







# 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> (16–29 years)  <b>or asymptomatic people requesting STI/HIV testing or people who are undergoing gynaecological procedures (e.g. cervical screening, IUD insertion)</b>	<b>CHLAMYDIA</b> <b>GONORRHOEA</b> <b>SYPHILIS</b> <b>HIV</b>	Annually or more often according to sexual history or local STI/BBV prevalence. <sup>2,3</sup> Testing for chlamydia, hepatitis B, syphilis and HIV is recommended, as per the Standard Asymptomatic Check-up guideline. <sup>1</sup>
	<b>HEPATITIS B</b>	Confirm hepatitis B immune status (history of confirmed vaccination or serology) and vaccinate if not immune. <sup>4</sup>
<b>Aboriginal and/or Torres Strait Islander people</b> 	<b>CHLAMYDIA</b> <b>GONORRHOEA</b> <b>SYPHILIS</b> <b>HIV*</b> <b>TRICHOMONIASIS**</b> <b>HEPATITIS C</b>	Annually or more often according to sexual history or local STI/BBV prevalence. <sup>2,5</sup> Testing for chlamydia, hepatitis B, syphilis and HIV is recommended, as per the Standard Asymptomatic Check-up guideline. <sup>1</sup> Repeat test for HIV and syphilis if patient exposed within previous 12 weeks (window period). Testing for trichomoniasis and hepatitis C is recommended. Repeat test for hepatitis C if patient exposed within 6 month window period. * Especially in the presence of other STIs. ** For those from rural/regional/remote areas.
	<b>HEPATITIS B</b>	Confirm hepatitis B immune status (history of confirmed vaccination or serology) and vaccinate if not immune. <sup>4</sup>
<b>Men who have sex with men (MSM)<sup>6</sup> including trans men who have sex with other men</b> 	<b>CHLAMYDIA</b> <b>GONORRHOEA</b> <b>SYPHILIS</b> <b>HIV*</b>	3 monthly testing offered to all men who have had any type of sex with another man in the last 3 months. <sup>6</sup> MSM who are not sexually active or in monogamous relationships may be tested less frequently, but at least annually. * If not known to be HIV positive.
	<b>HEPATITIS A</b>	Test if not vaccinated. Vaccinate if not immune as per recommendations in the <i>Australian Immunisation Handbook</i> . <sup>7</sup>
	<b>HEPATITIS B</b>	Confirm hepatitis B immune status (history of confirmed vaccination or serology) and vaccinate if not immune. <sup>4</sup>
	<b>HEPATITIS C</b>	Test once a year in people living with HIV, on Pre-Exposure Prophylaxis (PrEP) or with history of injecting drug use.
<b>Sex workers</b> (see 'MSM' for male sex workers) 	<b>CHLAMYDIA</b> <b>GONORRHOEA</b> <b>SYPHILIS</b> <b>HIV</b>	Testing should be based on local STI/BBV prevalence, symptoms, diagnosed or suspected STI/BBV 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. Repeat HIV and syphilis test if patient exposed within previous 12 weeks (window period). Queensland legislation requires sex workers in licensed brothels to provide a sexual health check certificate every 3 months. <sup>8</sup>
	<b>HEPATITIS A</b>	Test if not vaccinated. Vaccinate if not immune as per recommendations in the <i>Australian Immunisation Handbook</i> . <sup>7</sup>
	<b>HEPATITIS B</b>	Confirm hepatitis B immune status (history of confirmed vaccination or serology) and vaccinate if not immune. <sup>4</sup>
	<b>HEPATITIS C</b>	If antibody positive, test for hepatitis C NAAT (PCR) to determine if patient has chronic hepatitis C or reinfection after treated hepatitis C.
<b>People who inject drugs</b> 	<b>CHLAMYDIA</b> <b>GONORRHOEA</b> <b>SYPHILIS</b>	Annually or more often according to sexual history.
	<b>HEPATITIS A</b>	Test if not vaccinated. Vaccinate if not immune as per recommendations in the <i>Australian Immunisation Handbook</i> . <sup>7</sup>
	<b>HEPATITIS B</b>	Confirm hepatitis B immune status (history of confirmed vaccination or serology) and vaccinate if not immune. <sup>4</sup>
	<b>HEPATITIS C</b> <b>HIV</b>	According to sexual history and annually with an ongoing history of injecting drugs. If antibody positive, test for hepatitis C NAAT (PCR) to determine if patient has chronic hepatitis C or reinfection after treated hepatitis C. Repeat HIV and syphilis test if patient exposed within previous 12 weeks (window period).
<b>Pregnant women</b> 	<b>SYPHILIS</b> <b>CHLAMYDIA</b>  <b>HIV</b> <b>HEPATITIS B</b>	Syphilis, chlamydia, HIV, and hepatitis B testing are part of a routine antenatal screen. Test as per recommendations in the <i>Clinical Practice Guidelines: Pregnancy Care</i> . <sup>9</sup> 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 <i>Queensland Syphilis in Pregnancy Guideline</i> <sup>10</sup> and local area guidelines for current recommendations. Every pregnancy. Repeat HIV and syphilis test if patient exposed within previous 12 weeks (window period). All pregnant women should be screened using the hepatitis B surface antigen test. Vaccinate susceptible women who are at increased risk.

