

Sexual health screening

This guideline provides screening recommendations that are based on anatomy and is inclusive of gender-affirming surgeries and hormone therapy.

All patients should be screened according to the types of sexual activities they participate in. This may include screening throats, rectums, genitals and genital lesions as indicated. Serology should be included during routine STI screening for all patients, including TP EIA, HIV, and Hepatitis A, B & C as indicated. Assess need for immunizations (HPV, HAV, HBV) and HIV PrEP on an individual basis. Self-swabbing, blind swabs and urine CT/GC NATs are appropriate for symptomatic patients who do not desire a physical exam.

Note: Symptomatic patients should have microbiological analysis (which includes yeast and BV prn) in addition to STI screening.

BCCDC's [GetCheckedOnline.com](https://www.getcheckedonline.com) is an excellent screening option for asymptomatic clients as well (use code 'TransCare' to make an account).

Site	Asymptomatic	Symptomatic	Notes
<p>Penile urethra (with or without phalloplasty or metoidioplasty with urethral lengthening)</p> <p>*If urethral symptoms occur after gender-affirming surgery, consult with an experienced clinician, as swabs may be contraindicated:</p> <p>RACE line: 604-696-2131 or toll free at 1-877-696-2131 and request the "Transgender Health" option</p> <p>Trans Care BC: 1-866-999-1514 transcareteam@phsa.ca</p>	<ul style="list-style-type: none"> CT/GC NAT urine 	<p>STI Screen:</p> <ul style="list-style-type: none"> CT/GC NAT (urine) Trich NAT <p>Microbiological analysis:</p> <ul style="list-style-type: none"> GC culture Yeast C&S superficial wound Urine dipstick and/or urinalysis prn 	<p>All swabs may be self or practitioner collected</p> <p>Requisition tips:</p> <ul style="list-style-type: none"> Specify site as "Urethra" prn If 'female' or 'X' gender marker, indicate "Trans patient" to reduce likelihood of sample rejection <p>Use liquid Amies culture red-top swab</p>

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<p>Vagina after vaginoplasty</p> <p>If pain, discharge or bleeding occur in the early post-operative period, consult with an experienced clinician:</p> <p>RACE line: 604-696-2131 or toll free at 1-877-696-2131 and request the “Transgender Health” option</p> <p>Trans Care BC: 1-866-999-1514 transcareteam@phsa.ca</p>	<ul style="list-style-type: none"> CT/GC NAT urine <p>Some patients may find pelvic exams affirming. If patient preference is for pelvic exam:</p> <p>CT/GC NAT vaginal (clinician-collected)</p> <p>Note: This test has not been validated for use in vaginoplasty</p> <ul style="list-style-type: none"> There is no evidence to support the need for Pap tests of vaginal vault 	<p>STI Screen:</p> <ul style="list-style-type: none"> CT/GC NAT (urine or vaginal) Trich NAT 	<p>All swabs may be self or practitioner collected</p> <p>Requisition tips:</p> <ul style="list-style-type: none"> Specify site as “Vaginoplasty” prn If ‘male’ or ‘X’ gender marker, indicate “Trans patient” to reduce likelihood of sample rejection
		<p>Microbiological analysis:</p> <ul style="list-style-type: none"> GC culture Yeast C&S superficial wound Urine dipstick and/or urinalysis prn 	<p>Use liquid Amies culture red-top swab</p>
		<p>Prostate exam prn</p> <p>Note: the prostate is not removed during vaginoplasty</p>	<p>Assessment can be done by digital exam via lower aspect of anterior vaginal wall</p>

