

## Welcome

to the 11<sup>th</sup> RESIST newsletter from the Antimicrobial Resistance and Infection Control team (AMRIC). In this edition we focus on the vaccine rollout, how the health services are planning for October 22<sup>nd</sup>, flu vaccine and European Antibiotics Awareness Day. We also have lots of updates on antimicrobial resistance and IPC news. Thanks for your comments and inputs, if you have any suggestions on content or want further information please contact us on [hcai.amrteam@hse.ie](mailto:hcai.amrteam@hse.ie)

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## Dr. Colm Henry, HSE Chief Clinical Officer; vaccine programme update

Ireland's COVID-19 vaccination programme has been a spectacular success thanks to tremendous work by all of you and the participation of all the people who came to get their vaccine. But there is still very important work for the vaccination programme. The percentage of eligible people who have not come forward for vaccination is small, but there are still around 200,000 people or more who have not taken the vaccine and as a result are still at risk.

We can see the difference vaccine makes very clearly when we look at figures on people in hospital and ICU with COVID-19. The share of people who are hospitalised with COVID who are not vaccinated is out of all proportion to the percent of people in the population who are vaccinated.

Some people may be determined never to take the vaccine and that is their choice. Many others may still be undecided or just have some questions and others may want to have the vaccine but not have got around to getting it yet. The vaccination programme is working all the time to find new ways to make it easier to get information that is easy to understand to people and to make it easier to get vaccinated.

One really important group to reach are pregnant women. We now know that vaccination is safe and effective and vitally important for pregnant women and their infants at all stages of pregnancy. We have also learned that the type of COVID-19 virus circulating now, called the Delta variant, can produce very severe disease in pregnant women.

Ask people if they have been vaccinated. Give them an opportunity to ask you any questions they may have and then strongly recommend vaccination. The choice is theirs to make and it is important that we respect their choice but a clear confident recommendation from a trusted healthcare worker can make all the difference.



We are still working hard also to reach other groups in society where vaccine uptake has been lower. If you work with harder to reach groups you can help by letting people know that that can talk to you about vaccination. All the information you need is on the [HSE website](#).

The vaccination programme now has two additional pieces of work to complete one is for people who are immunocompromised and the second relates to some older people.

If someone was [immunocompromised](#) at the time they got vaccinated they will not have got full benefit from the usual vaccination doses. An additional dose of vaccine can stimulate their immune system to provide greater protection against COVID-19.

We estimate there are around 90 000 people in Ireland who are immunocompromised. This may be because of a medical condition or because of a treatment they are taking for a medical condition.

It is taking a huge effort from many of you to trawl through records to identify the people who are immunocompromised and send their details to the vaccination centres so that they can be called for their additional dose. I want to thank you all for your commitment to getting this done as quickly as possible in spite of all the other pressures and demands you are managing.

I expect we will all see the benefits of this work with less immunocompromised people needing hospital and ICU care for COVID-19 over the winter months.

We are also working to offer an additional dose to anyone aged 80 year or more living in the community and to all people aged 65 and over if they live in nursing homes or other residential care facilities. We know that the immune system of most people in this group did respond well to the vaccine. We can see that in the dramatic reduction in severe disease in death in older people.

However as the months go by, the immune response can weaken. Giving them an additional dose of vaccine 6 months or more after they finished the usual vaccine course will enhance their immune response for the winter months.

This is called a booster dose. The booster programme is under way with people in the community aged 80 over being contacted by their GP and mobile teams going to nursing homes and other residential care settings to vaccinate people.

Finally I want to mention that [flu vaccine](#) season is also here again. There were very few problems with flu virus last year but we expect this winter may be different as there are already signs of flu emerging in other countries. Make sure you get your flu vaccine as soon as it is available, remind your patients and family who are eligible for flu vaccine to avail of it and remember there is now a nasal spray influenza vaccine for all children aged 2 years and older.



