

September 29, 2020

Dear Colleagues:

As many of you know, recently there has been a shortage of STD test kits and laboratory supplies, most notably for chlamydia and gonorrhea nucleic acid amplification tests (CT/GC NAAT). Clinics throughout Minnesota and across the nation 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.

On May 6, 2020, the Minnesota Department of Health (MDH) posted a Dear Colleague Letter that provided guidance for clinical management of STDs in Minnesota locations experiencing disruptions in clinical services. The MDH Dear Colleague Letter was based on the Dear Colleague Letter that the Centers for Disease Control and Prevention (CDC) released on April 6, and offered guidance on approaches to prioritizing patients and their symptoms, developing new protocols, considerations for home testing, and the importance of working with community partners.

The CDC issued a follow up [Dear Colleague Letter: clarification on use of EPT](https://www.cdc.gov/nchhstp/dear_colleague/2020/dcl-051320-clarification.html) (https://www.cdc.gov/nchhstp/dear_colleague/2020/dcl-051320-clarification.html) on May 13. EPT is reserved for situations when sexual partners of people diagnosed with certain STDs would not otherwise receive timely treatment. The CDC recommends EPT for the management of sexual partners of people diagnosed with chlamydia and gonorrhea **but not syphilis**; MDH recommendations are the same. In addition, as of May 2020, MDH recommends EPT as an option for treating sexual partners of individuals diagnosed with trichomoniasis, something that also aligns with CDC recommendations.

This letter offers guidance to prevention programs, including clinics, on approaches to prioritizing chlamydial and gonococcal testing when STD diagnostic test kits are in short supply. The goal is to maximize the number of infected individuals identified and treated while prioritizing individuals most likely to experience complications. The diagnostic strategies listed in Table 1 apply primarily to chlamydial and gonococcal testing. For HIV and syphilis testing, continue to follow the CDC's [2015 STD Treatment Guidelines](https://www.cdc.gov/std/tg2015/default.htm) (<https://www.cdc.gov/std/tg2015/default.htm>). Once the diagnostic test kit shortage has resolved, make every effort to reinstitute STD screening and testing recommendations per the 2015 CDC STD Treatment Guidelines.

The magnitude of the STD diagnostic test shortages varies by location, so the potential approaches listed below and in Table 1 should be tailored to fit your clinic's needs and current practices.

Considerations for prioritizing STD testing if test kits are in short supply:

- Chlamydia and gonorrhea screening of asymptomatic individuals. Prioritize populations recommended by the U.S. Preventive Services Task Force (USPSTF) and 2015 CDC STD Treatment Guidelines for screening as outlined below:
 - Asymptomatic women, especially pregnant women, <25 years of age or women > 25 years of age at risk (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). Genital CT/GC NAAT testing should be prioritized with a vaginal swab, the preferred specimen. Extra-genital CT/GC screening is not recommended for women.
 - Asymptomatic men who have sex with men (MSM): Rectal and pharyngeal CT/GC NAAT testing for men with exposure at these anatomic sites should be prioritized above urethral (or urine-based) testing in order to maximize the detection of infection per below. If test kits are severely limited, consider prioritizing rectal testing over pharyngeal testing.
 - CT/GC screening is not recommended for asymptomatic men who have sex only with women.
 - Extended screening intervals for whom screening is recommended every 3 months (i.e. high-risk MSM and MSM on pre-exposure prophylaxis (PrEP)) may need to be considered in order to provide access to testing for other populations (listed above) while test kits are in shortage.
- Men with symptomatic urethritis:
 - A Gram stain (GS) or methylene blue (MB) stain should be performed as the diagnostic test on urethral specimens at clinical sites with this capacity. Clinics without this capacity should send a urethral GS or MB stain specimen to a laboratory to distinguish between gonococcal urethritis and non-gonococcal urethritis (NGU). The GS and MB stain are highly sensitive and specific in symptomatic urethritis. If the GS or MB stain is available at the time of the patient visit, therapy can be targeted appropriately, thus limiting unnecessary antibiotic exposure. If empiric treatment is administered, the GS or MB stain should still be obtained to confirm a GC or NGU diagnosis and to inform partner management and future management if symptoms persist or recur. If GS/MB is not available, treat men with symptomatic urethritis for both gonorrhea and chlamydia per the 2015 CDC STD Treatment Guidelines.
- Women with cervicitis syndrome or pelvic inflammatory disease (PID):
 - *Empirically treating these syndromes is a priority.* If CT/GC NAAT kits are available for diagnostic testing, then vaginal swabs for chlamydia and gonorrhea NAAT test are the preferred specimen type. Endocervical swabs can also be considered. Tests should be prioritized for women < 25 years of age with cervicitis or PID.
- Individuals with proctitis syndrome:
 - *Empirically treating these syndromes is a priority.* Therapy for herpes simplex virus may be considered if pain or mucocutaneous lesions are present (see CDC's April 6th [Dear Colleague Letter: STD Services \(https://www.cdc.gov/std/dstdp/DCL-STDTreatment-COVID19-](https://www.cdc.gov/std/dstdp/DCL-STDTreatment-COVID19-)

