

Sexually Transmitted Infection (STI)

Inclusion Criteria:

- Patients ≥ 13 years old
- Suspected or definite STI

Exclusion Criteria:

- Patients presenting for "Sexual Assault", Refer to Sexual Assault protocol
- Patients < 13 years of age

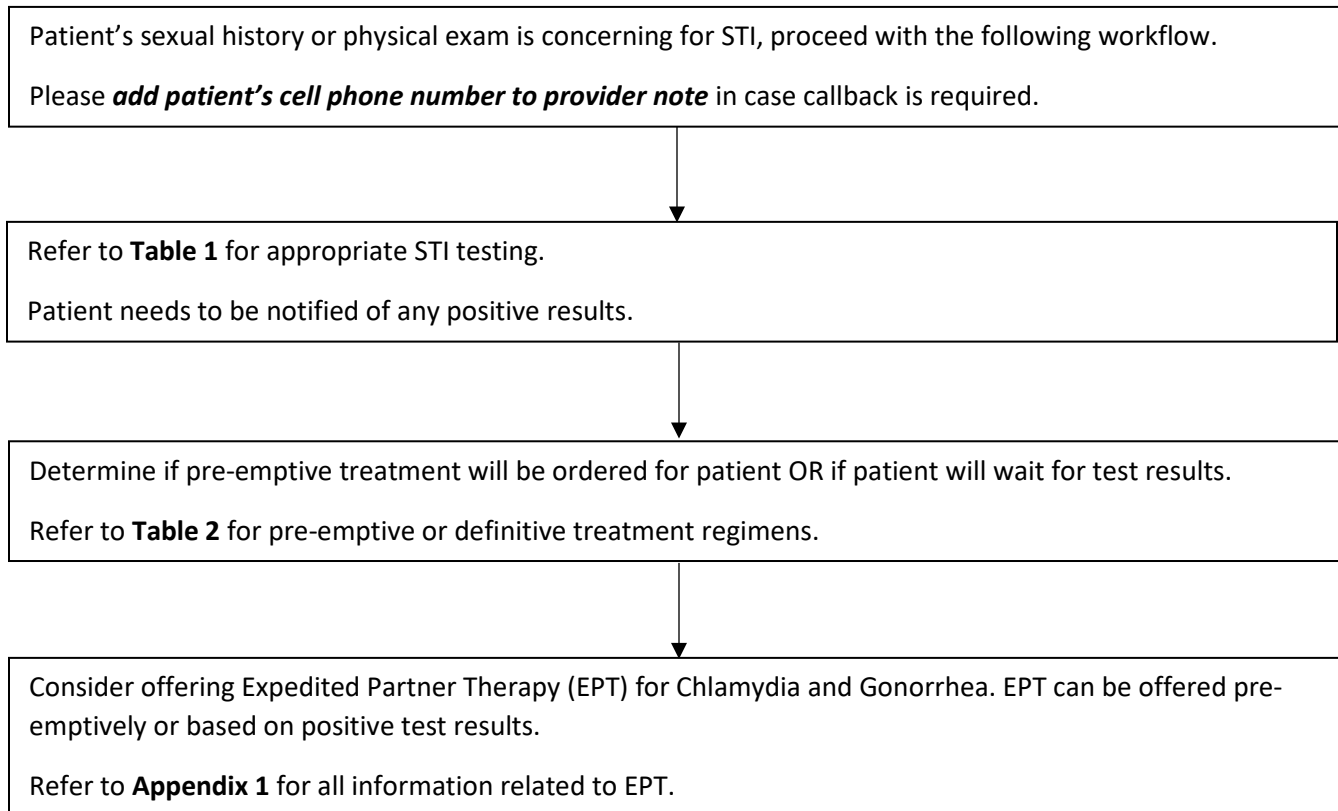
Special Criteria:

- Patients that weigh < 45 kg and are ≥ 13 years old, call the ED pharmacist to discuss weight-based dosing

Additional Sexual History Questions (to guide diagnostic testing and management)

- Number of sexual partners in the past 60 days
- Gender(s) of partner(s)
- Type of intercourse: oral, vaginal, receptive/insertive anal
- Recent known exposure(s) to STI(s)

STI Workflow



Reviewers:

Created by	Department	Creation Date	Version Date
N. Ortegon	Pediatric Emergency Medicine	5/2023	05/2023

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Table 1. STI Diagnostic Testing