Dr. Colm Henry, HSE Chief Clinical Officer

Although the impact of COVID-19 has been profound on many people, including many healthcare workers, we have come a long way in learning to how to live with COVID-19. The vast majority of people in Ireland over the age of 12 now have a good degree of protection from severe COVID. For most people this is because of vaccination, for some it is because they have recovered from infection and for some it is a combination of both those things. This has made it possible for life to go back towards normal step by step even though the virus is still with us. The next big step is planned for October 22<sup>nd</sup>.

For many people that big step is both an exciting and an anxious time. It is likely to be a very challenging transition for health and social care services. Although vaccination has made a big difference everywhere, including hospitals and nursing homes, many of the people in these settings are still amongst the most high risk people in the country for infection and disease. As society opens up more we can expect to see increasing circulation of respiratory viruses in the community and that brings risks for people and for healthcare services.

Heading into the winter, we need to think about the SARS-CoV-2 virus that causes COVID-19, but also about influenza virus, respiratory syncytial virus (RSV) and others. It is also likely that we will see more viral gastroenteritis causing vomiting and diarrhoea. Given that there is a constant flow of people, healthcare workers, patients and their families and friends from the community into and out of the healthcare setting, the more viruses circulating in the community the greater the risk of introduction and spread in the healthcare setting.



The current level of demand on all sectors of the healthcare system including GP services, other community services, emergency departments and acute hospitals system may increase the risk of spread of infection.

For healthcare workers a priority this winter is to be vaccinated against COVID-19. If you have not already had flu vaccine, please get the flu vaccine also. Even after you get your vaccines, please do not come to work if you have symptoms of viral respiratory tract infection or gastroenteritis. Thank you for keeping up the tremendous effort on good infection prevention and control practice at work.

For patients, clients, friends, families and partners who access healthcare settings, the message is very much the same. Vaccination will reduce the risk for everyone. Except for people who need to be seen right away, please stay away if you have any acute infection until your symptoms have cleared up. We'll be ensuring this message is reinforced publicly, through regular strong news and media messages, and a widespread HSE public information campaign throughout the winter. This will be very much like our initial COVID-19 campaign and use the same successful approaches.

# HSE What does opening up mean for healthcare?

Limiting access for family and friends of patients to healthcare settings has been one element of managing the risk of introduction of COVID-19 in Ireland and other countries. However these restrictions have caused and continue to cause real hardship and distress for many people.

Many people may expect that access for family and friends will now open up at the same pace as everything else is opening up. We will need to respond to that expectation by ensuring that restrictions are the minimum necessary to manage infection risk. It is challenging to apply that in practice because there is no formula that allows us to calculate the exact level of risk associated with a particular level of access.

The pace of change is likely to a bit different in healthcare. That difference is because the likelihood of spread of infection and the consequences of spread of infection are greater but that does need be balanced with a recognition of the hardship and harm associated with restrictions on access.

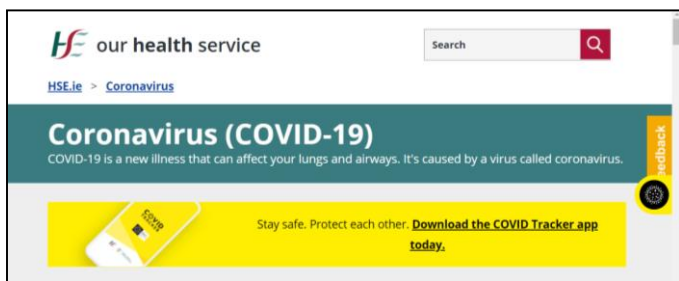
HSE-AMRIC has engaged with a number of stakeholders and has developed guidance on access for long-term [residential care](#) (updated July 9th ) and [acute hospital care](#) (updated September 3<sup>rd</sup> ). This guidance aims to strike a balance between the risk of infection and the risk of harm from restrictions. Restrictions on access in excess of the guidelines should only be applied if there is a very good reason and for the shortest possible period of time. The HSE-AMRIC guidance is reviewed and updated regularly and your comments and suggestions are welcome.

