
Alberta Public Health Disease Management Guidelines

Muco-Purulent Cervicitis



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Health and Wellness Promotion Branch

Public Health and Compliance Division

Alberta Health

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Revisions

Revision Date	Document Section	Description of Revision
October 2021	General	<ul style="list-style-type: none"> Updated Template Etiology, Clinical Presentation, Diagnosis and Treatment sections moved to Epidemiology Key Investigation section moved to Public Health Management (formerly called Control) Updated web links
	Reporting	<ul style="list-style-type: none"> Revised to reflect STI Treatment Guidelines
	Treatment	<ul style="list-style-type: none"> Added link to STI Treatment Guidelines Removed outdated treatment recommendations
	Incidence	<ul style="list-style-type: none"> Removed graph as outdated Minor edits
November 2022	Etiology, Clinical Manifestations, Diagnosis	<ul style="list-style-type: none"> Updated with current literature Inserted gender neutral language
	Transmission, Susceptibility	<ul style="list-style-type: none"> Updated to include HIV risk
	Treatment	<ul style="list-style-type: none"> Refer to STI Treatment Guideline
	Reporting	<ul style="list-style-type: none"> Revised to reflect current practice
	Incidence	<ul style="list-style-type: none"> Removed graph as outdated Refer to IHDA
	Key investigations, Management of Case	<ul style="list-style-type: none"> Aligned with current STI management
	Recalcitrant patients	<ul style="list-style-type: none"> Section removed, not applicable
Management of Contacts	<ul style="list-style-type: none"> Updated to align with current STI management 	

Case Definition

Confirmed Case

Clinical syndrome characterized by inflammation of the cervix accompanied by:

- Muco-purulent or purulent cervical discharge

OR

- Cervical bleeding on insertion of a swab

AND

- Negative [case defining](#) tests for chlamydia (CT) and gonorrhea (GC)

Reporting Requirements

Health Practitioners

Note: This section includes the First Nations and Inuit Health Branch

Health practitioners shall notify the Sexually Transmitted Infection (STI) Medical Director ^(A) via Sexually Transmitted Infection Centralized Services (STICS), of all confirmed cases within 48 hours (two business days) by forwarding a completed [Notification of STI](#) form.

Alberta Health Services - STICS

**Contact Information: Toll free: 1-855-945-6700 option 4
Fax: 780-670-3624**

The STI Medical Director/STICS are responsible for ensuring investigation and follow-up of all reported confirmed cases. The STI Medical Director/STICS shall forward the initial Notification of STI form of all confirmed cases to the CMOH (or designate) within two weeks of notification and the final Notification of STI form within four weeks.

For out-of-province and out-of-country reports, the following information (when available) should be forwarded to the CMOH (or designate) by phone, fax or secure/encrypted electronic transfer as soon as possible:

- name,
- date of birth,
- out-of-province health care number,
- out-of-province address and phone number,
- positive laboratory report, and
- other relevant clinical/epidemiological information.

For out-of-province and out-of-country contacts the following information (when available) should be forwarded to the CMOH (or designate) by phone, fax or secure/encrypted electronic transfer as soon as possible:

- name,
- date of birth,
- date of exposure, and
- out-of-province/country contact information.

^(A) The STI Medical Director is the Provincial Medical Director of Alberta Health Services' Sexually Transmitted Infection Centralized Services (STICS) and is also a Medical Officer of Health.

Additional Reporting Requirements for Health Practitioners

In all cases, where a person under 18 is suspected or confirmed to have an STI, an assessment should be carried out by the clinician to determine if additional reporting is required.

To Alberta Child and Family Services

The clinician should determine whether there are reasonable and probable grounds to believe that they are in contact with “a child in need of intervention” [as per Section 1(2) of the [Child, Youth and Family Enhancement \(CYFE\) Act](#)] and shall report to a director pursuant to Section 4 of the *CYFE Act*.⁽¹⁾

Reporting is done by contacting the local Child and Family Services office or calling the **CHILD ABUSE HOTLINE: 1-800-387-5437 (KIDS)**. For local office contact information, see the [ministry's website](#).

To Law Enforcement Agency

Consent is a key factor in determining whether any form of sexual activity is a criminal offence. Children under 12 do not have the legal capacity to consent to any form of sexual activity. The law recognizes that the age of consent for sexual activity is 16. However, the law identifies the exception for minors between 12 and 16 years as having the ability to consent, in “close in age” or “peer group” situations.⁽²⁾

Reporting is done by contacting your local City Police Detachment or [RCMP Detachment](#).

For additional information:

- Alberta [Child, Youth and Family Enhancement Act](#)
- Age of Consent to Sexual Activity at www.justice.gc.ca/eng/rp-pr/other-autre/clp/faq.html
 - Criminal Code of Canada at www.laws-lois.justice.gc.ca/eng/acts/C-46/⁽³⁾

Clinical Presentation and Epidemiology

Etiology

In up to 83% of cases of mucopurulent cervicitis (MPC), the cause of the infection is not identified.⁽⁴⁾ Multiple organisms can lead to a MPC diagnosis including CT and GC, with CT being 4-5 times more commonly the case than GC.⁽⁵⁾ *Mycoplasma genitalium*, herpes simplex virus, and *Ureplasma urealyticum* have also been implicated as causes.⁽⁶⁾

Clinical Presentation

MPC can be asymptomatic; however, some individuals can experience an abnormal vaginal discharge (yellow-green) or may have vaginal bleeding after intercourse.⁽⁴⁾ The cervix may appear red and bleed easily when touched. In some cases there is extension to the upper genital tract with symptoms of pelvic inflammatory disease (PID).⁽⁴⁾ If the infection is untreated, there is an increased risk of chronic pelvic pain, ectopic pregnancy and infertility.⁽⁵⁾

Diagnosis

MPC is a clinical diagnosis of exclusion. Diagnosis is made by visual examination of the cervix and negative laboratory results from a swab of the cervical os. The cervix may also easily bleed. Other available testing should be undertaken to rule out different etiologies (i.e. CT, GC).⁽⁴⁾ Diagnosis of MPC should not be made in pregnancy due to poor positive predictive value of any criteria for defining the infection in pregnant individuals.

