nswsti PROGRAMS UNIT

NSW GOVERNMENT Health

STI/HIV TESTING TOOL

Easy as 1-2-3

STEP 1 Starting a conversation about sexual health testing[1]

Offering routine STI/HIV testing helps patients feel more comfortable and willing to discuss their sexual health.

Examples of how routine STI/HIV 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?"

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…"

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."

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?"

Risk assessment (sexual history)

Ask these questions in order 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?
- Was that with a regular or casual partner?
- Was it with a man, a woman, or both?
- Did you use condoms?
- When you had sex, was it vaginal, oral or anal sex?
- When did you last have sex with a different person?
- Did you use condoms with them?

Go to **www.testingportal.ashm.org.au** to assess hepatitis B and C risk.

Note: STI/HIV testing requires only 'informed consent'. In NSW HIV 'pre-test counselling' is no longer required.

STI/HIV Testing Tool available at:
www.stipu.nsw.gov.au/sti-hiv-testing-tool

ENDORSED BY:

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RACGP Accepted clinical resource

Australian College of Rural & Remote Medicine
WORLD LEADERS IN RURAL PRACTICE

ashm
Australasian Society of HIV, Viral Hepatitis and Sexual Health Workforce

ASHA

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STEP 2A STI/HIV testing table

Recommendations from the **Australian STI Management Guidelines**[1] (unless otherwise stated)

WHO Is the patient?	WHAT Infection?	HOW OFTEN Should you test?
Young people (15–29 years) 	**CHLAMYDIA**	Annually
	HEPATITIS B	Confirm HBV immune status (history of prior vaccination or serology) and vaccinate if not immune[2]
	SYPHILIS **HIV**	Consider according to risk assessment and local **STI** and **HIV** prevalence[3]
Asymptomatic people requesting STI/HIV testing 	**CHLAMYDIA**	Annually or more often according to risk assessment
	HEPATITIS B	Confirm HBV immune status (history of prior vaccination or serology) and vaccinate if not immune[2]
	SYPHILIS	Consider according to risk assessment and local **STI** and **HIV** prevalence[3]
	HIV	Offer to everyone requesting testing[4]
Aboriginal and/or Torres Strait Islander people 	**CHLAMYDIA** **GONORRHOEA** **SYPHILIS**	Annually or more often according to risk assessment
	HEPATITIS C **HIV*** **TRICHOMONIASIS****	Consider a low threshold for offering testing for all infections – risk assessments assist with appropriate STI/BBV testing but are difficult to implement in some situations * Especially in the presence of other STIs[3] ** For those from rural/regional/remote areas
	HEPATITIS B	Confirm HBV immune status (history of prior vaccination or serology) and vaccinate if not immune[2]
Men who have sex with men (MSM) (ref: STIGMA Guidelines[5]) 	**CHLAMYDIA** **GONORRHOEA** **SYPHILIS** **HIV**	At least annually, up to 4 times per year for MSM who fall into one or more of the following categories: • Have any unprotected anal sex • Have ≥10 sexual partners in 6 months • Participate in group sex • Use recreational drugs during sex • Are HIV-positive
	HEPATITIS A **HEPATITIS B**	Confirm HAV and HBV immune status (history of prior vaccination or serology) and vaccinate if not immune[2]
	HEPATITIS C	If HIV-positive or have history of injecting drug use
Sex workers (see 'MSM' for male sex workers) 	**CHLAMYDIA** **GONORRHOEA** **SYPHILIS** **HIV**	Testing should be based on: local STI prevalence; symptoms; diagnosed or suspected STI in contact; and clinical findings Frequency based on risk assessment (private and professional life) Offer testing more often if condom use is <100% (including history of condom breakages/slippages) or at patient request
	HEPATITIS B	Confirm HBV immune status (history of prior vaccination or serology) and vaccinate if not immune[2]
People who inject drugs (PWID) 	**CHLAMYDIA** **GONORRHOEA** **SYPHILIS**	Annually or more often according to risk assessment
	HEPATITIS A **HEPATITIS B**	Confirm HAV and HBV immune status (history of prior vaccination or serology) and vaccinate if not immune[2]
	HIV **HEPATITIS C**	According to risk assessment and annually with an ongoing history of injecting drugs
Pregnant women (ref: RACGP[6] & Australian Government Department of Health[7]) 	**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
	HIV **SYPHILIS**	Every pregnancy