The return towards normal is what we have all worked for. We have the same destination in health and social care services as in general society but the pace may be a bit slower. It is important to take the time to talk with people about why any restriction on access are in place and to take account of the needs of individual patients and clients and their families and friends.

**Professor Martin Cormican**, HSE National Lead for Infection Control and Antimicrobial Resistance



## Websites we like



<https://www2.hse.ie/coronavirus/>



[www.antibioticprescribing.ie](http://www.antibioticprescribing.ie)





## New one off grants for raising awareness about antibiotic resistance of infection control

Have you got a good idea for raising awareness about antimicrobial resistance or infection control in your place of work? Is it something a small amount of money would help to kick start? The HSE-AMRIC team is looking to support local initiatives aimed at raising awareness around AMR, antimicrobial stewardship (AMS) and infection prevention and control (IPC).

The communications and awareness grant pilot project is looking to improve patient outcomes through the promotion of AMS or raising awareness of antimicrobial resistance. The grant application process is open to **HSE** acute or community services who want to promote AMS projects around awareness or stewardship in Q4 or early 2022.

Audrey Lambourn, AMRIC team Communications Lead says, "Raising awareness of AMR and AMS is a key part of Ireland's National Action Plan on Antimicrobial Resistance 2017-2020 ([iNAP](#)). The plan aims to implement policies and actions to prevent, monitor and combat AMR across the health, agricultural and environmental sectors. Reducing the inappropriate use of antimicrobial medicines, as well as preventing the transmission of infections and disease, is vital to stop the development and spread of resistant microorganisms."

A key part of that strategy is raising awareness of AMR and implementing initiatives to improve patient outcomes. The local grant initiative is aimed at supporting **HSE services** implement local actions. We look forward to receiving applications for the funding. The total grant fund is €30k which will be distributed across 8 services broken down as follows:

- **4 grants of €5000**
- **4 grants of €2500**

A key assessment is that the event/activity must promote AMS/AMR in the context of reducing HCAs. Priority for funding will be given to activities/events that would not go ahead without the HSE-AMRIC grant. One-off grants cannot be used for ongoing revenue funded projects.

Services can download an application form [here](#) and the completed form should be returned to the AMRIC team email [hcai.amrteam@hse.ie](mailto:hcai.amrteam@hse.ie) You will need to complete the form, scan it and return it to HSE-AMRIC. Given the time constraints it was not possible to have an online application form.

The deadline for receipt of a completed application form is 17.00 on Wednesday 27<sup>th</sup> October. Successful HSE services will be advised on the week of the 1<sup>st</sup> November to ensure that funding is transferred within the 2021 financial year. Only fully completed application forms will be assessed.

Only **1 application per hospital or community service** will be considered, budget codes must be provided for budget transfer by 15<sup>th</sup> November. Successful services that cannot provide a budget code by that date will not receive a grant.



**If you work in healthcare you are 10 times more likely to get the flu.** Getting the flu vaccine is the best way to help protect yourself and patients in healthcare settings from getting the flu.

Following the success of the COVID-19 vaccine rollout programme we are asking you to protect yourself and your patients again this year by getting the flu vaccine.

## **Vaccine clinics**

Flu vaccine clinics will be advertised locally to staff this year. Each area will have a combination of peer vaccinator clinics and options for staff to receive their vaccines in local GP practices or pharmacies. Ask your line manager if you're unsure of where your local flu vaccine clinic is.

Last year, we saw a significant increase in flu vaccine uptake rates and we want to see that continue this autumn. While it is not possible to know whether there will be a mild or severe flu season, we do know that the flu vaccine will give you the best protection against flu this flu season.

