

Section 2 - Screening priority groups

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Screening priority groups

The following information helps facilitate effective and comprehensive management of populations identified as priority in national and local strategies addressing sexual health, STIs, HIV/AIDS and related issues.

Culturally and linguistically diverse (CALD) populations

The following guidelines can be used to assess the following groups:

- Migrants
- Refugees
- International students
- Backpackers
- Other CALD groups such as first and second generation families of these groups.

It is essential you have an awareness of clients's cultural values, attitudes, beliefs and practices. Consider epidemiological disease patterns and their experiences prior to arrival. You should also consider the impact these factors can have on a client's communication style and ability or willingness to access care and adhere to treatment.

Create a safe environment

- determine the client's comprehension of English to ensure informed consent is obtained and allowed adequate time for the consultation
- provide access to an interpreter. Non-professional interpreters (i.e. family members) should not be used unless the situation is urgent and a professional interpreter is unavailable
- be aware of diversity within cultural groups and that cultural and social diversity have different communication styles and language may result in conflicts or misunderstandings with healthcare providers about treatment methods and the goals of treatment
- be aware that cultural values may influence whether information, referral and treatment is accepted or rejected
- provide culturally sensitive client education and appropriate written information
- be aware of cultural isolation, gender differences and power discrepancies and clarify with the client that what you are doing is appropriate
- be aware of diversity within cultural groups
- be sensitive to client understandings of Australian norms, values and laws and how these may differ from their own norms and values

Screening

Identify risks to determine investigations. Recommended screening should take into consideration:

- client's country of origin and disease patterns of endemic conditions
- recent overseas travel
- risk factors related to culture i.e. female genital mutilation (fgm) or cutting, same sex relationships.

Support services

Queensland Health Interpreter Services

http://qheps.health.qld.gov.au/multicultural/interpreting/interpreter_serv.htm

Queensland Health Multicultural Resources

<http://qheps.health.qld.gov.au/multicultural/home.htm>

Health information in your language

<http://www.health.qld.gov.au/multicultural/public/language.asp>

Public sector and community organisations	
Public sector organisations	
Croatian Mental Health Program	Tel: (07) 3891 7933
Ethnic Communities Council of the Gold Coast	Tel: (07) 5532 4300
Ethnic Communities Council QLD	Tel: (07) 3844 9166
Ethnic Mental Health Program	Tel: (07) 3891 7911
Islamic Women's Association	Tel: (07) 3857 5898
Multicultural Development Association - Multicultural Health Network	Tel: (07) 3394 9300
Multicultural Information Network Service (Gympie)	Tel: (07) 5483 9511
Queensland Program of Assistance to Survivors of Torture & Trauma	Tel: (07) 3844 3440
Queensland Transcultural Mental Health Centre	Tel: (07) 3240 2833
Community organisations	
Bundaberg Neighbourhood Centre	Tel: (07) 4153 1614
Centacare Cairns - Migrant Settlement Services	Tel: (07) 4041 7699
Logan City Multicultural Neighbourhood Centre	Tel: (07) 3808 4463
Mackay Neighbourhood Centre	Tel: (07) 4957 2626
Townsville Migrant Resource Centre	Tel: (07) 4772 4800
Townsville Multicultural Support Group	Tel: (07) 4775 1588

	<p>High Vaginal</p> <ul style="list-style-type: none"> · swabs for chlamydia, trichomonas and gonorrhoea PCR and M/C/S <p><i>Either</i></p> <ul style="list-style-type: none"> ○ High vaginal swabs taken by clinician; or ○ Low vaginal swabs which is self-collected. <p><i>Serology for asymptomatic male and female</i></p> <p>Serology for asymptomatic clients determined by history, risk assessment and clinical findings</p> <ul style="list-style-type: none"> · Syphilis · HIV antibody (with pre-test discussion) · Hepatitis B – HbsAb, HBsAg, HBscAb (if not vaccinated or unclear vaccination history) · Hepatitis A IgG (if indicated) · Hepatitis C antibody (if indicated & with pre-test discussion)
<p>Additional testing</p>	<p>Additional STI screening based on history, risk and clinical assessment.</p>

Men who have sex with men (MSM)

Annual testing is recommended for all asymptomatic sexually active MSM, including people living with HIV. More frequent testing may be indicated by history or symptoms.

