

---

# Alberta Public Health Disease Management Guidelines

Muco-Purulent Cervicitis

Superseded

Alberta

This publication is issued under the Open Government Licence – Alberta (<http://open.alberta.ca/licence>). Please note that the terms of this licence do not apply to any third-party materials included in this publication.

This publication is available online at <https://open.alberta.ca/publications/muco-purulent-cervicitis>

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without written permission of Alberta Health, Government of Alberta.

© Copyright of this document and its contents belongs to the Government of Alberta.

For further information on the use of this guideline contact:

[Health.CD@gov.ab.ca](mailto:Health.CD@gov.ab.ca)

Health and Wellness Promotion Branch

Public Health and Compliance Branch

Alberta Health

**Muco-Purulent Cervicitis** | Alberta Health, Government of Alberta

© 2021 Government of Alberta | October 2021

# Contents

<b>Case Definition</b> .....	<b>4</b>
Confirmed Case .....	4
<b>Reporting Requirements</b> .....	<b>5</b>
Laboratories .....	5
Alberta Health Services - STICS .....	5
<b>Additional Reporting Requirements for Physicians, Health Practitioners and Others</b> .....	<b>6</b>
<b>Epidemiology</b> .....	<b>7</b>
Etiology .....	7
Clinical Presentation .....	7
Diagnosis .....	7
Treatment .....	7
Reservoir .....	7
Transmission .....	8
Incubation Period .....	8
Period of Communicability .....	8
Host Susceptibility .....	8
Incidence .....	8
<b>Public Health Management</b> .....	<b>9</b>
Key Investigation .....	9
Management of a Case .....	9
Management of Contacts .....	10
Preventive Measures .....	10
<b>Appendix 1: Revision History</b> .....	<b>11</b>
<b>References</b> .....	<b>12</b>

## Case Definition

### Confirmed Case

- Inflammation of the cervix accompanied by:
  - A muco-purulent or purulent cervical discharge

OR

- Cervical bleeding on insertion of a swab

**AND**

- Negative tests for chlamydia and gonorrhea

Superseded

# Reporting Requirements

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

Physicians, health practitioners and others shall notify the Sexually Transmitted Infection (STI) Medical Director<sup>(A)</sup> 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.

## Laboratories

All laboratories shall report all positive laboratory results by mail, fax or electronic transfer within 48 hours (two business days) to the:

- STI Medical Director via STICS, and
- Chief Medical Officer of Health (CMOH) (or designate).

## 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) as soon as possible:
  - name,
  - date of birth,
  - date of exposure, and
  - out-of-province/country contact information.

---

<sup>(A)</sup> 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*.<sup>(2)</sup>
- 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.
- 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](http://www.justice.gc.ca/eng/rp-pr/other-autre/clp/faq.html)<sup>(3)</sup>
  - Criminal Code of Canada at [www.laws-lois.justice.gc.ca/eng/acts/C-46/](http://www.laws-lois.justice.gc.ca/eng/acts/C-46/)<sup>(4)</sup>

# Epidemiology

## Etiology

In more than half of the cases of mucopurulent cervicitis (MPC), the cause of the infection is not identified. Organisms that can cause cervicitis include *Mycoplasma genitalium*, herpes simplex virus, *Trichomonas vaginalis* or *Ureaplasma urealyticum*.<sup>(5-8)</sup> Non-infectious causes of cervicitis include chemical douches, spermicides and deodorants.<sup>(9)</sup>

## Clinical Presentation

MPC is typically asymptomatic; however, some women experience an abnormal vaginal discharge (yellow-green) or may have vaginal bleeding after intercourse. The cervix may appear red and bleed easily when touched.<sup>(6)</sup> In some cases (about 20%) there is extension to the upper genital tract with symptoms of endometritis, salpingitis or pelvic inflammatory disease (PID). If the infection goes untreated there is an increased risk of chronic pelvic pain, ectopic pregnancy and infertility.

## Diagnosis

Diagnosis is made by visual examination of the cervix and swabbing of the cervical os. The cervix may bleed easily. Diagnosis of MPC should not be made in pregnancy due to poor positive predictive value of any criteria for defining MPC in pregnant women.

## Treatment

- Refer to the [Alberta Treatment Guidelines for Sexually Transmitted Infections \(STI\) in Adolescents and Adults](#) for specific treatment guidance.
- All patients should be tested for gonorrhoea and chlamydia.
- If cervicitis is diagnosed clinically, immediate treatment is recommended. **Treat presumptively for gonorrhoea and chlamydia pending laboratory results.**
- If the patient is known to be negative for gonorrhoea, treat only for chlamydia.
- Note that a case is classified as MPC for surveillance purposes if the case meets clinical criteria for cervicitis and tests are negative for gonorrhoea and chlamydia OR if no tests for gonorrhoea or chlamydia are done.

## Pediatric Cases

It is recommended that all children < 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.<sup>(7)</sup>

## Transmission

Direct sexual contact.<sup>(7)</sup>

## 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.

## Incidence

MPC occurs worldwide and is not nationally reportable. In 2011, MPC was the fourth most frequently reported STI in Alberta. Since 2004, the case numbers have ranged from 200–360 annually. The rate has fluctuated between 13 and 20, with the highest rate occurring in 2008 of 20.5 per 100,000 females. In 2011, the highest incidence of MPC occurred in women 20–24 years of age, closely followed by women aged 25–29 years of age.<sup>(10)</sup>

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

# Public Health Management

## Key Investigation

The diagnosis and treatment is performed by community health care providers.