[04062020.pdf](#)). If rectal CT/GC NAAT test kits are available for diagnostic testing, then obtain a rectal specimen and treat empirically per the 2015 CDC STD Treatment Guidelines.

- Individuals taking Pre-Exposure Prophylaxis (PrEP):
 - The frequency of extragenital CT/GC screening in MSM receiving PrEP should be in follow the current CDC guidelines, [PrEP During COVID-19](#) (<https://www.cdc.gov/hiv/clinicians/prevention/prep.html>).
 - If test kits are in short supply, extended extragenital screening intervals may be considered.
 - For more general guidance on PrEP clinical services during the COVID-19 pandemic, please see CDC's May 15 [Dear Colleague Letter: PrEP During COVID-19](#). (https://www.cdc.gov/nchhstp/dear_colleague/2020/dcl-051520-PrEP-during-COVID-19.html).

- Contacts to chlamydia and/or gonorrhea:
 - Empirically treat the contact for the appropriate organism. If CT/GC NAAT test kits are in short supply, consider forgoing testing.

- If urine CT/GC NAAT test kits are in short supply:
 - Reserve test kits for men with persistent urethritis.

Thank you for your partnership and daily effort to combat STDs and HIV. The COVID-19 pandemic continues to offer new challenges requiring perseverance and creativity. We will continue to keep you informed as situations change.

Please let us know if you are having problems with availability of CT/GC NAAT test kits for your clients. The CDC does not know how long supplies will be limited. While we are not providing test kits, we may be able to help you locate supplies. Continue to check the STD pages on the MDH website for updates and please reach out to us for additional guidance or assistance. Please take care while this new normal continues.

Sincerely,



Dr. Nicholas Lehnertz
Medical Specialist
Infectious Disease Epidemiology Prevention and Control
PO Box 64975
St. Paul, MN 55164-0975
www.health.state.mn.us/std

Recommendations for prioritization of STD diagnostic testing by population at times of diagnostic test kit shortage

	Asymptomatic individuals	Men with symptomatic urethritis syndrome	Women with cervicitis syndrome	Women with vaginitis syndrome	Proctitis syndrome	Complicated STD syndrome (PID)	Contacts to GC and/or CT
Tier 1: Recommendations based on the 2015 CDC STD Treatment Guidelines and no CT/GC NAAT test shortages	Screen women <25 years of age and women ≥25 years of age who are at risk at least annually for CT and GC	Test for chlamydia (CT) and gonorrhea (GC)	Test for CT, GC, <i>Trichomonas vaginalis</i> (TV) and bacterial vaginosis (BV)	Test for TV, BV and Candida	Test for CT, GC, syphilis and herpes simplex virus	Test for CT and GC	Test 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						
Tier 2: Approaches to consider when STD diagnostic test kits are limited	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 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	Vaginal or endocervical testing for CT and GC; Wet prep for BV and TV testing**	Perform wet mount for TV, BV and Candida	Rectal testing for CT and GC	Vaginal or endocervical testing for CT and GC	Treat for appropriate organism
Tier 3: Approaches to take when STD diagnostic tests kits are severely limited or not available	No screening	See guidance in CDC's Dear Colleague Letters regarding syndromic management					

MSW = men who have sex only with women

MSM = men who have sex with men

+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

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

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