Standing Orders for Laboratory Testing for and Treatment of Sexually Transmitted Infections – Urine Screening

Purpose: To identify common sexually-transmitted infections (STIs), chlamydia and gonorrhea, in clients and their sexual partners, attending syringe access programs in New Jersey and either treat or link them to treatment services.

Policy: Under these standing orders, the Access to Reproductive Care and HIV Services (ARCH) nurse is authorized to conduct point-of-care urine testing for chlamydia and gonorrhea for clients of syringe access programs and their sexual partners. The ARCH nurse is authorized to screen for these infections simultaneously and is not required to perform a risk assessment prior. Upon confirmation of an infection, the ARCH nurse is authorized to treat chlamydia and gonorrhea according to the most up-to-date CDC guidelines for treating sexually transmitted infections.

Background: Identifying STIs in injecting drug users and their sexual partners ensures the health of the client and prevents the spread of infectious disease among a population who might not otherwise access medical care. The identification of clients, who are at risk for STIs due to unprotected sexual practices, also permits the ARCH nurse to conduct risk-reduction counseling, perform condom demonstration, teach about safer injection practices, treat common STIs, as well as make referrals for contraception and ongoing family planning, as needed. Because many people with chlamydia are also co-infected with gonorrhea and vice versa, it is important to screen for these infections simultaneously. Sexually transmitted diseases can be diagnosed through diagnostic laboratory testing of clients presenting with STI symptoms. Early treatment of STI's improves long-term outcomes and decreases risks to sexual partners. Laboratory testing is conducted through the New Jersey Department of Health laboratory and antibiotics for treatment are provided by NJDOH.

Procedure for Conducting Laboratory Testing for STIs

1. **Offer to screen syringe access program clients and their sexual partners for common STIs on an opt-in basis:**

   Sample language includes, *"We offer testing for certain infections that are sexually-transmitted. Specifically, I can test you for chlamydia and gonorrhea at the same time using a urine sample. Would you like to be tested today? I can also offer you or arrange for treatment if you do have an infection."*

2. **Ask about additional signs and symptoms of STIs.** Individuals with STIs can have no symptoms so screening for these infections is preferred. However, the presence of discharge from the penis or vagina may contribute to the choice to offer diagnostic testing. Results from chlamydia and gonorrhea testing should be interpreted in conjunction with other laboratory and clinical data available.

3. **Ask about sites of sexual exposure.** Provide the client with testing kits (urine, rectal, oropharyngeal) according to their self-reported sites of sexual exposure.

4. **Collect specimen** according to New Jersey Department of Health (NJDOH) Public Health and Environmental, and Agricultural Lab (PHEAL) guidelines and collection kit direction. Each Syringe Access Program will be provided with Gen-Probe APTIMA Urine specimen collection kits from the NJDOH PHEAL that should be used in their entirety as the parts are not interchangeable.

    1. Clients should not have urinated for **at least 1** hour prior to specimen collection.
    2. Female clients should **not** cleanse the labial area prior to providing the specimen.
    3. Use a black marker to **mark a line on the collection cup** (20-30ml) for the client to avoid collection of a large volume of urine that can dilute the specimen and reduce test sensitivity.
    4. Educate clients on how to provide a ***"first catch"*** urine (approximately 20 to 30 ml of initial urine stream) into a collection cup. The cup does not need to be sterile.
    5. Use the disposable pipette, provided in the collection kit, to **transfer 2 ml of urine** from the specimen cup to the Gen-Probe APTIMA collection tube.
    6. **Do not pour out any liquid** contained in the collection tube as it is a necessary preservative.
    7. The correct volume of urine has been added to the collection tube when the fluid level is between the 2 black fill line areas in the window of the tube marked "Fill Area" (See photocopy of collection tube as a guide).
    8. Re-cap the specimen collection tube tightly.

5. **Label the specimen collection tube.** The specimen collection tube should be labeled with the **client's name, date of birth, and date of collection**. The demographic information collected is for epidemiological purposes only.

6. **Establish a mechanism for clients to receive results of STI testing and treatment when indicated.**

7. **Provide brief risk-reduction counseling about STIs, including but not limited to:**
    1. How common STIs are spread
    2. Measures to reduce risk of STIs
    3. Consequences of untreated STIs, including risk to self, partner, and to infants if also at risk for becoming pregnant.

8. **Fill out the test request form**. The ARCH nurse fills out the green BACT-94 "Combination Screening Request" form to test for both chlamydia and gonorrhea simultaneously using one specimen. Use the clinic code assigned by the PHEAL on the form.
    a. The test request form, supplied with the test collection kits, is submitted for each specimen.

b. Bundle the test request forms separately from the specimens i.e., do not wrap test request forms around tubes.

9. Transport specimens according to NJDOH PHEL guidelines. Urine specimen collection tubes can be stored and transported to the lab at room temperature (from 2 to 30 degrees Celsius) and are stable for 30 days after collection.

a. Package specimen tubes in a leak proof bag before placing in a padded envelope.

b. Mail specimens using two-day priority mail or regular mail, depending upon your location and the efficiency of regular mail.

c. Mail specimens to:

New Jersey State Department of Health and Senior Services
Public Health & Environmental Labs
Specimen Receiving
PO Box 361
Trenton, NJ 0862

10. [ARCH Nurse to fill-in: *Describe the mechanism arranged with the PHEL to receive results? By mail, email, or phone]*

11. If any of the client's tests are positive, contact client and call and make appointment to return for treatment or with a provider to treat the infection within the ARCH nurse's referral network. Provide written or graphic instruction for where to go for follow-up appointment(s). Complete an STD-11 Confidential STD Report and submit to the NJDOH per instructions.

12. If client's tests were all negative, continue risk-reduction counseling and reinforce education provided in previous discussions. A negative result does not preclude a possible infection because results are dependent on adequate specimen collection. The ARCH nurse refers the client for additional testing if, clinically, they still suspect there is an infection present.

13. Treat infection according to CDC's most current guidelines on treatment of sexually transmitted infections available at https://www.cdc.gov/std/treatment-guidelines/default.htm noting any updates to treatment.

1. Assess for any history of drug allergy and alter regimen as appropriate
2. Teach about potential side effects of medication

14. Record results. Record positive and negative results in current database and in ARCH nursing medical record. Report the positive result and treatment outcome via the STD-11 Confidential STD Report and submit to the NJDOH per instructions.

15. Store test kits at room temperature. Refer to package insert for additional storage requirements of test kit and to PHEL instruction.

16. If questions arise, call NJDOH PHEL. Direct technical questions about STI testing to NJDOH STD Lab staff: Jacqueline Tobia (Jacqueline.Tobia@doh.nj.gov), Mark Steen (Mark.Steen@doh.nj.gov; 609-718-8374), or Justin Shaji (Justin.shaji@doh.nj.gov; (609)

718-8331. For questions about and ordering medications contact Steve Dunagan (Steven.Dunagan@doh.nj.gov, 609-826-4869).

This policy and procedure shall remain in effect until rescinded or until _____ (date).

Medical Doctor's signature: _____ Effective date: _____