## **Free of charge**

The flu vaccine is available free of charge to healthcare workers, to protect you and to prevent the spread of flu to the vulnerable people you care for.

**Here are some flu vaccine facts that you can share freely with your patients, service users and vulnerable family members:**

1. Flu is a serious illness. Up to 500 people die from flu each year in Ireland.
2. The flu vaccine cannot give you the flu.
3. The circulating influenza viruses change each year, so each year the composition of the flu vaccine changes to protect against the new strains of flu virus expected. This is why you need to have the flu vaccine every year.
4. The flu vaccine is very safe. It has been given for more than 60 years to millions of people worldwide.
5. You can get both the flu and COVID-19 and flu vaccines at the same time. The COVID-19 vaccine will not stop you from getting the flu.
6. Getting the flu vaccine is a simple way for us to help control the spread of flu in healthcare settings and in the community.



**Visit [HSE.ie/flu](https://www.hse.ie/flu) for more information.  
Its #YourBestShot.**



In the [last edition](#) of the RESIST newsletter we covered the recent PPS survey in HSE older persons residential care facilities. A new Key Findings poster has been issued, the poster is also accessible on [www.antibioticprescribing.ie](http://www.antibioticprescribing.ie)

## ANTIMICROBIAL Point Prevalence Survey of HSE Older Persons Residential Care Facilities 2020

**3082**  
Number of persons surveyed  
at 99 Facilities

Conducted by the  
Antimicrobial Pharmacists  
in CHO 1,3,4,5,8



### KEY FINDINGS

#### 1. Prevalence of antimicrobials



Approximately **1 in 8** persons on antimicrobials daily



Approximately **1 in 3** persons received an antibiotic  
in the previous 30 days

Europe HALT  
2016

5%

Ireland HALT  
2016

10%

Ireland PPS  
2020

13%

Comparison of prevalence with HALT\* 2016 study

#### 2. Infections treated with antimicrobials



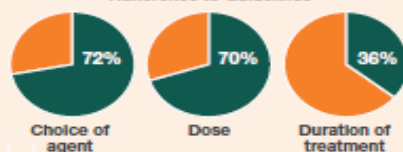
#### 3. Quality of prescribing

Green vs Red Antibiotics



68% Green (preferred) antibiotics prescribed

Adherence to Guidelines



Main themes for non-adherence:

- Use of unnecessarily broad spectrum agents
- Nitrofurantoin prescribed in renal impairment
- Choice of antibiotic not as per microbiology culture and sensitivity results

#### 4. Prophylaxis

Approximately  
**50%**  
antimicrobials for  
prophylaxis of  
infection



### KEY RECOMMENDATIONS

1



Every person on UTI prophylaxis in excess of six months should be reviewed with a view to deprescribing.

2



The practice of routine use of dipstick urinalysis for asymptomatic persons to support diagnosis of a urinary tract infection should cease.

3



Electronic access to relevant laboratory results on-site required to support timely decision-making for optimal use of antimicrobials.

4



All staff should be aware of antibiotic guidelines at [www.antibioticprescribing.ie](http://www.antibioticprescribing.ie).

5



Pneumococcal vaccination status should be determined, and offered if necessary, to all persons >65 years.

The story goes that on the 18th of November 1307 William Tell shot an apple off his son's head with a crossbow. Exactly 701 years later in 2008 we first marked European Antibiotic Awareness Day (EAAD).

European Antibiotic Awareness Day (EAAD) is an annual event to remind everyone how valuable antibiotics are, how important it is that we only use them when we need them and that these amazing drugs are under threat from the growing problem of antibiotic resistance.

Antibiotics are like magic arrows that hit the bacteria where it hurts but are usually very safe for us. However over the last 100 years or so people have used a lot of antibiotics in people and in animals. In some countries antibiotics have even been sprayed on fruit trees, and yes it was apple trees. Because of all the antibiotics many bacteria have changed so that these arrows do not work as well as they used to work 20 years ago. This is the problem of antibiotic resistance.