These recommendations apply regardless of whether condoms are used for receptive anal intercourse or the client has a regular partner. Receptive anal sex practices such as fingering, toy insertion or oral-anal contact are independent risk factors for anal STI, even in men who use condoms for receptive anal intercourse⁶.

Screening

The following recommendations apply regardless of whether safe sex practices are reported.

<p>Annually</p>	<p><i>Pharyngeal</i></p> <ul style="list-style-type: none"> · swab for gonorrhoea PCR or M/C/S (In Far North Queensland, both tests are performed even if only one is requested). <p>Note: Pharyngeal swab for chlamydia PCR not validated by ACHSHM and STIGMA⁶ but is the recommended test.</p> <p><i>Urethral</i></p> <ul style="list-style-type: none"> · first catch urine for chlamydia and gonorrhoea PCR <p><i>Rectal Swab (if indicated)</i></p> <ul style="list-style-type: none"> · swab for chlamydia PCR · swab for gonorrhoea M/C/S or PCR. <p>Note:</p> <ul style="list-style-type: none"> · if symptomatic, consider swab for LGV PCR · self collected anal swab has been shown to be acceptable and effective in detecting chlamydia and gonorrhoea⁶ · anal screening for cytological abnormalities or HPV infection is not recommended until further research and data is available.⁶ <p><i>Serology</i></p> <ul style="list-style-type: none"> · Syphilis · HIV (if HIV negative) · Hepatitis B HbsAg, HBsAb , HBcAb (If unvaccinated, unclear vaccination history or indicated).
<p>Annually cont...</p>	<p>Note: Offer vaccination, no ongoing serology required unless immunocompromised.</p>

	<ul style="list-style-type: none"> · Hepatitis A IgG (if unvaccinated or indicated) · Hepatitis C antibody (pre-test discussion and if indicated).
Additional testing	<p>Additional STI screening based on history, risk and clinical assessment.</p> <p>3-6 monthly screening recommended for MSM who:</p> <ul style="list-style-type: none"> · Have episodes of unprotected anal sex · Have more than 10 partners in the past 6 months · Attend sex-on-premises venues (SOPVs) · Use recreational drugs · Seek partners via the internet
Other risks	<ul style="list-style-type: none"> · Discuss and provide literature regarding post exposure prophylaxis (PEP). · Consider risks associated with sex work or injecting drug use. · For people with HIV, HBV surface antibody levels must be checked annually after hepatitis B vaccination (if sexually active) and boosters given as required. · Recommend hepatitis A and B immunisation if serology negative. Once a client is immunised for hepatitis A and B, further hepatitis A or B serology is unnecessary, except in immunosuppressed clients
Important note	<ul style="list-style-type: none"> · The nucleic acid amplification test (NAAT) (e.g. PCR, LCR, SDA, TMA) has been validated for use in urethral, cervical, urine, throat and rectum samples, but only registered for use in urethral, cervical and urine samples. · Take swabs for gonorrhoea M/C/S to enable gonococcal antibiotic sensitivities to be determined (false-negative results are common when relying solely on culture). · Gonorrhoea M/C/S or PCR and chlamydia PCR are recommended tests for rectal screening.

People who inject drugs

Annual STI screening is recommended for asymptomatic sexually active people who have engaged in injecting drug use in the previous 12 months¹.

A person who injects drugs (IDU – injecting drug user) may also participate in sexual risk taking behaviours, so their sexual health should also be addressed.

The following table recommends minimum annual STI screening requirements for asymptomatic sexually active people who have engaged in injecting drug use. Additional STI screening should be based on history and clinical findings.