STEP 2B How to test[1] – infection, specimen site and test type

INFECTION	SPECIMEN COLLECTION SITE	TEST
FEMALES		
CHLAMYDIA	Vaginal swab* OR First pass urine (at any time of the day)* OR Endocervical swab** **Self-collected **Clinician-collected*	Chlamydia NAAT (PCR)
GONORRHOEA	Vaginal swab* OR First pass urine (at any time of the day)* OR Endocervical swab** Throat swab (for female sex workers ONLY)** **Self-collected **Clinician-collected*	Gonorrhoea NAAT (PCR)
TRICHOMONIASIS	Vaginal swab* OR First pass urine (at any time of the day)* **Self-collected*	Trichomoniasis NAAT (PCR)
MALES		
CHLAMYDIA	First pass urine (at any time of the day)* – AND THE FOLLOWING FOR MSM: Throat swab (for MSM)** Rectal swab (for MSM)*** **Self-collected **Clinician-collected ***Self-collected or Clinician-collected*	Chlamydia NAAT (PCR)
GONORRHOEA	Throat swab (for MSM)** Rectal swab (for MSM)*** ***Clinician-collected ***Self-collected or Clinician-collected*	Gonorrhoea NAAT (PCR)
FEMALES AND MALES		
SYPHILIS	Blood	Syphilis serology
HIV	Blood	HIV Ab/Ag
HEPATITIS A	Blood	Anti-HAV Ig-total
HEPATITIS B	Blood	HBsAg Anti-HBc Anti-HBs
HEPATITIS C	Blood	HCV Ab

More information…	Australian STI Management Guidelines **www.sti.guidelines.org.au**	HIV, Hepatitis B & C Testing Portal **www.testingportal.ashm.org.au**

STEP 3 Contact tracing[8]

How far back to contact 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 injecting drug use needle-sharing partners Outer limit is onset of risk behaviour or last known HIV-negative test result
HEPATITIS B	6 months prior to onset of acute symptoms If asymptomatic, according to risk history For newly acquired cases contact your local Public Health Unit (PHU) and/or specialist
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 *Note: rarely sexually transmitted except in HIV co-infection*
TRICHOMONIASIS	Unknown; important to treat current partner

STEP 3 continued…

Why contact trace?

Contact tracing is conducted to prevent your patient from becoming reinfected and to reduce onward transmission of STIs/HIV.

Whose responsibility is it to contact trace?

It is the responsibility of the diagnosing doctor to initiate and document a discussion about contact tracing.

How to contact trace:

a) Introduce the reasons for contact tracing

"It's important your partner(s) get treated so you don't get infected again."

"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-judgemental 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 contact tracing 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 (see below).

"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 contact(s). Discuss with the patient how their contact(s) can be informed and then provide the patient with information to give to their contact(s).

OR

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 contact(s). This can be performed anonymously or not (depending on the wishes of the patient). This is considered the best option for contact tracing HIV infections or if there are any concerns around domestic violence.

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

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

www.letthemknow.org.au

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

www.thedramadownunder.info

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

www.bettertoknow.org.au

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

For chlamydia, consider use of patient-delivered partner therapy (PDPT) where it is unlikely partners will access testing/treatment.

e) Document discussions in patient notes

Need more help to contact trace?

NSW Sexual Health Infolink: 1800 451 624
Outside NSW contact your local sexual health clinic or **specialist support service.**

PDPT: is the practice of providing a prescription or medication to a patient diagnosed with chlamydia to give to their partner without that partner being assessed by the health care provider. More info: **Australasian Contact Tracing Guidelines** and contact your local Health Department for regulations in your state.

Post-exposure Prophylaxis (PEP): should be considered for recent contacts of HIV[8] and HBV[9] within 72 hours of exposure. In NSW contact your **local sexual health clinic** or the **NSW PEP Hotline** 1800 737 669 for advice. Outside NSW **www.getpep.info.**

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. More info: **Epic-NSW** and **ASHM-National**

For more resources: www.stipu.nsw.gov.au/gp

References:

1 ASHA 2016, *Australian STI Management Guidelines*
2 ASHM 2012, *National hepatitis B testing policy 2012 v1.2*
3 The Kirby Institute n.d, *Annual Surveillance Reports*
4 National HIV Testing Policy Expert Reference Committee 2011, *National HIV testing policy 2011 v1.1*
5 STIs in Gay Men Action Group 2016, *Australian Sexually Transmitted Infection & HIV Testing Guidelines 2014*
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 2013, *Clinical Practice Guidelines Antenatal Care – Module 1*
8 ASHM 2016, *Australasian Contact Tracing Guidelines*
9 Australian Technical Advisory Group on Immunisation 2015, *The Australian immunisation handbook,* 10th ed