STI/BBV TESTING TOOL FOR ASYMPTOMATIC PEOPLE

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?"

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?"

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?

STI/BBV Testing Tool for Asymptomatic People available at:

www.health.qld.gov.au/clinical-practice/sex-health

An abridged version of this tool is also available here.

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www.stipu.nsw.gov.au

ashm

Queensland Government

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STEP 2 STI/BBV testing – who to test and how often

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	Once. First confirm HBV immune status (history of prior vaccination or serology) and vaccinate if not immune
	SYPHILIS **HIV**	Consider according to sexual history and local STI and HIV prevalence
Asymptomatic people requesting STI/HIV testing 	**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
	HIV	Offer to everyone requesting testing for HIV[2]
Aboriginal and/or Torres Strait Islander people 	**CHLAMYDIA** **GONORRHOEA** **SYPHILIS**	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 guideline.
	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
	HEPATITIS B	Confirm HBV immune status (history of prior vaccination or serology) and vaccinate if not immune[3]
Men who have sex with men (MSM) (ref: STIGMA Guidelines[4]) 	**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 the last 6 months • Participate in group sex • Use recreational drugs during sex • Are HIV positive
	HEPATITIS A	Serological testing is not recommended before routine administration of hepatitis vaccine. Vaccinate as per recommendations in the Australian Immunisation Handbook.
	HEPATITIS B	Confirm HBV immune status (history of prior vaccination or serology) and vaccinate if not immune[3]
	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 (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 sexual history (private and professional life), if condom use is <100% (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.
	HEPATITIS B	Confirm HBV immune status (history of prior vaccination or serology) and vaccinate if not immune[3]
	HEPATITIS C	If antibody positive, test for hepatitis C NAAT to determine if patient has chronic hepatitis C.
People who inject drugs 	**CHLAMYDIA** **GONORRHOEA** **SYPHILIS**	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.
	HEPATITIS B	Confirm HBV immune status (history of prior vaccination or serology) and vaccinate if not immune[3]
	HIV **HEPATITIS C**	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 (ref: RACGP[5] and Australian Government Department of Health[6]) 	**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	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[7] and local area guidelines for current recommendations.

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

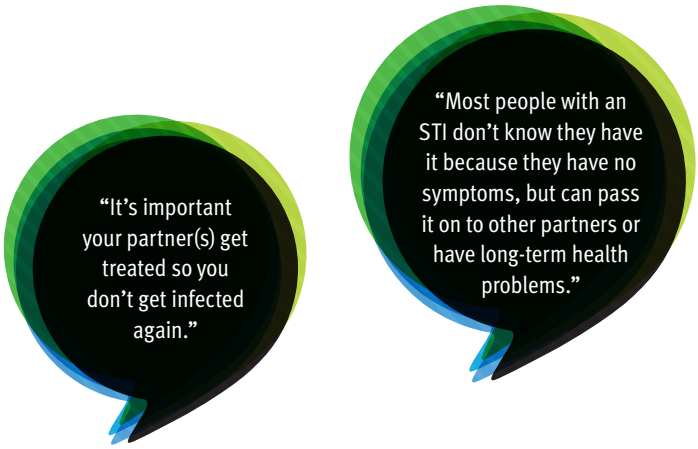
INFECTION	SPECIMEN COLLECTION SITE	TEST
♀ **FEMALES**		
CHLAMYDIA	Vaginal swab* (preferred) OR Endocervical swab** (preferred) First catch urine* (at any time of the day)	Chlamydia NAAT (PCR)
GONORRHOEA	Vaginal swab* (preferred) OR Endocervical swab** (preferred) First catch urine* (at any time of the day) Throat swab* (if patient has oral sex) Rectal swab* (if patient has anal sex)	Gonorrhoea NAAT (PCR) + culture if discharge present
TRICHOMONIASIS	Vaginal swab* OR 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
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 Ab/Ag
HEPATITIS A	Blood	Total HAV antibodies or anti HAV IgG if indicated[9]
HEPATITIS B	Blood	HBsAg anti-HBc antibody anti-HBs antibody
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/partner notification[1,8]

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 sexual history For newly acquired cases contact your local Public Health Unit (PHU) and/or specialist
HEPATITIS C	Low risk for sexual exposure (except for HIV positive men) so contact tracing not generally performed for sexual partners. Contacts via parenteral exposure (shared needles, injecting equipment) should be tested if possible. Children of mothers who are hepatitis C positive should be tested. *Note: rarely sexually transmitted except in HIV co-infection*
TRICHOMONIASIS	Unknown; important to treat all sexual partners

How to initiate partner notification:

a) Introduce the reasons for partner notification

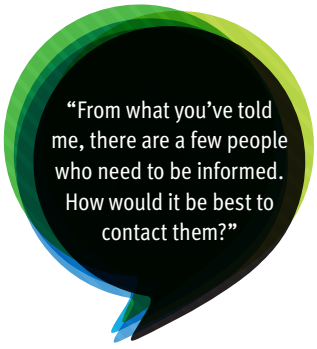


b) Help identify which partner(s) need to be informed

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

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.



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.

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. 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 Torres Strait Islander people. Online anonymous notification of contacts via SMS or email.

e) Document discussions in patient notes

Need contact tracing support?	
Contact Tracing Guidelines **www.contacttracing.ashm.org.au**	
Queensland STI contact tracing support officers	
Cairns Sexual Health (Cairns and Hinterland, Torres and Cape)	**(07) 4226 4769**
Metro North Public Health Unit (Metro North)	**(07) 3624 1111**
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, North West, Mackay)	**(07) 4433 9600**
HIV contact tracing support	
Queensland HIV Public Health Team **HIV_PH_Team@health.qld.gov.au**	**(07) 3328 9797**

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.

References:

1 Australian Sexual Health Alliance (ASHA), *Australasian STI Management Guidelines, http://www.sti.guidelines.org.au*
2 Australasian Society for HIV Medicine (ASHM) 2017, *National HIV Testing Policy, http://testingportal.ashm.org.au/hiv*
3 ASHM National HBV Testing Policy, *http://testingportal.ashm.org.au/hbv*
4 STIGMA 2016, *Australian Sexually Transmitted Infection & HIV Testing Guidelines 2014, www.stipu.nsw.gov.au/wp-content/uploads/STIGMA_Testing_Guidelines_Final_v5.pdf*
5 Royal Australian College of General Practitioners 2016, *Guidelines for preventive activities in general practice, 9th ed, East Melbourne, www.racgp.org.au/your-practice/guidelines/redbook/6-communicable-diseases/62-sexually-transmissible-infections*
6 The Australian Government Department of Health 2018, *Clinical Practice Guidelines – Pregnancy Care, www.health.gov.au/internet/main/publishing.nsf/Content/pregnancycareguidelines*
7 *Queensland Health 2018, Queensland Clinical Guidelines, Syphilis in pregnancy, www.health.qld.gov.au/qcg*
8 ASHM 2016, *Australasian Contact Tracing Guidelines, www.contacttracing.ashm.org.au*
9 NHMRC, *Australian Immunisation Handbook, 10th Edition*

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