Travel consultations

“Some people take risks when they travel overseas and that includes having unprotected sex. If you like, we could do a sexual health check-up before you go and when you return.”

Reproductive health consultations

“While you’re here for contraception advice/cervical screening it’s a good time to talk about other areas of sexual health, like having a sexual health check-up...”

Hepatitis B vaccination

“Have you had a hepatitis B vaccination? It protects against an infection that can be sexually transmitted. Do you want to talk about this today?”

STEP 1

Offering routine sexually transmissible infection/blood borne virus (STI/BBV) testing helps people feel more comfortable and willing to discuss their sexual health.

Examples of how routine STI/BBV testing can be offered:

Young people (15—29 years)

“STIs are very common among young people and they may not even know they have an STI. We encourage all sexually active young people to get tested regularly for STIs. Would you like a sexual health check up today?”

Sexual history

Ask these questions to identify potential risks and which tests to do:

“I’d like to ask you some questions about your sexual activity so we can decide what tests to do:”

• When did you last have sex?
• Do you have sex with men, women, or both?
• When you have sex, is it vaginal, oral and/or anal sex?
• When did you last change your sexual partner?
• Do you always use condoms?
• Have you ever injected drugs?
• Do you have any symptoms?

Patient has symptoms of an STI?

www.sti.guidelines.org.au

STI/BBV Testing Tool for Asymptomatic People available at:


An abridged version of this tool is also available here.

Developed by NSW STI Programs Unit, NSW Australia, and reproduced with permission by the Sunshine Coast Hospital and Health Service, ASHM and Communicable Diseases Branch 2018. www.stipu.nsw.gov.au
STEP 2 STI/BBV testing – who to test and how often

Recommendations from the Australian STI Management Guidelines1 (unless otherwise stated)

WHO Is the patient?

WHAT Infection?

HOW OFTEN Should you test?

Young people (15–29 years)

CHLAMYDIA Annually or more often according to sexual history

HEPATITIS B Confirm HBV immune status (history of prior vaccination or serology) and vaccinate if not immune

SYPHILIS GONORROEA HIV Consider according to sexual history and local STI/BBV prevalence, or if patient requests testing for these STIs/BBVs

Aboriginal and/or Torres Strait Islander people

CHLAMYDIA Annually or more often according to sexual history or local STI prevalence. Regular testing for chlamydia, syphilis and HIV is recommended, as per the Standard Asymptomatic Check up guidelines.

HEPATITIS C HIV** TRICHOMONIASIS** 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

** For those from rural/regional/remote areas

Men who have sex with men (MSM)

CHLAMYDIA At least annually, up to 4 times per year for MSM who fall into one or more of the following categories:

• Use recreational drugs during sex
• Have a10 sexual partners in the last 6 months
• Are HIV positive
• Participate in group sex

HEPATITIS A Serological testing is not recommended before routine administration of hepatitis vaccine. Vaccinate as per recommendations in the Australian Immunisation Handbook.4

HEPATITIS B Confirm HBV immune status (history of prior vaccination or serology) and vaccinate if not immune.

HEPATITIS C 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.

Sex workers (sex–MSM for male sex workers)

CHLAMYDIA Testing should be based on local STI prevalence, symptoms, diagnosed or suspected STI in contact and clinical findings.

SYPHILIS HIV Frequency based on sexual history (private and professional life), if condom use is c100% (including history of condom breakages/slippages) or at patient request.

HEPATITIS A Serological testing is not recommended before routine administration of hepatitis vaccine. Vaccinate as per recommendations in the Australian Immunisation Handbook.1

HEPATITIS B Confirm HBV immune status (history of prior vaccination or serology) and vaccinate if not immune.

HEPATITIS C If antibody positive, test for hepatitis C NAAT to determine if patient has chronic hepatitis C.

People who inject drugs

CHLAMYDIA Annually or more often according to sexual history.

HEPATITIS A Serological testing is not recommended before routine administration of hepatitis vaccine. Vaccinate as per recommendations in the Australian Immunisation Handbook.1

HEPATITIS B Confirm HBV immune status (history of prior vaccination or serology) and vaccinate if not immune.2

HIV 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.