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

INFECTION	SPECIMEN COLLECTION SITE	TEST
♀ FEMALES		
CHLAMYDIA	Vaginal swab* (best test if not examined) OR Endocervical swab** (best test if examined) First catch urine* (at any time of the day) Rectal swab* (if patient has anal sex or ano-rectal symptoms)	Chlamydia NAAT (PCR)
GONORRHOEA	Vaginal swab* (best test if not examined) OR Endocervical swab** (best test if examined) First catch urine* (at any time of the day) Rectal swab* (if patient has anal sex or ano-rectal symptoms)	Gonorrhoea NAAT (PCR) + culture if discharge present  If possible, test for culture at time of treatment to determine anti-microbial sensitivity and contribute to anti-microbial resistance surveillance.
TRICHOMONIASIS	High vaginal swab** First catch urine* (at any time of the day)	Trichomoniasis NAAT (PCR)
♂ MALES		
CHLAMYDIA	First catch urine* (at any time of the day) Plus throat swab* (for MSM) Plus rectal swab* (for MSM)	Chlamydia NAAT (PCR)
GONORRHOEA	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  If possible, test for culture at time of treatment to determine anti-microbial sensitivity and contribute to anti-microbial resistance surveillance.
TRICHOMONIASIS	First catch urine* (at any time of the day)	Trichomoniasis NAAT (PCR)
*consider self-collected    **health provider-collected		
♀♂ FEMALES AND MALES		
SYPHILIS	Blood	Syphilis serology
HIV	Blood	HIV antibody/antigen
HEPATITIS A	Blood	Total hepatitis A antibodies
HEPATITIS B	Blood	Hepatitis B surface antigen, core antibody, surface antibody
HEPATITIS C	Blood	Hepatitis C antibody and if positive, hepatitis C NAAT (PCR) to determine if patient has chronic hepatitis C or reinfection after treated hepatitis C.

## Contact tracing/partner notification <sup>1,11</sup>

Notifying known sexual partners of people diagnosed with STIs is an essential component of reducing onward transmission and re-infection. All health professionals have a role to play in this process.

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>
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
Mount Isa Sexual Health Service (North West)	(07) 4764 0200
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, Mackay)	(07) 4433 9600
<b>HIV contact tracing support</b>	
Queensland HIV Public Health Team	(07) 3328 9797

"Self-collection is the preferred testing method for chlamydia, gonorrhoea and trichomoniasis."

### Query about syphilis?

Call the Queensland Syphilis Surveillance Service  
1800 032 238

### Post-Exposure Prophylaxis (PEP)

PEP should be considered for recent contacts of HIV within 72 hours of exposure.

Information about PEP in Queensland is available at [www.health.qld.gov.au/clinical-practice/guidelines-procedures/sex-health/hiv-aids](http://www.health.qld.gov.au/clinical-practice/guidelines-procedures/sex-health/hiv-aids)

### Pre-Exposure Prophylaxis (PrEP)

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

See the ASHM tool for PrEP decision making.

### References:

1. Australasian Sexual Health Alliance (ASHA) Australian STI Management Guidelines for use in Primary Care
2. Surveillance reports for sexual health in Queensland and real time notifiable conditions data are available by searching for surveillance reports Queensland or notifiable reports Queensland.
3. Guide to offering Sexually Transmissible Infection (STI) testing to people aged less than 16 years attending clinical services in Queensland
4. Australasian Society of HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) National Testing Policy portal for HIV, hepatitis C and hepatitis B
5. Aboriginal and Torres Strait Islander adolescent sexual health guideline for Queensland
6. STIs in Gay Men Action Group (STIGMA). Australian Sexually Transmitted Infection and HIV Testing Guideline 2019 for asymptomatic men who have sex with men
7. Australian Technical Advisory Group on Immunisation. Australian Immunisation Handbook
8. Respect Inc provides information about sexual health check certificates in Queensland
9. Australian Government Department of Health. Clinical Practice Guidelines: Pregnancy Care
10. Queensland Clinical Guidelines include a Syphilis in Pregnancy guideline and resources located under maternity
11. ASHM. Australasian Contact Tracing Guidelines