

Health Advisory: STD Testing Kit Shortage

Minnesota Department of Health, Fri, Oct 09 11:00 CDT 2020

Action Steps

Local and tribal health department: Please forward to hospitals, clinics, urgent care centers, emergency departments, and convenience clinics in your jurisdiction.

Hospitals, clinics and other facilities: Please distribute to health care professionals who treat patients at risk for sexually transmitted diseases in your jurisdiction.

Health care providers:

- Fill out the STD Supplies survey below.
- Use the table and other links below to prioritize diagnostic STD testing during shortages.
- Conduct sexual risk assessment to determine who needs to be screened/tested.
- Make every effort to reinstitute STD screening and testing recommendations per the CDC's 2015 STD Treatment Guidelines (https://www.cdc.gov/std/tg2015/default.htm) once the diagnostic test kit shortage has been resolved.
- Subscribe to MDH's HIV/STD Prevention and Data Updates
 (https://service.govdelivery.com/accounts/MNMDH/subscriber/new?topic id=MNMDH 4
 29) for future messages about STDs.
- Report STD cases within 24 hours to MDH at 1-877-676-5414 (toll-free) or 651-201-5414.

Background

There has recently been a nationwide shortage of specimen collection kits and laboratory supplies for all sexually transmitted diseases (STDs), most notably for chlamydia and gonorrhea nucleic acid amplification tests (CT/GC NAAT). Clinics throughout Minnesota are experiencing these supply shortages. This comes at an already difficult time for clinics that offer testing and treatment for STDs. Since mid-March, these clinics have seen a decrease in the number of people seeking services. Many have adjusted their services to incorporate more telehealth visits for syndromic management and expedited partner therapy (EPT). It may be necessary for clinics and laboratories to change STD testing procedures again to conserve testing supplies. Clinics may need to change who is tested, when they are tested, and which test is used because of the supply shortages.

Survey of STD Supplies in Minnesota

MDH is conducting a survey to assess availability of STD test kits at clinics in the state. Please have one person in your facility or health system (clinic, hospital, health system, lab, or commercial reference lab) fill out the survey. By collecting this data from every facility or health system, we will better understand the needs in Minnesota, in case resources become available at a state or national level.

 STD Testing Supplies Shortages (https://redcap.health.state.mn.us/redcap/surveys/?s=XKNW3EPFF7)

Prioritization of STD Diagnostic Tests During Shortages

	Prioritization of STD Diagnostic Tests During Shortages		
	Tier 1 Recommendations based on the 2015 CDC STD Treatment Guidelines and no CT/GC NAAT test shortages	Tier 2 Approaches to consider when STD diagnostic test kits are limited	Tier 3 Approaches to take when STD diagnostic tests kits are severely limited or not available
Asymptomatic individuals	Screen women <25 years of age and women >25 years of age who are at risk at least annually for CT and GC Screen pregnant women <25 years of age and pregnant women > 25 years of age at risk for CT and GC at first prenatal visit. Screening should be repeated at third trimester for women <25 years of age and/or at high risk Asymptomatic males who report sex with females do not need to be screened.	Prioritize women <25 years of age; pregnant women <25 years of age; women > 25 years at risk*#; pregnant women > 25 years of age at risk*# and MSM Vaginal testing (women), rectal and pharyngeal+ testing (MSM) for CT and G	No screening
Men with symptomatic urethritis syndrome	Test for chlamydia (CT) and gonorrhea (GC)	Gram or methylene blue stain to direct therapy; Urinalysis or urine leukocyte esterase testing can be considered to confirm urethritis but will not distinguish between GC and CT Reserve urine- based testing for persistent urethritis	See CDC guidance regarding syndromic management

Women with cervicitis syndrome	Test for CT, GC, Trichomonas vaginalis (TV) and bacterial vaginosis (BV)	Vaginal or endocervical testing for CT and GC; Wet prep for BV and TV testing**
Women with vaginitis syndrome	Test for TV, BV and Candida	Perform wet mount for TV, BV and Candida
Protitis syndrome	Test for CT, GC, syphilis and herpes simplex virus	Rectal testing for CT and GC
Complicated STD syndrome (PID)	Test for CT and GC	Vaginal or endocervical testing for CT and GC
Contacts to GC and/or CT	Test for CT and GC	Treat for appropriate organism

MSW = men who have sex only with women

MSM = men who have sex with men

#Prioritize women (including pregnant women) <25 years of age if test kits are limited

For More Information

- <u>Dear Colleague Letter: STD Testing Supply Shortage</u>
 (https://www.health.state.mn.us/diseases/stds/hcp/shortageletter.pdf)
- CDC Clarification on the use of expedited partner therapy (https://www.cdc.gov/nchhstp/dear_colleague/2020/dcl-051320-clarification.html)
- CDC 2015 STD Treatment Guidelines (https://www.cdc.gov/std/tg2015/default.htm)
- MDH STD Information for Health Professionals (https://www.health.state.mn.us/diseases/stds/hcp/index.html)

A copy of this HAN is available at: <u>MDH Health Alert Network</u> (http://www.health.state.mn.us/han)

The content of this message is intended for public health and health care personnel and response partners who have a need to know the information to perform their duties.

⁺prioritize rectal over pharyngeal testing in MSM if test kits are limited

^{*}e.g. those who have a new sex partner, more than one sex partner, a sex partner with concurrent partners or a sex partner who has an STD

^{**}If CT/GC NAAT sent and TV can be performed using the same test kit, TV NAAT could be considered