







# ABRIDGED STI/BBV TESTING TOOL for asymptomatic people

For symptomatic patients please refer to the STI Management Guidelines [www.sti.guidelines.org.au](http://www.sti.guidelines.org.au)

## Sexually transmissible infection/blood borne virus (STI/BBV) testing – who to test and how often

Recommendations from the [Australian STI Management Guidelines<sup>1</sup>](#) (unless otherwise stated)

WHO Is the patient?	WHAT Infection?	HOW OFTEN Should you test?
<b>Young people</b> (15–29 years) Or  <b>Asymptomatic people requesting STI/HIV testing</b>	<b>CHLAMYDIA</b>	Annually or more often according to sexual history
	<b>HEPATITIS B</b>	Confirm HBV immune status (history of prior vaccination or serology) and vaccinate if not immune <sup>2</sup>
	<b>SYPHILIS GONORRHOEA HIV</b>	Consider according to sexual history and local STI/BBV prevalence, or if patient requests testing for these STIs/BBVs
<b>Aboriginal and/or Torres Strait Islander people</b>  	<b>CHLAMYDIA GONORRHOEA SYPHILIS</b>	Annually or more often according to sexual history or local STI prevalence. Regular testing for chlamydia, syphilis and HIV is recommended, as per the <a href="#">Standard Asymptomatic Check-up guideline<sup>1</sup></a> .
	<b>HEPATITIS C HIV*</b>	A sexual history can be difficult to obtain in certain settings so consider offering BBV/STI testing liberally to this population. *Especially in the presence of other STIs
	<b>TRICHOMONIASIS**</b>	**For those from rural/regional/remote areas
	<b>HEPATITIS B</b>	Confirm HBV immune status (history of prior vaccination or serology) and vaccinate if not immune <sup>2</sup>
<b>Men who have sex with men (MSM)</b>  	<b>CHLAMYDIA GONORRHOEA SYPHILIS HIV</b>	At least annually, up to 4 times per year for MSM who fall into one or more of the following categories: <sup>4</sup> <ul style="list-style-type: none"> <li>• Have any unprotected anal sex</li> <li>• Use recreational drugs during sex</li> <li>• Have ≥10 sexual partners in the last 6 months</li> <li>• Are HIV positive</li> <li>• Participate in group sex</li> </ul>
	<b>HEPATITIS A</b>	Serological testing is not recommended before routine administration of hepatitis vaccine. Vaccinate as per recommendations in the Australian Immunisation Handbook. <sup>5</sup>
	<b>HEPATITIS B</b>	Confirm HBV immune status (history of prior vaccination or serology) and vaccinate if not immune <sup>2</sup>
	<b>HEPATITIS C</b>	If HIV positive or have history of injecting drug use. If antibody positive, test for hepatitis C NAAT to determine if patient has chronic hepatitis C.
<b>Sex workers</b> (see ‘MSM’ for male sex workers)  	<b>CHLAMYDIA GONORRHOEA SYPHILIS HIV</b>	Testing should be based on local STI prevalence, symptoms, diagnosed or suspected STI in contact and clinical findings. Frequency based on sexual history (private and professional life), if condom use is <100% (including history of condom breakages/slippages) or at patient request.
	<b>HEPATITIS A</b>	Serological testing is not recommended before routine administration of hepatitis vaccine. Vaccinate as per recommendations in the Australian Immunisation Handbook. <sup>5</sup>
	<b>HEPATITIS B</b>	Confirm HBV immune status (history of prior vaccination or serology) and vaccinate if not immune <sup>2</sup>
	<b>HEPATITIS C</b>	If antibody positive, test for hepatitis C NAAT to determine if patient has chronic hepatitis C
<b>People who inject drugs</b>  	<b>CHLAMYDIA GONORRHOEA SYPHILIS</b>	Annually or more often according to sexual history
	<b>HEPATITIS A</b>	Serological testing is not recommended before routine administration of hepatitis vaccine. Vaccinate as per recommendations in the Australian Immunisation Handbook. <sup>5</sup>
	<b>HEPATITIS B</b>	Confirm HBV immune status (history of prior vaccination or serology) and vaccinate if not immune <sup>2</sup>
	<b>HIV HEPATITIS C</b>	According to sexual history and annually with an ongoing history of injecting drugs. If antibody positive, test for hepatitis C NAAT to determine if patient has chronic hepatitis C.
<b>Pregnant women</b> <sup>6,7</sup>  	<b>CHLAMYDIA</b>	Consider in pregnant women aged 15–29 years and those at higher risk
	<b>HEPATITIS B</b>	All pregnant women should be screened using the HBsAg test. Vaccinate susceptible women who are at increased risk.
	<b>HIV SYPHILIS</b>	Every pregnancy All women should have a syphilis test in the first 12 weeks of pregnancy or at the first antenatal visit. Additional testing is recommended up to five times during pregnancy for certain at-risk populations and in areas affected by a syphilis outbreak. Please refer to the Queensland Syphilis in Pregnancy Guideline <sup>8</sup> and local area guidelines for current recommendations.