Pregnant women (all RACGP and Australian Government Department of Health)

CHLAMYDIA Consider in pregnant women aged 15–29 years and those at higher risk.

HEPATITIS B All pregnant women should be screened using the HBsAg test. Vaccinate susceptible women who are at increased risk.

Every pregnancy.

SYPHILIS 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 and local area guidelines for current recommendations.

STEP 2B How to test1 – infection, specimen site and test type

<table>
<thead>
<tr>
<th>INFECTION</th>
<th>SPECIMEN COLLECTION SITE</th>
<th>TEST</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FEMALES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHLAMYDIA</td>
<td>Vaginal swab (preferred) OR</td>
<td>Chlamydia NAAT (PCR)</td>
</tr>
<tr>
<td>HIV</td>
<td>Endovaginal swab** (preferred)</td>
<td></td>
</tr>
<tr>
<td>GONORROEA</td>
<td>Vaginal swab (preferred) OR</td>
<td>Gonorrhoea NAAT (PCR) + culture if discharge present</td>
</tr>
<tr>
<td>TRICHOMONIASIS</td>
<td>High vaginal swab**</td>
<td>Trichomoniasis NAAT (PCR)</td>
</tr>
<tr>
<td><strong>MALES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHLAMYDIA</td>
<td>First catch urine* (at any time of the day)</td>
<td>Chlamydia NAAT (PCR)</td>
</tr>
<tr>
<td>GONORROEA</td>
<td>Plus throat swab* (for MSM)</td>
<td>Plus rectal swab* (for MSM)</td>
</tr>
<tr>
<td>TRICHOMONIASIS</td>
<td>First catch urine* (at any time of the day)</td>
<td>Trichomoniasis NAAT (PCR)</td>
</tr>
<tr>
<td><strong>FEMALES AND MALES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SYPHILIS</td>
<td>Blood</td>
<td>Syphilis serology</td>
</tr>
<tr>
<td>HIV</td>
<td>Blood</td>
<td>HIV Ab/Ag</td>
</tr>
<tr>
<td>NIV</td>
<td>Blood</td>
<td>Total HIV antibodies or anti HIV IgG if indicated*</td>
</tr>
<tr>
<td>HEPATITIS A</td>
<td>Blood</td>
<td>anti-HBc antibody</td>
</tr>
<tr>
<td>HEPATITIS B</td>
<td>Blood</td>
<td>anti-HBs antibody</td>
</tr>
<tr>
<td>HEPATITIS C</td>
<td>Blood</td>
<td>Anti-HCV antibody</td>
</tr>
<tr>
<td>TRICHOMONIASIS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*consider self-collected **health provider-collected

More information... Query about positive syphilis serology? Call the Qld Syphilis Surveillance Service 1800 032 238

HIV, Hepatitis B & C Testing Portal www.testingportal.ashm.org.au

STAR 3 Contact tracing/partner notification1,8

INFECTION | HOW FAR BACK TO TRACE |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CHLAMYDIA</td>
<td>6 months</td>
</tr>
<tr>
<td>GONORROEA</td>
<td>2 months</td>
</tr>
<tr>
<td>SYPHILIS</td>
<td>Primary syphilis – 3 months plus duration of symptoms</td>
</tr>
<tr>
<td></td>
<td>Secondary syphilis – 6 months plus duration of symptoms</td>
</tr>
<tr>
<td></td>
<td>Early latent syphilis – 12 months</td>
</tr>
<tr>
<td>HIV</td>
<td>Start with recent sexual or injecting drug use needle-sharing partners</td>
</tr>
<tr>
<td></td>
<td>Outer limit is onset of risk behaviour or last known HIV negative test result</td>
</tr>
<tr>
<td></td>
<td>6 months prior to onset of acute symptoms. If asymptomatic, according to sexual history</td>
</tr>
<tr>
<td></td>
<td>For newly acquired cases contact your local Public Health Unit (PHU) and/or specialist.</td>
</tr>
<tr>
<td>HEPATITIS B</td>
<td>Low risk for sexual exposure (except for HIV positive men) so contact tracing not generally performed for sexual partners.</td>
</tr>
<tr>
<td></td>
<td>Contacts via parenteral exposure (shared needles, injecting equipment) should be tested if possible.</td>
</tr>
<tr>
<td></td>
<td>Children of mothers who are hepatitis C positive should be tested.</td>
</tr>
<tr>
<td></td>
<td>Note: rarely sexually transmitted except in HIV co-infection</td>
</tr>
<tr>
<td>TRICHOMONIASIS</td>
<td>Unknown, important to treat all sexual partners.</td>
</tr>
</tbody>
</table>
How to initiate partner notification:

a) Introduce the reasons for partner notification

“Most people with an STI don’t know they have it because they have no symptoms, but can pass it on to other partners or have long-term health problems.”

b) Help identify which partner(s) need to be informed

Use cues such as location or events; use a non-judgmental approach; some people have more than one sexual partner who may require treatment.

“Think back to when and where you had sex recently or any special events.”

c) Explain partner notification methods and offer choice

Different methods may be needed for each contact e.g. in person, phone, SMS, email, social media, referral to a specialist contact tracing support service.

“From what you’ve told me, there are a few people who need to be informed. How would it be best to contact them?”

Patient-initiated referral:

Means your patient chooses to inform their own partner(s). Discuss with the patient how their partner(s) can be informed and then provide the patient with information to give to their partner(s).

d) Support your patient to notify their partner(s)

Provide STI factsheets, offer partner notification websites and schedule a follow-up visit/phone call. Assistance could be provided to your patient to access partner notification websites during the consult, such as:

www.letthemknow.org.au

Information on STIs and advice for all patients.

www.thedramadowndunder.info

Information on STIs and advice for MSM. Online anonymous notification of contacts via SMS, email or letter.

www.bettertoknow.org.au

Information on STIs and advice for Aboriginal and Torres Strait Islander people. Online anonymous notification of contacts via SMS or email.

Provider-initiated referral:

Means the diagnosing doctor, their delegate or another health agency obtains the consent of the patient and then informs the patient’s sexual partner(s). This can be performed anonymously or not (depending on the wishes of the patient). This is considered the best option for notifying partners about HIV infections or if there are any concerns around domestic violence.

Need contact tracing support?

<table>
<thead>
<tr>
<th>Contact Tracing Guidelines</th>
<th><a href="http://www.contacttracing.ashm.org.au">www.contacttracing.ashm.org.au</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Queensland STI contact tracing support officers</td>
<td></td>
</tr>
<tr>
<td>Cairns Sexual Health</td>
<td>(Cairns and Hinterland, Torres and Cape)</td>
</tr>
<tr>
<td>Metro North Public Health Unit</td>
<td>(Metro North)</td>
</tr>
<tr>
<td>Princess Alexandra Sexual Health</td>
<td>(Metro South, Darling Downs, West Moreton, South West, Gold Coast)</td>
</tr>
<tr>
<td>Sunshine Coast Sexual Health</td>
<td>(Sunshine Coast, Central Queensland, Central West, Wide Bay)</td>
</tr>
<tr>
<td>Townsville Sexual Health</td>
<td>(Townsville, North West, Mackay)</td>
</tr>
<tr>
<td>HIV contact tracing support</td>
<td></td>
</tr>
<tr>
<td>Queensland HIV Public Health Team</td>
<td><a href="mailto:HIV_PH_Team@health.qld.gov.au">HIV_PH_Team@health.qld.gov.au</a></td>
</tr>
</tbody>
</table>

Post-exposure Prophylaxis (PEP): should be considered for recent contacts of HIV within 72 hours of exposure. Find out where to get PEP here.

HIV PreExposure Prophylaxis (PrEP): is an HIV treatment medicine that can be given to HIV negative people to prevent an infection before someone is actually exposed. See the ASHM tool for PrEP decision making.

References:

1 Australian Sexual Health Alliance (ASHA), Australasian STI Management Guidelines, http://www.sti.guidelines.org.au
4 NHMRC, Australian Immunisation Handbook, 10th Edition