A key message of EAAD is to only use antibiotics when they are likely to help someone who is sick get better faster and in special circumstances when the use of an antibiotic can prevent serious infection. It is safer for you not to take an antibiotic you don't need because antibiotics like all medicines can have side effects. Antibiotics don't help you to get better faster if the infection is caused by a virus such as COVID-19, colds or flu.

The HSE, in partnership with general practitioners and pharmacists has a website which gives practical, common sense advice and information on dealing with many common illnesses like colds, flu, earaches, sore throats, tummy bugs and rashes.

[www.undertheweather.ie](http://www.undertheweather.ie) provides sound advice to give us the confidence and skill we need to take care of ourselves and our families without resorting to antibiotics. Antibiotics can cause more harm than good; they should be used only as prescribed and when needed.

- Antibiotics don't work for viral illnesses including COVID-19, colds or flu. If you have a cold or flu, visit [www.undertheweather.ie](http://www.undertheweather.ie) for advice on how to help yourself get better and ask your doctor for advice if you are concerned. If you have symptoms of COVID-19 please ring your GP.
- Antibiotics should be taken exactly as prescribed - at the right time for the right duration.
- Never share antibiotics or take them without prescription
- If you are organising an event please let us know and we can include it on our social media plan and communications plan; you can send any event news or photos to [hcai.amrteam@hse.ie](mailto:hcai.amrteam@hse.ie)





International Infection Prevention Week 17<sup>th</sup> to 23<sup>rd</sup> October takes place around the world to highlight how we can protect our health through reducing infection. This year's theme is '*Make your intention infection prevention*'. We want to highlight the important science and the people who prevent infection across residential services, community services, hospitals, laboratories and all services. Infection prevention and control is a vital part of all health services and

Professor Martin Cormican, HSE National Lead for Antibiotic Resistance says, "International Infection Prevention week gives us the opportunity to highlight some of the key actions we can all take to reduce infection. We have all learnt the importance of reducing infection as we lived through the COVID-19 pandemic. The frontline of preventing healthcare associated infection is the skill and commitment of health and social care workers who deliver hands on care to the most vulnerable patients and clients in their homes, in residential settings and in hospitals.

One of the most important parts of infection prevention and control of course is make sure that those hands that do the hands on care are clean hands. Infection Prevention and Control practitioners play a critical role in working with their colleagues to keep our health and social care services safe from the threat of infectious disease whether that is COVID-19, influenza, catheter related infection of wound infection.

Working as an infection prevention and control practitioner can be very rewarding. The field is constantly changing so there is always something new to learn not just about the science of infection but also about the quality improvement and communications skills needed to translate that knowledge into better outcome for clients and patients.

At a personal and community level we have all learnt how important infection prevention has been as we responded to the COVID-19 pandemic. Keeping our hands clean, making sure that we cough or sneeze into a tissue or our elbows and staying home if we are unwell all help to stop the spread of infection.

It is essential that we all clean our hands thoroughly to reduce the risk of infection spreading. We often think we have washed our hands properly but have a look at this [short experiment](#) and you will be surprised.

See [hse.ie/handhygiene](https://hse.ie/handhygiene) for more information about good hand hygiene. Check out the [e-bug](#) website lots of games, fun facts and information on infection control, hand hygiene and lessons for teachers.



Thanks to the sharp eye of Dr Dara Friars, surgical interns in Portiuncula University Hospital we have an updated version of the ESBL patient information leaflet available. The updated ESBL leaflet has been added to the suite of HSE-AMRIC patient leaflets. Printed copies of the leaflets are available from the Infection Prevention and Control leads in hospitals and community services. A4 factsheets are [online](#) if the information is needed urgently, the online fact sheets are available in French, Irish, Polish, Russian and Spanish.

The preference is to give patients the printed version as we know that the professionally printed document is preferred and is valued more.