These recommendations apply regardless of whether safe sex or safe injecting practices are reported.

Screening

The following recommendations apply regardless of whether safe sex practices are reported.

<p>Annually¹</p>	<ul style="list-style-type: none"> · chlamydia and gonorrhoea PCR (first catch urine/cervical or vaginal swab) · gonorrhoea M/C/S and/or trichomonas (woman only) PCR testing if in populations of high prevalence or indicated. <p><i>Serology</i></p> <ul style="list-style-type: none"> · Syphilis · HIV antibody · Hepatitis B HbsAg, HBsAb, HBcAb (if unvaccinated, unclear vaccination history or indicated) <p>Note: If unvaccinated offer vaccination. Once vaccinated, no ongoing serology is required unless immunocompromised¹⁵ e.g. HIV positive.</p> <ul style="list-style-type: none"> · Hepatitis A IgG (if unvaccinated or indicated) · Hepatitis C antibody with pre-test discussion (if status unknown).
<p>Additional testing</p>	<p>Additional STI screening based on history, risk and clinical assessment.</p>
<p>More frequent screening</p>	<p>May be required following risk exposure.</p>
<p>Other risks</p>	<p>Consider the risks associated with sex work, injecting drug use or a male having sex with men.</p>

Sex Industry Workers (SIW)

The *Queensland Prostitution Act 1999 (Section 89 – 90)*, <http://www.legislation.qld.gov.au/LEGISLTN/CURRENT/P/ProstitutA99.pdf>, states that it is an offence for a sex industry worker (SIW) to knowingly work, or a brothel licensee/manager to permit a SIW to work, during any period when a SIW is known to be infective with an STI⁸.

The screening guidelines following, enable sex industry workers, brothel managers/licensees and health professionals to comply with provisions of *Queensland's Prostitution Act 1999* and the *Queensland Prostitution Amendment Regulation (No.1) 2007*⁹. <http://www.legislation.qld.gov.au/LEGISLTN/SLS/2007/07SL192.pdf>

These guidelines detail:

- recommended regimen for conducting sexual health checks for sex workers
- recommended procedure in the event of a positive test result
- instructions regarding *Certificate of Attendance*.

Screening

Comprehensive sexual health history *must* be taken for a SIW during the first (or baseline) visit. For every subsequent visit, you need only complete the following questionnaire.

Sexual history questionnaire	Yes	No
Any unprotected vaginal, anal or oral intercourse with a customer since last check?		
Any condoms broken or slipped since last check?		
Any pain, discharge, rash or sores in the genital area, or discomfort passing urine?		
Any unprotected sex outside of work since last check?		
Any unwanted sexual activity since last check?		
Date of LMP and current contraception? (if applicable)		
Any shared injecting/tattooing or other skin penetration equipment since last check? (if relevant)		
Any change in contact details since last visit (in case of an unexpected positive result)?		

Exception testing recommended for symptomatic sex industry worker

When any answer to the sexual history questionnaire is **yes**, a full risk assessment and history of the event should be recorded in the client's file. Consider prophylaxis for chlamydia, gonorrhoea, syphilis and HIV/AIDS.

Routine testing recommended for asymptomatic sex industry worker

When all answers to the sexual history questionnaire are **no**, refer to the table below.

Queensland Prostitution Amendment Regulation (No.1) 2007 states that the required interval for medical examination and testing is every three months.

The table below represents the minimum range of tests that must be conducted for a *Certificate of Attendance* to be issued.

