacterial vaginosis and vulvovaginal candidiasis. Current UK primary care guidelines recommend empirical treatment of these common conditions if history, examination and vaginal pH are consistent and there is no history suggestive of upper reproductive tract infection, or any other concerning features. Additionally, the introduction of dual NAAAT-based testing for gonorrhoea and chlamydial infection means that these infections can be more reliably detected in primary care and other settings.

The new NHS GG C 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
- is post-gynaecological instrumentation, post-partum or has symptoms of PID

2) Chlamydia-testing policy

The evidence base associated with population-based chlamydia screening was recently reviewed and, consequently, the Locally Enhanced Service (LES) for chlamydia testing ceased on 1st April 2010. As a result of this review, the NHS GG C testing policy has been revised and all practitioners should be aware of the key changes to the policy:

- testing for chlamydial infection generally should be confined to symptomatic patients
- opportunistic testing in the absence of relevant clinical indications should be avoided i.e. 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

Sufficient copies of the resource pack are being distributed to every Practice in NHS Greater Glasgow and Clyde and should start to arrive via the ‘Black Bag’ system from the beginning of February 2011.

Further information and advice on the clinical management of chlamydia or vaginal discharge is available:

- on the dedicated section of the Sandyford website for practitioners [www.sandyford.org/practitioners.aspx](http://www.sandyford.org/practitioners.aspx)
- by calling the Sandyford Professional Helpline on 0141 211 8646, Mon Fri 9-12.30 and 1-4.30 pm.

All professional, including non-clinical, staff are welcome to call the helpline for advice on the management of sexual and reproductive health

For information and advice on partner notification and other patient management issues call Sandyford STI Shared Care Support Service on 0141 211 8639
Investigation of Vaginal Discharge in Women of Reproductive Age

HISTORY
Assess risk of STI: Assess clinical symptoms (including itch, soreness, redness, swelling, unusual colour or smell especially if worse after intercourse)

Low risk of STI and no symptoms of PID
High risk of STI, Pregnant or Requests STI screen
Failed empirical treatment; recurent symptoms; Symptoms of PID; Postpartum Gynaecological Instrumentation e.g. STOP; IUD fit; D&C etc.

Speculum examination. Consider other causes e.g. Ectopy; polyp; physiological discharge.

pH test
Check sample is from lateral vaginal wall and is not cervical mucus. Confirm patient is not menstruating.

pH more than 4.5
If clinical picture consistent with Bacterial Vaginosis (BV)
Treatment for Bacterial Vaginosis (BV)
Metronidazole 2g stat or 400mg BD orally x 7 days.

pH less than 4.5
If clinical picture consistent with Vulvovaginal Candidiasis (VVC)
Treatment for Vulvovaginal Candidiasis (VVC)
Clotrimazole 1% cream and 500mg pessary
Dose: Apply 1% cream to affected area two to three times daily and insert one 500mg pessary at night as a single dose. Alternative: Fluconazole 150mg oral stat.

If clinical picture not consistent with BV / VVC
consider other causes

CT/ GC NAAT
Positive CT
Positive GC and/or empirical treatment fails and symptoms are recurrent

MV5
Treat/refer according to result

SCI Gateway Referral to Sandyford
Most patients can be seen at a local community clinic (Hub). However, some will need to attend Sandyford Central.
Tel: 0141 211 8136 or www.sandyford.org
The professional helpline on 0141 211 8046 is available Monday to Friday, 9:00am-12:30pm and 1:00pm-4:30pm.

Refer to:
NHS GGC Infection Management in Adults: Guidance for Primary Care – http://www.sandyford.org/practitioners/primary-care.aspx
NHS GGC Formulary – www.ggcformulary.scot.nhs.uk