Topics covered in the leaflets include:

- Norovirus
- ESBL
- CPE
- VTEc
- MRSA
- IV lines
- Catheters
- Taking antibiotics
- Preventing infection when in hospital
- *Cdiff*
- Multidrug resistant organisms



## Managing shortage of rifampicin and rifampicin-containing products

Updated HSE [guidance](#) relating to the rifampicin-containing products shortage was issued from the AMRIC team on the 9th September (version 3).

The shortage is due to a quality issue and multiple countries are affected by similar issues with rifampicin-containing products.

Version 3 of the guidance is based on updated supply information from the HPRA:

Rifater® is the only rifampicin-containing product out of stock currently with an expected return date in mid-late October. The HPRA have provided an update (27/09/21) that the marketing authorisation holder for Rifater® now have available an unlicensed version of Rifater® (a French product).

The updated advice is available on the HPRA website medication shortages section AND [www.antibioticprescribing.ie](http://www.antibioticprescribing.ie) hospital-related guidance page.



In the last edition of RESIST we covered the new pilot programme to establish intravenous catheter teams in 4 hospitals. In addition to this development the HSE-AMRIC team has launched a new eLearning module on PVC/CVC on [HSELand](#). As healthcare workers we get very used to venous catheters. They are a basic tool of the trade and it's easy to become a bit casual about them. They are a very important cause of infection and inflammation. In Ireland about 3 or 4 people a week get *Staphylococcus aureus* blood stream infection (septicaemia) related to venous catheter while they are in hospital and a lot more people get less serious infection or inflammation.

This is because a venous catheter gives bacteria a hole in the skin and a highway into the blood stream. The purpose of this new E-Learning module is to enhance the safety and quality of care related to venous catheters.

Without doubt the use of vascular catheters plays an essential role in patient care. However, catheter related bloodstream infections are a cause of preventable healthcare associated infections and are associated with serious disease, longer hospital stay and sometimes can lead to death.

A focus on infection prevention and control practices as a preventative measure during insertion, maintenance and management of these devices is essential to reduce the risk of infection associated with these devices. We can never totally eliminate the risk of infection with any invasive device but it's important that we do everything we can to minimise the risk of infection for the people we care for.

In this module we explore and learn about Infection prevention and control measures that help prevent PVC and CVC related infections. This includes inserting PVC/CVC only when clinically indicated, a daily review of clinical need and removing when no longer required. The course also focuses on key IPC practices such as skin decontamination, hand hygiene, aseptic technique for insertion, care and management of these devices and the use of care bundles to guide and document your practice.

## What will I know at the end of the course?

By the end of this course learners will be able to:

- Identify the infection risks that a PVC/CVC intravascular device can pose once it's inserted into a person you care for.
- Describe the ways you can safely insert, maintain, monitor and remove an intravascular device to reduce the risk of infection.
- Explain to the person you care for and the people that care for them, the ways they can keep themselves safe when they have an intravascular device inserted.

The course contains a set of formatted questions and a summative assessment at the end of the course to assess the achievement of the learning outcomes.

The answer to the question about the most important thing we can do to prevent bacteria using that highway? Don't put in a catheter unless it is needed and take it out as quickly as you can when it is no longer needed.



## Coughs and Sneezes Spread Diseases

In this edition we continue to highlight the online Infection Prevention Control/ Antimicrobial Resistance [e-learning programme](#). The programme contains a short introductory overview of Infection Prevention and Control followed by 7 key topics in line with the HSE Interim Guidance:

- Basics of Infection Prevention and Control (RESIST edition 9)
- Standard and Transmission-based Precautions
- Hand Hygiene (Edition 10)
- Personal Protective Equipment (Edition 10)
- Respiratory and Cough Etiquette (below)
- Aseptic Technique
- Antimicrobial Stewardship (edition 9)