Gender	Site/STI	Base-line	Three monthly	Yearly	Comments
Both	Pharyngeal swab for gonorrhoea and chlamydia	ü	ü		If indicated and/or client states oral sex is practised.
	Rectal swab for gonorrhoea and chlamydia	ü	ü		If indicated and/or client states anal sex practised. Proctoscopy recommended at baseline. Self collected/blind rectal swab for gonorrhoea and chlamydia can be substituted.
Female	Inspection of external genitals, perineum	ü	ü		Required at every check-up
	Perform speculum examination of vagina and cervix	ü		ü*	* Ideally a speculum examination should be performed every three months, but at minimum should be performed yearly.
	Vaginal swab for trichomonas	ü	ü		In areas of high prevalence or if indicated.
	Cervical swab or first catch urine for chlamydia and gonorrhoea PCR	ü	ü		Perform FCU if no cervix. Self collected/blind vaginal swab for chlamydia and gonorrhoea can be substituted.
Male	Inspection of external genitals, perineum	ü	ü		
	First catch urine for chlamydia PCR	ü	ü		

Serology	HIV	ü	*	ü	* Repeat serology if indicated on history
	Syphilis	ü	*	ü	* Repeat serology if indicated on history
	Hep A IgG (if indicated)	ü			Recommend vaccination if negative.
	Hep B, HbsAg, HBsAb, HBcAb	ü	*	ü#	* Recommend vaccination if negative. # Test for HBsAg annually if not vaccinated.
	HCV antibody	ü		ü	Repeat yearly if current IDU and indicated.

- These recommendations apply regardless of whether condoms have been used.
- Type of test used for indicated site is determined via approved/validated laboratory methods and local availability.
- The Nucleic Acid Amplification Test (NAAT) (e.g. PCR, LCR, SDA, TMA) has been validated for use in urethral, cervical, urine, throat and rectum samples, but only registered for use in urethral, cervical and urine samples.

Procedure in the event of a positive result

- Ensure you have the client's current contact information.
- If a sex worker has confirmed positive test results, contact person immediately to advise they have tested positive for a STI, should not engage in sex work and that the issued *Certificate of Attendance* is no longer valid. The *Prostitution Act 1999 (Section 89 - 90)* states that "a person must not work as a prostitute at a licensed brothel during any period in which the person knows he or she is infective with a sexually transmissible disease". This ban must remain in place until they have been successfully treated and no longer considered infectious. This applies in all cases and health legislation regarding recklessly endangering others also applies. In the case of a positive HIV test result, the sex worker is no longer eligible to work in a licensed brothel.
- Ensure the client understands this information. If you are concerned about the sex worker's literacy levels or English language skills, a professional interpreter may be required.
- Ask the sex worker to attend the clinic for assessment and treatment or advise them to visit a clinic in their area.
- Once the sex worker has been advised (and a record is made on their chart) it becomes the responsibility of the sex worker to cease work and to inform the brothel manager of their status. If you are aware that a sex worker is continuing to work despite this advice, you should provide further education and information. In the event this has no effect, and you are aware that the sex worker is recklessly endangering clients, initially seek advice from a Sexual Health clinic and advise the client that the continuation of such behaviour will be reported to Queensland Health.

Recommended exclusion times for sex workers

The following exclusion times represent accepted Queensland best practice and are not fully supported by clinical evidence or literature.

For conditions such as cervicitis, epididymitis, proctitis, PID or symptoms such as vaginal bleeding, discharge or pain, exclude STIs as possible cause and manage as recommended.

Infection / condition	Discontinue sexual activity
Bacterial vaginosis	no exclusion required
Candidiasis	no exclusion required
Chancroid	until treatment completed and lesion/s have completely healed
Chlamydia/NGU	for three days after stat dose treatment or completion of multiple dose regimen
Gonorrhoea	for three days after stat dose treatment or completion of multiple dose regimen
Donovanosis	until treatment completed and lesion/s have completely healed
Genital herpes	until no visible lesions
Genital warts	until no visible lesions
Hepatitis A (acute)	until 14 days after the onset of jaundice or illness
Hepatitis B (acute)	until asymptomatic and non infectious i.e. HBsAb positive
Hepatitis B (chronic 'non-replicating' form)	until HBeAb pos Clients with antibody to 'e' antigen can develop 'chronic e antigen negative Hepatitis B' with rising DNA levels. In adults with 'e' antibody, monitor ALT every six months for reactivation and test DNA viral load if ALT rises, repeat every 6 - 12 months
Hepatitis B (chronic 'replicating' form)	permanently if HbeAg pos or high HBV DNA titre
Hepatitis C (acute)	until asymptomatic
HIV	permanently
Lymphogranuloma venereum	until treatment completed and lesion/s have completely healed
Pubic lice	for seven days after first treatment
Scabies	for seven days after first treatment
Syphilis – early	until treatment completed and lesion/s healed and rash resolved
Syphilis – latent	exclusion not required
Trichomonas	for three days after stat dose treatment or completion of multiple dose regimen

