**Guideline for Testing of Chlamydia trachomatis and Neiserria gonorrhoeae**

**Focus Population:** Post pubescent females and males

**Excluded Population:** Child sexual assault involving boys AND rectal and oropharyngeal infections in girls

**Background**

* C. trachomatis is the most common notifiable communicable disease in the US and the majority of individuals are not aware they are infected. For women it can result in significant negative reproductive health issues.
* Neiserria gonorrhoeae is the second most common notifiable communicable disease with women frequently asymptomatic until developing PID.
* Males who have sex with males (MSM) and have multiple partners, anonymous partners, and unprotected oral and rectal sex have a high prevalence of GC and Chlamydia at these extragenital sites

**Recommendations**

* Nucleic amplification tests (NAATs) are recommended for detection of genital tract infections in men and women with and without symptoms
* Optimal specimen types for NAATs are vaginal swabs for women and first catch urine for men
* NAATs have NOT been cleared by FDA for detection of rectal and oropharyngeal infections but CDC recommends that NAATs be used based on increased sensitivity, ease of specimen transport, and processing.

**Specimen Collection and Ordering Mechanics**

* At HDVCH the GC and Chlamydia PCR are the NAATs used
* ***For females, vaginal swabs should be obtained regardless of whether a pelvic and/or speculum exam is performed*** 
  + Vaginal and cervical swabs have equivalent sensitivity and specificity
  + Self-collected vaginal swabs are equivalent in sensitivity and specificity as clinician collected swabs
  + First catch urine is less acceptable since it detects up to 10% fewer infections when compared to vaginal swabs
* ***For males obtain a first catch urine sample, which is equivalent or superior to urethral swabs***
* For detection of extragenital site infections (oropharyngeal and rectal) in men and women, order the usual GC and Chlamydia PCR **AND indicate the sites on the order**
  + False positives can occur, especially with oropharyngeal swabs and additional testing might be required

**When is a pelvic exam/Speculum exam necessary?**

* **External genitalia of all patients should be examined** to confirm normal anatomy, assess pubertal development, and look for evidence of abnormal lesions, infection, or trauma
* According to the American Academy of Pediatrics, a pelvic/speculum exam is recommend the following circumstances:
  + Persistent Vaginal discharge
  + Dysuria or urinary tract symptoms in a sexually active female
  + Dysmenorrhea unresponsive to NSAIDS
  + Amenorrhea
  + Abnormal vaginal bleeding
  + Lower abdominal pain
  + Contraceptive counseling for an IUD or diaphragm
  + Suspected/reported rape of sexual abuse
  + Pregnancy
  + Perform a PAP test

***Adolescent patients are very difficult to reach once they leave the ED. If you are suspicious of an STI, please presumptively treat in the ED.***

**References:**

1. http://www.cdc.gov/std/laboratory/2014LabRec/2014-lab-rec.pdf

2. American Academy of Pediatrics Clinical Report- gynecologic exam for adolescents. Braverman PK, Breech L; Committee on Adolescence. Pediatrics. 2010 Sep;126(3):583-90. doi: 10.1542/peds.2010-1564. Epub 2010 Aug 30. hhtp://Pediatrics.aappublications.org/content/126/3/583.long