

# STI contact tracing tool for primary care

## What is my role in contact tracing?

When making a Sexually Transmissible Infections (STI) diagnosis, it's your responsibility to initiate a discussion about contact tracing. It's your responsibility to encourage and support your patients in notifying their contacts as part of best practice clinical care.

## How to contact trace?

### 1 Introduce the reasons for contact tracing.

*'It's really important your partner(s) get treated so you don't get the infection again.'*

*'Most people with an STI don't know they have an infection because they have no symptoms, but still could have complications or pass it on to a partner.'*

### 2 Help identify which partner(s) need to be informed; use cues such as location or events.

Use a non-judgemental approach; some people have more than one sexual partner and all can be treated.

*'Try thinking back to when and where you have had sex recently or any special events.'*

### 3 Explain the methods and offer choice.

Different methods (in person, phone, SMS, e-mail or letter) may be needed for each partner.

*'From what you've told me, there are a few people who need to be informed. How do you think you'll go contacting them?'*

#### Patient initiated referral:

Your patient chooses to notify their own contacts. You discuss with them the information they will provide to their contacts.

or

#### Provider initiated referral:

You, your delegate or another health agency informs the patient's contacts. Obtain the consent of your patient; it can be anonymous depending on the wishes of your patient.

### 4 Support patient initiated referral.

- Provide specific STI information—written or web links.
  - Discuss how a partner may react and problem solve with the patient.
  - Remind them partners can be contacted by phone, in person, SMS, e-mail or letter. All can remain anonymous.
    - [www.letthemknow.org.au](http://www.letthemknow.org.au)
    - [www.thedramadownunder.info](http://www.thedramadownunder.info) for men who have sex with men
    - [www.bettertoknow.org.au](http://www.bettertoknow.org.au) for Aboriginal and Torres Strait Islander people
  - Your practice staff may be able to assist your patient to send an SMS or e-mail before they leave your clinic. It's a quick and easy option.
- Provide sample text to be given to contacts; see [www.letthemknow.org.au/LTK.html](http://www.letthemknow.org.au/LTK.html)
  - Schedule a follow-up visit or phone call to determine if the patient was able to inform their partners. Offer further assistance if unnotified.

### 5 Document discussions in patient notes.

## Frequently asked questions

### Why contact trace?

It can prevent reinfection in your patient and decrease the rates of STIs in the population. Previous partners may be unaware they are transmitting an infection as many STIs display no symptoms.

### How can I fit it into the consultation?

It can be completed quickly through a simple discussion at diagnosis or follow-up. A nurse or Indigenous health worker could inform the patient's partners or assist in making follow-up if provider referral is chosen.

### Why might my patient need to contact trace partners with whom they used condoms?

Condoms are an effective method of protection, but not equally for all STIs, and not if inadequately used during oral sex and foreplay.

### My patient is concerned about violence if they inform their partner(s), what should I do?

If there is concern over a violent reaction or history of domestic violence within a relationship, then provider referral is recommended. In this situation, contact your local sexual health clinic by visiting [www.health.qld.gov.au/clinical-practice/guidelines-procedures/sex-health/services/default.asp](http://www.health.qld.gov.au/clinical-practice/guidelines-procedures/sex-health/services/default.asp)

For more information on contact tracing or to download a copy of this tool visit [www.health.qld.gov.au](http://www.health.qld.gov.au) and search 'contact tracing tool'.

### When do I consider provider referral?

- **HIV, syphilis** and **gonorrhoea** due to higher morbidity.
- **Repeat infections** as a partner may not have been tested and treated.
- Within **Aboriginal and Torres Strait Islander communities** due to stigma and issues around confidentiality.
- **Incarcerated** or **detained** partners may be more difficult to contact.
- For more information about undertaking provider referral contact tracing, see the **Need more help** and **Online contact tracing resources section**.

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## for primary care

### Need more help?

Contact your nearest contact tracing support officer for advice on contact tracing options  
[www.health.qld.gov.au](http://www.health.qld.gov.au) and search 'contact tracing'

Your local sexual health clinic may assist with complicated cases.  
[www.health.qld.gov.au/clinical-practice/guidelines-procedures/sex-health/default.asp](http://www.health.qld.gov.au/clinical-practice/guidelines-procedures/sex-health/default.asp)

For information on medico legal aspects of contact tracing, see Chapter 5 available at [www.ctm.ashm.org.au](http://www.ctm.ashm.org.au)

### How far back in time to trace?\*

Use these as a general guide only. Discussion about which partners to notify should take into account the sexual or relevant risk history, clinical presentation and patient circumstances.

Contact tracing is **not recommended** in warts and herpes as there is little proven benefit.

Infection	How far back to trace	Infection	How far back to trace
Chlamydia	6 months	Gonorrhoea	2 months
Syphilis	Primary syphilis—3 months plus duration of symptoms. Secondary syphilis—6 months plus duration of symptoms. Early latent syphilis—12 months.	HIV	Start with recent sexual or needlesharing partners; outer limit is onset of risk behaviour or last known negative result.
Hepatitis B	6 months prior to onset of acute symptoms. For newly acquired cases, contact your local public health unit (PHU) and/or specialist physician.	Hepatitis C	6 months prior to onset of acute symptoms; if asymptomatic, according to risk history. For newly acquired cases, contact your local PHU and/or specialist physician. <i>Note—rarely sexually transmitted, usually only in HIV co-infection.</i>
Trichomoniasis	Unknown; important to treat current partner		
Lymphogranuloma Venereum (LGV)	1 month	Mycoplasma genitalium	Unknown; important to treat current partner

\* Information adapted from 2010 Australasian Contact Tracing Manual.

Adapted with permission from STI Contact Tracing for General Practice developed by NSW STI Programs Unit – March, 2011.

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### Online contact tracing resources

**Patient**  
Online partner notification services and information sites:  
[www.letthemknow.org.au](http://www.letthemknow.org.au)  
[www.thedramadownunder.info](http://www.thedramadownunder.info)  
[www.bettertoknow.org.au](http://www.bettertoknow.org.au)  
Includes patient scenarios and notification services.

**Provider**  
Information for health professionals on contact tracing  
[www.health.qld.gov.au/clinical-practice/guidelines-procedures/sex-health/default.asp](http://www.health.qld.gov.au/clinical-practice/guidelines-procedures/sex-health/default.asp)  
Australasian Contact Tracing Manual  
[www.ctm.ashm.org.au](http://www.ctm.ashm.org.au)  
Australian STI Guidelines for use in Primary Care  
[www.sti.guidelines.org.au](http://www.sti.guidelines.org.au)  
STI fact sheets  
[www.qld.gov.au/health/staying-healthy/sexual-health](http://www.qld.gov.au/health/staying-healthy/sexual-health)  
[www.health.qld.gov.au/clinical-practice/guidelines-procedures/sex-health/guidelines/default.asp](http://www.health.qld.gov.au/clinical-practice/guidelines-procedures/sex-health/guidelines/default.asp)

### Management of contacts

Ensure access to **prompt testing and treatment**. This can be at your practice or through a referral to the local sexual health clinic. For treatment information see the [Australian STI Guidelines](#).

- If contact tests positive, determine if any **additional partner(s)** need to be notified.
- **Post-exposure prophylaxis** is available for contacts exposed to HIV or hepatitis B through sexual health clinics, s100 prescribers and hospital emergency departments.
- Offer **vaccination** for hepatitis B.
- Waiting for results can be a period of anxiety; **information and supportive counselling** is helpful.
- Discuss ways to **reduce risk behaviours** such as condom use and regular testing for STIs.