Medicolegal opinion is that any person living with HIV is considered to be infective at all times (despite regular use of condoms), should not engage in sex work and under the *Prostitution Act 1999*, is ineligible to work in a licensed brothel.

Recommended exclusion from work time in cases where a worker is known to be infective with HSV or HPV is until no visible lesions are present. Clinicians are required to inform the client of this and use professional judgement whether to sign a *Certificate of Attendance*.

Exclusion periods for sex work should be enforced by brothel managers (not clinicians) and be automatic when sex workers do not have a current *Certificate of Attendance*.

Certificate of Attendance

- The provision of a *Certificate of Attendance* does not prove absence of STI but proves evidence of regular sexual health screening and care.
- An issued *Certificate of Attendance* indicates that a sex worker has undergone a routine sexual health check (in accordance with the schedule provided).
- By signing the *Certificate of Attendance*, you indicate that at the time of examination there was no evidence of STI. Do not sign the certificate if there is evidence of an actual or suspected STI (per the *Prostitution Act 1999*).
- Queensland Health and the Prostitution Licensing authority consider 'infective' or 'infectious' as being capable of producing infection in another person, while 'Infected' is the state of being contaminated by a micro-organism.
- The *Certificate of Attendance* reiterates there is no precise way of telling when a person may be infected with a virus such as HIV, HSV or HPV and that many infections may not be detectable for weeks or months after infection (if they become detectable at all).
- Queensland Health has developed a proforma *Certificate of Attendance* that can be printed on letterhead. Sexual Health and Family Planning Queensland clinics can issue the certificate through the Sexual Health Information Program (SHIP). General practitioners can download the proforma at <http://www.health.qld.gov.au/publications/clinical-practice/guidelines-procedures/attendance-certificate.doc>, insert logo and contact details or amend the document and print straight to letterhead.

The image shows two side-by-side versions of a 'SEXUAL HEALTH CHECK CERTIFICATE OF ATTENDANCE' form. The left version is labeled 'PDF format' and the right version is labeled 'Word format'. Both forms have a header with 'SEXUAL HEALTH CHECK CERTIFICATE OF ATTENDANCE' and a section for 'Attended this clinic on'. Below this, there is a statement: 'To be screened for sexually transmissible infections, you must have had no evidence of a sexually transmissible infection at the time of examination. There was no evidence of a sexually transmissible infection at the time of examination.' This is followed by a warning: 'Many infections, eg HIV, the AIDS virus, hepatitis B virus and genital herpes may not be detectable for weeks or months after infection. You should always use condoms to protect yourself and your partners from sexually transmissible infections, & do not have sex with a person who is known to be infective without their being signs or symptoms.' At the bottom, there is a section for 'CONDOMS ARE ESSENTIAL FOR THE PROTECTION OF BOTH PERSONS' and a signature line for the medical practitioner or nurse, with fields for Name (Please print), Service Provider Number, and Certificate Expiry Date.

Sample *Certificate of Attendance*

- Regular three-monthly appointments can be arranged for the week prior to a certificate's expiry date to ensure continuity of cover. The new three-monthly cover should commence on the day after the previous certificate's expiry date. It is the

responsibility of the service to ensure that the sex worker is informed if their clinical situation changes i.e. positive results within the overlap period.