Each AMRIC module has been accredited with NMBI (1 CPD per module) and RCPI (2 CPD's per Module). You can dip in and out of the courses at any time and can find them by following the AMRIC Resist logo on the HSeLand homepage, by searching for 'IPC' in the search box or by visiting the Clinical Courses catalogue. We will focus on some of the courses in each RESIST newsletter; this quarter we are looking at:

### Respiratory hygiene and cough etiquette HSELAND module

In the last year everyone has learned a lot about respiratory virus infection. Even before COVID-19 appeared respiratory virus infections were very common. Last winter we did not see a lot of respiratory viruses other than the COVID-19 but this year it looks like quite a few of them may be circulating again. This module gives information about viruses that effect the respiratory tract (nose throat airways and lungs), how they are spread and how you can reduce the risk of catching or spreading infection.

Infection Prevention and Control training places a lot of emphasis on what we call Standard Precautions. These are a set of 8 sets of actions that healthcare workers should practice all the time with all patients. Respiratory hygiene and cough etiquette is 1 of the 8 Standard Precautions. (Wouldn't it be fun now to see if you can remember the other 7).

This module explores the importance of respiratory hygiene and cough etiquette and how to apply these principles in your area of work so that you can prevent the spread of infection amongst colleagues, the people you care for and their visitors. Respiratory hygiene and cough etiquette is also good at home and in school and in any other place that people meet. The most basic part of respiratory hygiene is of course to stay home is you have an acute virus infection and stay there until after all the acute symptoms have settled. You should do this even if you have had a COVID-19 test not-detected because there are a lot of other viruses. You should this even if you have had you COVID-19 vaccine because no vaccine is perfect and besides there are a lot of other viruses.

(continued)



A case study with examples of how staff and residents at a residential care facility (RCF) could have broken the chain of infection by applying good respiratory hygiene and cough etiquette is explored.

Practice tips on education and support to assist the people you care for to perform good respiratory hygiene and cough etiquette are discussed to assist you in your own practice.

## What will I know at the end of the course?

By the end of this course learners will be able to:

Know the importance of respiratory hygiene and cough etiquette in preventing the transmission of respiratory illness.

The correct procedures to prevent the spread of a respiratory infection within a healthcare setting.

How to educate patients on how they can protect themselves and others from a respiratory infection, assisting them if they can't do this for themselves

This course is for all healthcare workers, both clinical and non-clinical in all healthcare settings.

If you would like further information please contact [hcai.amrteam@hse.ie](mailto:hcai.amrteam@hse.ie)

Knowing is not enough – it's important to **apply** what you have learnt, and **believe** that it can be done. So bearing this in mind, the learning modules contain a whole of range of work-based activities you can do in your practice, either on your own or with colleagues so that you have the knowledge, skills and confidence to do the **right things** at the **right time** for those that we serve. Ambition is the path to success. It is in each of our hands.



The AMRIC team has updated/developed new clinical guidance focusing on genitourinary conditions. Each topic contains comments from the Expert Clinical Advisory Group, disease information, treatment guidance, links to further resources and patient information. The following disease topics are accessible on the links below.

## Guidelines on genital conditions updated July 2021, of particular note:

- [Chlamydia](#): Additional information on rectal infection with invasive chlamydia types (Lymphogranuloma (LGV) types), test of cure and window period
- [Anogenital warts](#): Updated HPV vaccine recommendations and drug treatment option
- [Genital Herpes](#): Patient resources updated
- [Candida](#): Update on use of high vaginal swab and treatment options
- [Gonorrhoea](#): Referral criteria to GUM clinic; window period; treatment options and resistance information
- [Trichomoniasis](#): Updates on referral criteria; window period, test of cure information; drug counselling points
- [Bacterial Vaginosis](#): Update on use of high vaginal swab and drug counselling points
- [PID](#): Referral criteria to GUM clinic, including Mycoplasma genitalium guidance

## CPE Screening data: quarter 2 - 2021

