

**TO:** Vermont Health Care Providers and Health Care Facilities  
**FROM:** Jennifer S. Read, MD, FIDSA; Medical Epidemiologist

### **Prioritizing STI Testing While Test Kits and Laboratory Supplies Are in Short Supply**

According to the [American Society for Microbiology](#), clinical laboratories in the U.S. have shortages of the following test kits and supplies as follows:

- 73% have a shortage of commercial testing kits for SARS-CoV-2
- 65% of labs have a shortage of non-COVID-19 testing supplies for detection of routine bacteria (including the bacteria causing strep throat, pneumonia, bronchitis, and urinary tract infections)
- 70.8% of labs have a shortage of supplies for molecular detection of sexually transmitted infections (STIs)
- 17.6% have a shortage of supplies for mycobacteria testing (including testing for tuberculosis (TB), Buruli ulcer, and pulmonary nontuberculous mycobacterial disease)
- 50% of labs have a shortage of supplies for routine fungal testing (ranging from superficial, localized skin conditions to deeper tissue infections to serious lung, blood (septicemia) or systemic diseases)

More specifically, with regard to the shortages of STI test kits and laboratory supplies, there are shortages of chlamydia (CT) and gonorrhea (GC) nucleic acid amplification tests (CT/GC NAATs). These shortages are affecting multiple diagnostic companies as well as public health and commercial laboratories, and the shortages affect several components of the specimen collection and testing process.

The CDC has offered [guidance](#), delineated below, on approaches to prioritizing chlamydial and gonococcal testing when STI diagnostic test kits are in short supply. The goal of this guidance is to maximize the number of infected individuals identified and treated while prioritizing individuals most likely to experience complications. The diagnostic strategies below pertain primarily to testing for CT and GC. HIV and syphilis testing should continue to be performed per the [CDC's 2015 STD Treatment Guidelines](#). Every effort should be made to reinstitute STI screening and testing recommendations per the 2015 CDC STD Treatment Guidelines once the diagnostic test kit shortage has resolved.

### **CDC Guidance on Prioritizing STI Testing While Test Kits and Laboratory Supplies Are in Short Supply:**

- **CT and GC 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 less than 25 years of age or women 25 years or older 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 STI): 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. 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 three months (i.e. high-risk MSM and MSM on pre-exposure prophylaxis (PrEP)) may need to be reconsidered in order to provide access to testing for other populations 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 CT and GC NAAT test are the preferred specimen type. Endocervical swabs also can 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 [April 6th Dear Colleague Letter](#)). 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 HIV pre-exposure prophylaxis (PrEP):**
  - The frequency of extragenital CT/GC screening in MSM receiving PrEP should be in accord with the [current CDC PrEP guidelines](#).
  - 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 the [May 15 Dear Colleague Letter](#).
- **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. In Vermont, the [Expedited Partner Therapy for Sexually Transmitted Diseases rule](#) provides health care professionals the authority to prescribe medication to the sexual partner or partners of a patient diagnosed with a sexually transmitted disease without examining the sexual partner or partners.
- **If urine CT/GC NAAT test kits are in short supply:**
  - Reserve test kits for men with persistent urethritis.

#### **REQUESTED ACTIONS:**

- Be aware of the nationwide shortage of STI test kits and laboratory supplies.
- Utilize CDC guidance on prioritizing STI testing while test kits and laboratory supplies are in short supply.

If you have any questions, please contact the HAN Coordinator at 802-859-5900 or [vthan@vermont.gov](mailto:vthan@vermont.gov).

#### **HAN Message Type Definitions**

*Health Alert:* Conveys the highest level of importance; warrants immediate action or attention.

*Health Advisory:* Provides important information for a specific incident or situation may not require immediate action.

*Health Update:* Provides updated information regarding an incident or situation; unlikely to require immediate action.

*Info Service Message:* Provides general correspondence from VDH, which is not necessarily considered to be of an emergent nature.