- Determine the presence or absence of symptoms.
  - Women may have vaginal discharge without cervicitis.
  - 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,
  - sexually active under 25 years of age with multiple partners,
  - previous STI, and
  - vulnerable populations (e.g., sexually active under 25 years of age, use of non-barrier contraception, injection drug use (IDU) or other substance abuse, incarcerated individuals, sex workers and their clients, street involved/homeless, Aboriginal ethnicity, anonymous sexual partnering, victims of sexual assault).
- Offer testing for HIV and other STI.
- Counsel and identify partners, including locating information.

## Management of a Case

- Cases should be interviewed for history of exposure, risk assessment, and sexual partner(s) identification.
- All cases should be instructed about infection transmission.
- Patients should abstain from unprotected intercourse until seven days after initiating treatment.
- If symptoms persist or recur after completed therapy (one week after initiation of therapy), the patient should be re-evaluated.
- 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 may be recommended. Refer to [Alberta Immunization Policy](#) for immunization eligibility.<sup>(11)</sup>
- Immunization against hepatitis B is recommended if not already given. Refer to Alberta Immunization Policy for immunization eligibility.<sup>(11)</sup>
- 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.

## Recalcitrant Patients

The [Public Health Act](#) (sections 39 through 52) authorizes detention of recalcitrant patients for medical examination, treatment and/or counselling.

- The CMOH (or designate) or MOH (or designate) may issue a certificate to detain an individual who is believed to be infected and refuses or neglects to comply with treatment.
- In order to enact this provision, there must be proof of infection or contact with an infected person and:
  - documentation of failure to comply with prescribed treatment and medical examination, or

- non-compliance for testing and/or treatment.

## Management of Contacts

### Partner Notification

- Partner notification will identify those at risk, reduce disease transmission/re-infection and ultimately prevent disease sequelae.
- **It is mandated under the *Communicable Diseases Regulation* that every attempt is made to identify, locate, examine and treat partners/contacts of all cases.**
- All contacts should be:
  - screened for HIV and other STI,
  - instructed about infection transmission, and
  - provided with individualized STI prevention education, targeted at developing knowledge, skills, attitudes and behaviors to reduce the risk and prevent recurrences of STI.
- Health care providers are required to provide partner names and locating information on the Notification of STI form and forward to STICS.
- 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).
  - 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.**
  - STICS will follow-up on any incoming referrals of cases and partner(s) from all out of province/country referrals.

### Preventive Measures

- Ensure appropriate treatment of cases.
- Interview the case, identify and ensure appropriate treatment and follow-up for sexual partner(s).
- 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:
  - abstinence,
  - delaying onset of sexual activity,
  - developing mutually monogamous relationships,
  - reducing the numbers of sexual partners,
  - discouraging anonymous or casual sexual activity, and
  - sound decision making.

## Appendix 1: Revision History

Revision Date	Document Section	Description of Revision
October 2021	General	<ul style="list-style-type: none"> <li>• Updated Template</li> <li>• Etiology, Clinical Presentation, Diagnosis and Treatment sections moved to Epidemiology</li> <li>• Key Investigation section moved to Public Health Management (formerly called Control)</li> <li>• Updated web links</li> </ul>
	Reporting	<ul style="list-style-type: none"> <li>• Revised to reflect current practice</li> </ul>
	Treatment	<ul style="list-style-type: none"> <li>• Added link to STI Treatment Guidelines</li> <li>• Removed outdated treatment recommendations</li> </ul>
	Incidence	<ul style="list-style-type: none"> <li>• Removed graph as outdated</li> <li>• Minor edits</li> </ul>

Superseded

## References

- (2) Department of Justice. Child Youth and Family Enhancement Act Policy Manual. Edmonton: Government of Alberta. 2010 November 1. Available from:  
[http://child.alberta.ca/home/documents/publications/Enhancement\\_Act\\_Policy\\_Manual.pdf](http://child.alberta.ca/home/documents/publications/Enhancement_Act_Policy_Manual.pdf)
- (3) Government of Canada. Age of Consent to Sexual Activity. Ottawa: Government of Canada. 2011 May 12. Available from: <http://www.justice.gc.ca/eng/dept-min/clp/faq.html>
- (4) Government of Canada. Criminal Code of Canada. Ottawa: Government of Canada; 2011.
- (5) Public Health Agency of Canada. Canadian guidelines on sexually transmitted infections. Ottawa: Public Health Agency of Canada; 2008.
- (6) McCormack WM. Vulvovaginitis and Cervicitis. In: Mandell GL, Bennett JE, Dolin R, editors. Mandell, Douglas, and Bennett's Principles and Practice of Infectious Diseases. 7th ed. Philadelphia, PA: Churchill Livingstone Elsevier; 2010. p. 1495-510.
- (7) The Merck Manual Online. Chlamydial, Mycoplasmal, and Ureaplasma Infections. 2011 Available from:  
<http://www.merckmanuals.com/professional/sec14/ch194/ch194c.html?qt=non-gonococcal%20urethritis&alt=sh>
- (8) Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2010. Morbidity and Mortality Weekly Report; 2010 December 17;59(No. RR-12):1-110.
- (9) Marrazzo JM, Martin DH. Management of Women with Cervicitis. Clinical Infectious Diseases 2007;44:S102-S110.
- (10) Government of Alberta. Notifiable Sexually Transmitted Infections 2011 Annual Report. Edmonton: Government of Alberta; 2012.
- (11) Government of Alberta. Alberta Immunization Policy. Edmonton: Government of Alberta; 2011.