



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Bureau for Public Health
Office of Epidemiology and Prevention Services

Jeffrey H. Coben, MD
Interim Cabinet Secretary

Matthew Q. Christiansen, MD, MPH
Commissioner & State Health Officer

MEMORANDUM

DATE: March 21, 2023
TO: LHD Nurses & STD Clinical Providers
FROM: OEPS STD Program
OLS Diagnostic Immunology Program
RE: CT/GC Extragenital Testing (EGT) at OLS

EGT for Gonorrhea and Chlamydia is now available at OLS and is covered by the STD Program. This includes rectal and throat specimens that may be submitted along with the urine specimens for patients who meet the following criteria:

- Any man who has sex with men (MSM)
- Any patient that discloses receptive anal sex
- Any patient that discloses giving oral sex

Priority patients include MSM, transgender females, and adolescents or young adults (aged 14-25). Even if the patient reports no vaginal or insertive anal sex, a **urine specimen must be submitted to OLS along with the EGT swabs**. Screening is recommended at least annually for sexually active individuals, or every 3-6 months based on exposure. Before taking a sexual health history, it is recommended that you mention offering a “full panel” of STD testing that can include these additional swabs.

For STD Program questions, please call OEPS at 304-558-2195 or email the STD inbox at wvstd@wv.gov.

Laboratory Considerations:

*****If submitting a throat or rectal sample, it must be paired with a urine sample for the patient.**

You can find the new submission and supply forms on the OLS Website: <https://dhhr.wv.gov/ols>.

Both the submission and supply forms are “fillable” for your convenience. Please note that completed supply request forms can be emailed to dhhrolssupplyorder@wv.gov.

Sites should submit a form for each specimen type (one for urine, one for throat, one for rectal).

OLS Diagnostic Immunology recommends sending all samples by the courier of your choice. If your site is interested in applying for a discounted FedEx account through the State of West Virginia contract, please contact the DI unit for more information.

Treatment Guidelines:

The recommended treatment of Chlamydia is 100 mg BID doxycycline for seven days regardless of specimen site. In the event of a doxycycline allergy, 1 gm Azithromycin PO or 500 mg Levofloxacin PO for seven days is also acceptable as an alternative regimen. Studies suggest that **doxycycline is the best treatment option for both rectal and oropharyngeal infection**, so alternatives should be used only when necessary.

The recommended treatment of Gonorrhea is 500 mg IM ceftriaxone, with the addition of 100 mg BID doxycycline for seven days if chlamydia infection cannot be ruled out. In the case of a cephalosporin allergy, 240 mg Gentamicin IM with 2 gm Azithromycin PO is also acceptable for urethral, rectal, and cervical infection only. **There are no treatment alternatives for pharyngeal gonorrhea infection.** For those patients testing positive for pharyngeal gonorrhea, it is recommended to perform a test of cure within 7-14 days of treatment. If said test of cure remains positive, a follow-up culture is recommended.

Further information and research on EGT:

www.cdc.gov/mmwr/volumes/68/wr/mm6814a1.htm

pubmed.ncbi.nlm.nih.gov/30676485

pubmed.ncbi.nlm.nih.gov/32649927

www.ncsddc.org/resource/extragenital

californiaptc.com/extragenital-screening