Treatment

When cervicitis is clinically diagnosed, immediate treatment is recommended. **Treat presumptively for gonorrhea and chlamydia pending laboratory results.**

- *Note that a case is classified as MPC for surveillance purposes if the case meets clinical criteria for cervicitis and tests are negative for GC and CT OR if no tests for GC or CT are done.*

Refer to current Alberta [STI Treatment Guidelines](#)

Pediatric Cases

It is recommended that all children less than 14 years of age be referred to a pediatrician and, because of the high risk of sexual abuse be managed in consultation with one of the following referral centres.

Edmonton

Child and Adolescent Protection Centre
Stollery Children's Hospital
1C4.24 Mackenzie Health Sciences Centre
8440-112 Street
Edmonton, Alberta T6G 2B7
Tel: 780-407-1240

Calgary

Child Abuse Service
Child Development Centre
Suite 200, 3820-24 Ave NW
Calgary, Alberta. T2N 1N4
Tel: 403-955-5959

Reservoir

The only known reservoir is humans.⁽⁷⁾

Transmission

May be caused by direct sexual contact, depending upon the organism.^(4,7,8) Cervicitis also increases HIV shedding in the cervical canal which can increase the risk of HIV transmission.⁽⁴⁾

Incubation Period

The incubation period is usually one to three weeks, depending on the organism involved.

Period of Communicability

Unknown.

Host Susceptibility

Susceptibility is universal for those with a cervix, however there is a higher incidence in those who are also living with HIV.⁽⁵⁾

Incidence

MPC occurs worldwide and is not nationally reportable. Since 2010, Alberta case numbers have ranged from 249–360 annually. The rate has fluctuated between 5.63 and 8.35 per 100 000. The greatest number of MPC cases occurs in those 15–24 years of age, closely followed by those aged 25–29 years of age.⁽⁹⁾

Refer to the [Interactive Health Data Application](#) for more information.

Public Health Management

Key Investigation

The diagnosis and treatment is performed by health practitioners.

- Determine the presence or absence of symptoms.
 - speculum examination is required to make a clinical diagnosis of cervicitis.
- Determine if risk factors for sexually transmitted cervicitis are present:
 - sexual contact with person(s) with known infection or compatible syndrome,
 - new sexual partner or more than two sexual partners in preceding year,
 - previous STI, and/or
 - vulnerable populations (e.g., injection drug use (IDU), incarcerated individuals, people involved in exchanging goods for sex, street involved/homeless)
- Offer testing for HIV and other STI.
- Counsel and identify partners, including locating information for partners if reportable organism identified.

Management of a Case

- Extend evaluation to include pelvic inflammatory disease assessment.^(4,8)
- If symptoms persist or recur after completed therapy (one week after initiation of therapy), the patient should be re-evaluated.
- All cases should be instructed about infection transmission. Patients should be counseled about the importance of abstaining from unprotected intercourse until seven days after completion of treatment by both case and partner(s).
- All cases should be provided with individualized STI prevention education, targeted at developing knowledge, skills, attitudes and behaviors to reduce the risk and prevent recurrences of STI.
- Immunization against hepatitis A, B, and HPV may be recommended. Refer to the [Alberta Immunization Policy](#) for immunization eligibility.
- **NOTE:** All patients with a notifiable STI qualify for provincially funded medications.
 - STICS will send replacement medication upon receipt of a Notification of STI Form when the health care provider mailing address is indicated on the form.
 - Health care providers may order additional quantities of most medications by contacting STICS.
 - For advice on management of your case, call STICS toll free 1-855-945-6700, option 4.
- Sexual assault in adults should be managed in conjunction with local Sexual Assault services and other appropriate community support services.

Management of Contacts

Partner Notification

It is mandated under the Communicable Diseases Regulation that every attempt is made to identify, locate, examine and treat partners/contacts of all cases with an identifiable reportable organism.

Healthcare providers are required to provide partner names and contact/location information on the Notification of STI form and forward to STICS

- When warranted, partner notification will help identify those at risk, reduce disease transmission/re-infection and ultimately prevent disease sequelae.
- If testing and/or treatment of partner(s) are not confirmed on the Notification of STI form, STICS will initiate follow up by a Partner Notification Nurse (PNN) when there is evidence of an STI.

- PNNs are specially trained to conduct notification of partners and contacts in a confidential manner that protects the identity of the index case.
- The phone number for your designated PNN is available by calling **STICS toll free 1-855-945-6700, option 4**. All contacts should be screened for HIV and other STI
- All contacts should be instructed about infection transmission
- All contacts should be provided with individualized STI prevention strategies, targeted at developing knowledge, skills, attitudes and behaviors to reduce the risk and prevent recurrences of STI.

Preventive Measures

- Ensure appropriate treatment of cases.
- Ensure STI care is culturally appropriate, inclusive, readily accessible, and acceptable.
- Include information about risk for STI during pre-travel health counseling.
- Educate the case, sexual partner(s) and the public on methods of personal protective measures, in particular the correct and consistent use of condoms and discuss safer sex options including:
 - delaying onset of sexual activity,
 - developing mutually monogamous relationships,
 - reducing the numbers of sexual partners, and
 - encouraging behaviors which prevent the acquisition and transmission of STI

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