Chlamydia/ Gonorrhea	<p>Test code: Chlamydia/Gonorrhoeae by Nucleic Acid Amplification (LAB9913)</p> <p>Collection instructions: Swab each site of sexual contact.</p> <ul style="list-style-type: none"> - Throat, rectal, vaginal (provider or self-swab): Aptima multi-test swab (orange label) - Cervical, urethral (male): Aptima unisex swab (white label) - Urine (not clean catch, ideally first urine in >1 hour): Aptima urine device (yellow label); ok to use same sample as Trichomonas/Herpes <p>Reporting time: Within 5 days</p>
Bacterial Vaginosis/ Vulvovaginal Candidiasis (Women only)	<p>Test code: Wet Mount (LAB8453)</p> <p>Collection instructions: Vaginal collection swab (provider or self-swab). Place in 1.0mL sterile saline.</p> <p>Reporting time: Within 1 hour</p>
Trichomoniasis	<p>Test code: Wet Mount (LAB8453)</p> <p>Collection instructions: Vaginal collection swab (provider or self-swab). Place in 1.0mL sterile saline.</p> <p>Reporting time: Within 1 hour</p> <p><u>OR</u></p> <p>Test code: Trichomonas Vaginalis Nucleic Acid Amplification (LAB9964)</p> <p>Collection instructions:</p> <ul style="list-style-type: none"> - Vaginal (provider/self-swab): Aptima multi-test swab (orange label) - Cervical, urethral (male): Aptima unisex swab (white label) - Urine (not clean catch, ideally first urine in >1 hour): Aptima urine device (yellow label); ok to use same sample as Gonorrhea/Chlamydia/Herpes <p>Reporting time: Within 5 days</p>
Genital Herpes	<p>Test code: Herpes Simplex by PCR (LAB9934)</p> <p>Collection instructions:</p> <ul style="list-style-type: none"> - Swab lesions using Aptima uni-sex or multi-test collection device OR - Urine (not clean catch, ideally first urine in >1 hour): Aptima urine device; ok to use same sample as Gonorrhea/Chlamydia/Trichomonas <p>Reporting time: Within 5 days</p>
HIV	<p>Test code: HIV Antigen/Antibody Screen (LAB8483)</p> <p>Collection instructions: Verbal consent required in Illinois prior to ordering/collecting test.</p> <p>Reporting time: 24-36 hours; positive test results may take longer</p> <p>Special note: Do not order "HIV Special Screen". This test is restricted to non-diagnostic purposes when considering providing post-exposure prophylaxis.</p>
Syphilis	<p>Test code: Rapid Plasma Reagin (RPR) (LAB8570)</p> <p>Reporting time: 24-36 hours</p>
Pelvic Inflammatory Disease/ Epididymitis	<p>See above for Gonorrhea and Chlamydia testing</p>

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Table 2. STI Treatment Recommendations

****For patients < 45kg, please call the ED pharmacist for weight-based dosing. Below dosing is for patients ≥ 45 kg**

Chlamydia	<ul style="list-style-type: none"> • Doxycycline 100mg PO BID for 7 days • Alternative Regimen if compliance concern/Preferred Regimen in pregnancy • Azithromycin 1g PO once
Gonorrhea	<ul style="list-style-type: none"> • Ceftriaxone 500mg IM once for <150kg OR 1g IM once for ≥150 kg • If chlamydial infection has not been excluded, also treat for chlamydia • Alternative Regimens • If cephalosporin allergy: • Gentamicin 240mg IM once PLUS Azithromycin 2g PO once • If patient was not given pre-emptive treatment, and then tests positive and cannot return to ED within 48 hours, send Cefixime 800mg PO once to preferred pharmacy
Genital Herpes	<ul style="list-style-type: none"> • First line: Valacyclovir 1000mg PO BID for 7 days • Alternative treatment: Acyclovir 400mg PO TID for 7 days
HIV or Syphilis	<ul style="list-style-type: none"> • Contact pediatric infectious diseases provider on call to discuss results/plan of care
Bacterial Vaginosis (Women only)	<ul style="list-style-type: none"> • Metronidazole 500mg PO BID for 7 days
Trichomoniasis	<ul style="list-style-type: none"> • For women, Metronidazole 500mg PO BID for 7 days • For men, Metronidazole 2g PO once • Avoid Metronidazole if actively intoxicated
Vulvovaginal Candidiasis (Women only)	<ul style="list-style-type: none"> • Uncomplicated infection: Fluconazole 150mg PO once • Severe infection: Fluconazole 150mg PO q72h for 2 doses
Pelvic Inflammatory Disease (Women only)	<ol style="list-style-type: none"> 1. Ceftriaxone 50mg/kg (max 1 g/dose) IM once and 2. Doxycycline 100mg PO BID for 14 days and 3. Metronidazole 500mg PO BID for 14 days
Epididymitis (Men only)	<p>Patient does not practice insertive anal intercourse</p> <ol style="list-style-type: none"> 1. Ceftriaxone 500mg IM once for <150kg or 1g IM once for ≥150 kg and 2. Doxycycline 100mg PO BID for 10 days <p>Patient practices insertive anal intercourse</p> <ol style="list-style-type: none"> 1. Ceftriaxone 500mg IM once for <150kg or 1g IM once for ≥150 kg and 2. Levofloxacin 500mg PO q24hr for 10 days

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Appendix 1. Expedited Partner Therapy (EPT) - Gonorrhea and Chlamydia only

Inclusion Criteria:

- Partner(s) of patients treated in the Emergency Department (ED)

Exclusion Criteria:

- Excludes patients and partners involved in "Sexual Assault", Refer to Sexual Assault pathway
- Excludes partners <13 years of age
- Partners that are pregnant

Special Criteria:

- For men who have sex with men, recommend partner come to emergency department within 48 hours to be tested for co-infection. If partner cannot, then follow below steps for EPT medication

EPT Workflow

1. During patient's initial ED visit, provider can decide to give EPT pre-emptively (prior to patient's test results being available). This should be charted in the patient's medical record.
2. Person in charge of following up on positive lab results (ie. Discharge callback RN or designee) identifies positive gonorrhea and/or chlamydia results and notifies patient of results and offers EPT. If EPT is accepted, bring ED NP/Attending enough blank prescriptions for the number of partners in the past 60 days. If the patient has not had sex during the 60 days before diagnosis, providers should offer EPT for the patient's most recent sex partner. Refer to Table 2 for gonorrhea and chlamydia treatment recommendations.
3. EPT packet should include
 - a. IL EPT information sheet
 - b. Lexicomp handout of medications prescribed
 - c. CDC factsheet for infection that patient has or for which partner is being pre-emptively treated
4. EPT packet should be labeled with patient's name and put in designated area for the patient to pick up

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