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<p>Vagina after total hysterectomy</p> <p>See BCCDC's Pelvic Exam Decision Support Tool (March 2017)</p>	<ul style="list-style-type: none"> CT/GC NAT urine (preferred) or vaginal See "BCCA Screening for Cancer of the Cervix" to determine screening recommendations for patients with removal of cervix 	<p>STI Screen:</p> <ul style="list-style-type: none"> CT/GC NAT (urine or vaginal) Trich NAT <p>Microbiological analysis:</p> <ul style="list-style-type: none"> Urine dipstick and/or urinalysis prn GC culture Yeast <p><u>If on testosterone*:</u></p> <ul style="list-style-type: none"> C&S superficial wound <p><u>If not on testosterone:</u></p> <ul style="list-style-type: none"> Vaginitis Chronic 	<p>All swabs may be self or practitioner collected</p> <p>Requisition tips:</p> <ul style="list-style-type: none"> If 'male' or 'X' gender marker, indicate "Trans patient" to reduce likelihood of sample rejection <p>Use liquid Amies culture red-top swab</p>

*Testosterone can induce a hypoestrogenic state in the internal genitals. This decreases epithelial cells, tissue resilience, skin barrier function and lactobacilli, and leads to increased susceptibility to traumatic irritation (during ADLs, sexual activity, etc), increased genital pH and susceptibility to BV symptoms. LifeLabs has advised that the low (or non-existent) levels of lactobacilli make screening for BV inapplicable, since this would yield results (BV intermediate or BV positive) that may not accurately reflect the underlying cause of symptoms.

The "C&S superficial wound" panel will provide more information about the types of organisms present and would better assist in clinical decision-making.

For information on treating internal genital dryness (atrophy), see "Managing side effects of testosterone & other common concerns".

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Vagina with cervix See BCCDC's Pelvic Exam Decision Support Tool (March 2017)	<ul style="list-style-type: none"> CT/GC NAT (urine <u>or</u> vaginal) 	STI Screen: <ul style="list-style-type: none"> CT/GC NAT (urine or vaginal) Trich NAT 	All swabs may be self or practitioner collected Requisition tips: <ul style="list-style-type: none"> If 'male' or 'X' gender marker, indicate "Trans patient" to reduce likelihood of sample rejection
	<ul style="list-style-type: none"> Cervical screening prn 	Microbiological analysis: <ul style="list-style-type: none"> Urine dipstick and/or urinalysis prn GC culture Yeast <p><u>If on testosterone*:</u></p> <ul style="list-style-type: none"> C&S superficial wound <p><u>If not on testosterone:</u></p> <ul style="list-style-type: none"> Vaginitis Chronic 	Note: patients on testosterone may have cervical motion tenderness (CMT) due to genital tissue atrophy (presence of CMT not necessarily indicative of Pelvic Inflammatory Disease)

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Throat	<ul style="list-style-type: none"> CT/GC NAT 	<ul style="list-style-type: none"> GC C&S CT/GC NAT 	<p>Listed in order of collection</p> <p>All swabs may be self or practitioner collected</p>
Rectum	<ul style="list-style-type: none"> CT/GC NAT 	<ul style="list-style-type: none"> GC C&S CT/GC NAT HSV PCR 	<p>Listed in order of collection</p> <p>All swabs may be self or practitioner collected</p>
<p>Lesions (genital and oral)</p> <p>*For lesions suspected of LGV or Syphilis, consult with an experienced clinician :</p> <p>RACE line: 604-696-2131 or toll free at 1-877-696-2131 and request the “Sexually Transmitted Infection Service”</p>		<ul style="list-style-type: none"> HSV PCR 	
		<ul style="list-style-type: none"> LGV* <p>Use CT/GC NAT swab</p>	<p>Sample must be sent to BCCDC PHL</p> <p>Use ‘Bacteriology’ requisition and write “If positive for CT, send to NML for testing”</p>
		<ul style="list-style-type: none"> Syphilis* <p><u>Syphilis PCR buffer:</u> Submit swab in Syphilis PCR buffer</p>	<p><u>Syphilis PCR buffer:</u> Sample must be sent to BCCDC PHL. Use ‘Bacteriology’ requisition and write “For <i>T.pallidum</i> PCR”</p>
		<p><u>No Syphilis PCR buffer available:</u> Use CT/GC NAT swab (orange Gen-Probe Aptima)</p>	<p><u>No Syphilis PCR buffer available:</u> Sample must be sent to BCCDC PHL. Use ‘Bacteriology’ requisition and write “Attn Dr Morshed, for <i>T.pallidum</i> PCR”</p>