Urine/Extragenital Chlamydia (CT) and Gonorrhea (GC) Nucleic Acid Amplification Testing (NAAT) to NC SLPH

Standing Order in N.C. Board of Nursing Format

INSTRUCTIONS FOR LOCAL HEALTH DEPARTMENT STAFF ONLY
Use the approved language in this standing order to create a customized standing order exclusively for your agency.
Print the customized standing order on agency letterhead. Review standing order at least annually and obtain Medical Director's signature.
Standing order must include the effective start date and the expiration date.

The NCSLPH currently supports urine (male only), rectal, and oropharyngeal CT/GC NAAT screening for patients that meet at least one of the following objective criteria:

1. Asymptomatic MSM or transgender patient who has had sexual exposure at an extragenital (rectal or oropharyngeal) site within the preceding 60 days
2. Symptomatic MSM or transgender patient, regardless of stated date of late exposure
3. Symptomatic female who reports rectal and/or oropharyngeal exposures
4. Any individual being initiated on or receiving HIV pre-exposure prophylaxis (PrEP)

Assessment

Subjective Findings

The following subjective criteria meet the requirement for an **STD ERRN** to collect oropharyngeal, rectal, or urine (male only) NAAT specimens by standing order.

- Urethral discharge
- Asymptomatic male but report of sexual exposure via oral, penile, or anal intercourse within the preceding 60 days
- Intrameatal itching
- New, multiple, or anonymous sex partners
- Reports contact to: Chlamydia trachomatis (CT), Gonorrhea (GC), Non-Gonococcal Urethritis (NGU), Pelvic Inflammatory Disease (PID), Mucopurulent Cervicitis (MPC), or Trichomonas vaginalis (TV)
- Initiation or maintenance on HIV PrEP treatment

Plan of Care

Implementation

A registered nurse or STD ERRN employed or contracted by the local health department may order a CT/GC NAAT for any oropharyngeal, urine or rectal specimen collected by the STD ERRN or other medical provider. The Aptima® Multitest swab specimen collection kit should be used for oropharyngeal and rectal NAAT specimens and the Aptima® urine specimen collection kit should be used for urine NAAT specimens submitted to the SLPH. ***THE SPECIMEN SOURCE MUST BE CLEARLY LABLED ON EVERY COLLECTION TUBE SUBMITTED FOR SPECIMEN ACCEPTANCE.***

1. Urine specimens (males only) should be collected as follows:
    a. the patient should not have urinated for at least 1 hour prior to specimen collection
    b. direct patient to provide first-catch urine (approximately 20 to 30 mL of the initial urine stream) into a urine collection cup free of any preservatives. Collection of larger volumes of urine may result in rRNA target dilution that may reduce the test sensitivity
    c. remove the cap and transfer 2 mL of urine into the urine specimen NAAT transport tube, using the disposable pipette provided. The correct volume of urine has been added when the fluid level is between the black fill lines on the urine specimen NAAT transport tube label
    d. place the cap back on the urine specimen NAAT transport tube tightly

    Note: Urine specimens are equivalent to urethral specimens. Urethral specimens are no longer recommended for NAAT testing in males or females.

2. Pharyngeal swab specimens (clinician-collected) should be collected as follows:

a. partially peel open the swab package. Do not touch the soft tip or lay the swab down. If the soft tip is touched, laid down, or dropped, use a new NAAT Specimen Collection Kit
b. remove the swab
c. hold the swab, placing your thumb and forefinger in the middle of the swab shaft covering the score line. Do not hold the swab below the score line.
d. carefully insert the swab into the throat ensuring contact with bilateral tonsils (if present) and the posterior pharyngeal wall and gently swab for 10 seconds (or as long as the client can tolerate, whichever comes first)
e. withdraw the swab without touching the tongue, teeth, gums or buccal mucosa
f. while holding the swab in the same hand, unscrew the cap from the tube. Do not spill the contents of the tube. If the contents of the tube are spilled, use a new NAAT Specimen Collection Kit and recollect the specimen.
g. immediately place the swab into the transport tube, so that the score line is at the top of the tube
h. carefully break the swab shaft at the score line against the side of the tube and discard the top portion of the swab shaft.
i. tightly screw the cap onto the tube

3. Rectal swab specimens (clinician-collected) should be collected following the vendor's instructions
    a. partially peel open the swab package. Do not touch the soft tip or lay the swab down. If the soft tip is touched, laid down, or dropped, use a new NAAT Specimen Collection Kit
    b. remove the swab
    c. hold the swab, placing your thumb and forefinger in the middle of the swab shaft covering the score line. Do not hold the swab below the score line.
    d. carefully insert the swab into the rectum about 1-2 inches (3-5 cm) past the anal margin and gently rotate the swab for 5 to 10 seconds
    e. withdraw the swab without touching the skin
    f. while holding the swab in the same hand, unscrew the cap from the tube. Do not spill the contents of the tube. If the contents of the tube are spilled, use a new NAAT Specimen Collection Kit and recollect the specimen
    g. immediately place the swab into the transport tube, so that the score line is at the top of the tube
    h. carefully break the swab shaft at the score line against the side of the tube and discard the top portion of the swab shaft.
    i. tightly screw the cap onto the tube

A Test of Cure (TOC) should be performed 2 weeks after the completion of treatment if an alternative treatment regimen was used to treat GC oropharyngeal infection. TOC is not recommended for uncomplicated urogenital or rectal GC infections treated with the recommended or alternative regimens. CDC treatment guidelines for GC are located at: https://www.cdc.gov/std/tg2015/gonorrhea.htm.

B. Interpretation of Lab Findings
    1. Positive – C. trachomatis RNA detected and/or N. gonorrhoeae RNA detected
    2. Negative - C. trachomatis RNA not detected and N. gonorrhoeae RNA not detected
    3. Equivocal – Indeterminate (specimen collection should be repeated)

Criteria for Notifying the Medical Provider

- pharyngitis
- scrotal pain or swelling
- oral temperature ≥ 101° F

- contact the medical director or medical provider, if there is any question or concern about whether to carry out any provision of the standing order.

Follow Up

- empiric treatment for both GC and CT should be given to symptomatic clients who present to the STD clinic for evaluation who lack clinical lab criteria on the day of exam. The STD ERRN should consult a medical provider for individual orders as needed.
- treatment of asymptomatic clients who test positive for GC and/or CT should occur within14 days of positive lab report
- document all attempts of follow-up for clients who meet case definition in accordance with local policy and state guidelines
- Gonorrhea and Chlamydia are reportable in NC EDSS within 30 days of diagnosis

Approved by: _____ _____ Date approved: _____
Local Health Department Medical Director

Reviewed by: _____ Date reviewed:_____
Director of Nursing/Nursing Supervisor

Effective Date: _____
Expiration Date: _____

Legal Authority: Nurse Practice Act, N.C. General Statutes 90-171.20(7)(a)(e)(f)&(8)(c)