Young people

Annual testing is recommended for all asymptomatic young people (aged 15- 29)^{16, 17} who are sexually active. Additional STI screening should be considered for those with genital symptoms based on history, risk assessment and clinical findings.

Consider preventative vaccinations e.g. human papilloma virus (HPV), hepatitis A and B.

Screening

The following recommendations apply regardless of whether safe sex practices are reported.

Annually (minimum) ¹	<ul style="list-style-type: none"> · Chlamydia and gonorrhoea PCR (urine, cervix, vaginal) · Trichomonas (in female populations of high prevalence) <p><i>Serology</i></p> <ul style="list-style-type: none"> · Syphilis · HIV · Hepatitis B - HbsAg, HBsAb, HBcAb (If unvaccinated or unclear vaccination history) · Hepatitis C Ab (if indicated).
Additional testing	Additional STI screening based on history, risk and clinical assessment.
More frequent screening	More frequent testing may be required: <ul style="list-style-type: none"> · if symptomatic · following a particular risk exposure (using recreational drugs, sexual assault, having multiple partners, past history of STI) · repeat screening for potential reinfection of chlamydia recommended three months after positive diagnosis¹.
Other risks	Consider risks posed by sex work, injecting drug use or homosexual activity.

Psychosocial assessment of young people

When working with young people, consider the factors impacting on their ability to consent, along with information to assess risk and protective factors of possible neglect and abuse¹⁰.

HEADSS assessment tool

HEADSS is an assessment tool which explores psychosocial functioning in adolescents and helps collect psychosocial and physical health data from young people in six key assessment areas. It explores their emotional and social life while weighing up the balance of health-risk and protective factors. You can build rapport with the young person

by showing you are comfortable discussing sensitive issues. Ask least threatening questions first, before moving to more sensitive ones. Questions about home life could be sensitive for some young people.

Assessment areas	
Home	<p>Consider living arrangements, transience, relationships with carers/significant others, community support, supervision, abuse, childhood experiences, cultural identity and recent life events.</p> <p>Example screening questions^{10,11}</p> <ul style="list-style-type: none"> • Where do you live and who lives with you? • How do you get along with each other? • Who could you go to if you needed help with a problem?
Education, employment, eating and exercise	<p>Consider school/work retention and relationships, bullying, study/career progress and goals, nutrition, vegetarianism, eating patterns, weight gain/loss, exercise, fitness and energy.</p> <p>Example screening questions^{10,11}</p> <ul style="list-style-type: none"> • What do you like about school (or work)? • What are you good and not good at? • How do you get along with teachers and other students (or work colleagues)?
Activity, hobbies and peer relationships	<p>Consider hobbies, belonging to peer group, peer activities and venues, lifestyle factors, risk taking, injury avoidance and sun protection.</p> <p>Example screening questions^{10,11}</p> <ul style="list-style-type: none"> • What sort of things do you do in your spare time out of school? • Do you belong to any clubs, groups etc? • What sort of things do you like to do with friends?
Drugs and alcohol	<p>Consider alcohol, cigarettes, caffeine, prescription/Illicit drugs and type, quantity, frequency, administration, interactions, access, recent increases/decreases, past treatment, education and motivational interviewing.</p> <p>Example screening questions^{10,11}</p> <ul style="list-style-type: none"> • At your age, many young people are starting to experiment with cigarettes or alcohol...have you tried these or any other drugs like marijuana, ecstasy or injecting drugs? • How much are you taking and how often?
Sexual activity and sexuality	<p>Consider sexual activity, age onset, age of sexual partner, any non-consensual sex, safe sex practices (including contraception), same sex attraction, history Pap Smears/STI screening, sexual abuse and pregnancy/children.</p> <p>Example screening question^{10,11}</p> <ul style="list-style-type: none"> • Some young people are getting involved in sexual relationships.