## How to test<sup>1</sup> – infection, specimen site and test type

INFECTION	SPECIMEN COLLECTION SITE	TEST
<b>♀ FEMALES</b>		
<b>CHLAMYDIA</b>	Vaginal swab* (preferred) OR Endocervical swab** (preferred) First catch urine* (at any time of the day) Rectal swab* (if patient has anal sex)	Chlamydia NAAT (PCR)
<b>GONORRHOEA</b>	Vaginal swab* (preferred) OR Endocervical swab** (preferred) First catch urine* (at any time of the day) Throat swab* (if patient has oral sex) Rectal swab* (if patient has anal sex)	Gonorrhoea NAAT (PCR) + culture if discharge present
<b>TRICHOMONIASIS</b>	Vaginal swab* OR First catch urine* (at any time of the day)	Trichomoniasis NAAT (PCR)
<b>♂ MALES</b>		
<b>CHLAMYDIA</b>	First catch urine* (at any time of the day) Plus throat swab* (for MSM) Plus rectal swab* (for MSM)	Chlamydia NAAT (PCR)
<b>GONORRHOEA</b>	First catch urine* (at any time of the day) Plus throat swab* (for MSM) Plus rectal swab* (for MSM)	Gonorrhoea NAAT (PCR) + culture if discharge present
<b>TRICHOMONIASIS</b>	First catch urine* (at any time of the day)	Trichomoniasis NAAT (PCR)
*consider self-collected **health provider-collected		
<b>♀♂ FEMALES AND MALES</b>		
<b>SYPHILIS</b>	Blood	Syphilis serology
<b>HIV</b>	Blood	HIV Ab/Ag
<b>HEPATITIS A</b>	Blood	Total HAV antibodies or anti HAV IgG if indicated <sup>5</sup>
<b>HEPATITIS B</b>	Blood	HBsAg, anti-HBc antibody, anti-HBs antibody
<b>HEPATITIS C</b>	Blood	HCV Ab

## Partner notification

Partner notification is an essential part of reducing the transmission of STIs and HIV. It is best practice for the diagnosing health provider to initiate and document the process of partner notification.

This may be via patient referral (where the patient contacts their partners), or provider referral (the clinician contacts patient's partner for them).

### Partner notification websites (Anonymous SMS, email or letter notification)

All patients	<a href="http://www.letthemknow.org.au">www.letthemknow.org.au</a>
MSM	<a href="http://www.thedramadownunder.info">www.thedramadownunder.info</a>
Aboriginal and Torres Strait Islander people	<a href="http://www.bettertoknow.org.au">www.bettertoknow.org.au</a>
For contact tracing support, please contact your local sexual health clinic or a Queensland STI Contact Tracing Support Officer (see below):	
Cairns Sexual Health (Cairns and Hinterland, Torres and Cape)	(07) 4226 4769
Metro North Public Health Unit (Metro North)	(07) 3624 1111
Princess Alexandra Sexual Health (Metro South, Darling Downs, West Moreton, South West, Gold Coast)	(07) 3176 7587
Sunshine Coast Sexual Health (Sunshine Coast, Central Queensland, Central West, Wide Bay)	(07) 5470 5244
Townsville Sexual Health (Townsville, North West, Mackay)	(07) 4433 9600
<b>HIV contact tracing support</b>	
Queensland HIV Public Health Team	(07) 3328 9797

### Queries about positive syphilis serology?

Call the Queensland Syphilis Surveillance Service  
**1800 032 238**

### Post-Exposure Prophylaxis (PEP)

PEP is a treatment that may prevent HIV infection after a recent exposure to HIV. PEP needs to be taken within 72 hours after exposure.

**Find out where to get PEP here.**

### Pre-Exposure Prophylaxis (PrEP)

HIV negative people can now take HIV medication daily to prevent HIV infection. PrEP is highly effective when taken and is now available through the Pharmaceutical Benefits Scheme at a subsidised cost.

**See the ASHM tool for PrEP decision making.**

### References:

1. ASHA, Australian STI Management Guidelines <http://www.sti.guidelines.org.au>
2. ASHM (2016) National HBV Testing Policy <http://testingportal.ashm.org.au/hbv>
3. ASHM (2017) National HIV Testing Policy <http://testingportal.ashm.org.au/hiv>
4. STIGMA (2014) Australian STI & HIV Testing Guidelines <https://stipu.nsw.gov.au/stigma>
5. NHMRC (2018) Australian Immunisation Handbook, 10th Edition <https://immunisationhandbook.health.gov.au>
6. Royal Australian College of General Practitioners (2016) Guidelines for preventive activities in general practice, 9th ed, East Melbourne
7. The Australian Government Department of Health (2018) Clinical Practice Guidelines – Pregnancy Care
8. Queensland Health (2018) Queensland Clinical Guidelines – Syphilis in pregnancy [www.health.qld.gov.au/qcg](http://www.health.qld.gov.au/qcg)