	Have you had a sexual experience with a guy or girl or both?
Assessment areas	
Suicide	<p>Consider mental health, depression, self harm, risk behaviour and sense of helplessness.</p> <p>Example screening questions^{10,11}</p> <ul style="list-style-type: none"> · What sort of things do you do if you are feeling sad/angry/hurt? · Some people who feel really down often feel like hurting themselves or think of suicide. Have you ever felt this way? · Have you ever actually tried to hurt yourself or attempt suicide?

More information

Carr-Gregg, M.R.C., Enderby, K.C. and Grover, S.R. (2003)
Risk-taking Behaviour of Young Women in Australia: Screening for Health-risk Behaviours. MJA. Volume 78 (12): p601-604¹⁰.
http://www.mja.com.au/public/issues/178_12_160603/car10800_fm.html

Gillick Competence

Gillick Competence is a medicolegal term that describes when a minor (young person) may be able to consent to his/her own medical treatment. A young person is considered to have legal capacity to consent if he/she is capable of understanding the nature and effect of giving consent and the possible consequences of their decision and then communicating consent or refusal¹².

There is no specific age at which a young person becomes competent to consent. It often depends on the person and what is proposed. The more complex the decision, treatment or procedure, the more serious the implication of consent and the higher the level of understanding and maturity required¹². Each decision, procedure or treatment should be assessed individually, as a young person may be able to consent to some procedures but not others.

Gillick Consent is now part of Australian law, based on a decision of the House of Lords UK Gillick v West Norfolk and Wisbech Area Health Authority (1985). This follows the strong approval of the Australian High Court for the Gillick decision in *Marion's Case 175 CLR 189*. (e.g. DoCS vY [1999] NSWSC 644)^{13, 14}. While the Gillick ruling was originally applied to a minor's ability to consent to their own medical treatment it can also be used in decision making to determine potential risk of harm in sexual activity of young people.

Guidelines for assessment¹⁴

Does the young person have sufficient understanding and intelligence to:

- fully understand what is proposed
- fully understand consequences and outcomes of the decision or procedure
- assess separately each decision or procedure that is proposed.

A young person can legally consent / refuse medical treatment if:

- you are satisfied that the young person understands the nature and possible consequences of the decision, procedure or treatment
- you are satisfied that the decision, procedure or treatment was in the young person's best interest
- the young person is likely to be at risk of harm from beginning and/or continuing to have sexual intercourse with or without protection/contraception
- the young person's physical and/or mental health are likely to suffer if not treated
- the young person cannot be persuaded to inform/include their parent/guardian.

Fraser Guidelines

The Fraser Guidelines can be applied when offering contraceptive services to people under the age of 16 without parental knowledge or permission. They were developed by Lord Fraser - a law lord involved in the Gillick ruling. The guidelines focus on the desirability of parental involvement and the risks of unprotected sex. Although they specifically refer to contraception the principles also apply to treatments such as abortion.

The guidelines include:

- The young person understands the advice being given.
- The young person cannot be convinced to involve parents/carers or allow you to do so, on their behalf.
- It is likely that the young person will begin or continue having intercourse with or without treatment/contraception.
- Unless he or she receives treatment/contraception their physical and/or mental health is likely to suffer.
- The young person's best interests require contraceptive advice, treatment or supplies to be given without parental consent.

Gillick Competence and the Fraser Guidelines are not designed to replace involvement by a parent/guardian in the care of a young person. However, they do allow you to act in the 'best interest' of the young person above a parental right to be informed.

You should recommend that their parent/guardian be involved in decision-making, unless the young person specifically requests they do not want them involved.

Respect the confidentiality of a young person under the age of 16 years who refuses parent/guardian involvement, unless there are reasonable grounds to involve a parent/guardian.

Sexual activity involving children and young people

For more information refer to emergency presentations: sexual assault of children and young people (section six).

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3. Commonwealth Australia, 2005
National Sexually Transmissible Infections Strategy 2005 - 2008
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