

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. A key first step is to try and build rapport with the person.

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

Young people (16–29 years)

“STIs are very common, and often people don’t even know they have one. 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

“In some countries STI rates are very high. If you like, we could do a sexual health check-up before you go and when you return.”

Hepatitis B vaccination

“Have you had hepatitis B vaccinations? They protect against an infection that can be sexually transmitted. Do you want to talk about this today?”

General health consultation

“While you’re here, we offer all young people routine STI tests. Would you like a check-up?”

Patient has symptoms that could be caused by an STI?

www.sti.guidelines.org.au

Sexual history

Engage the person in a culturally appropriate way about these topic areas to identify potential risks and which 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? Such as... (give patient some examples)
- Have you ever been diagnosed with (or thought you had) an STI?
- When did you last have STI tests?
- Are you or could you be pregnant?

See the *Australian STI Management Guidelines* for how to do a detailed sexual health risk assessment.

To assess HIV, hepatitis B and C risk see www.testingportal.ashm.org.au

For online education modules on sexual health see www.thinkgp.com.au

This testing tool, an abridged version and a guide on self-collection of samples are available at: www.health.qld.gov.au/sexhealth

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Developing a sustainable HIV, viral hepatitis & sexual health workforce





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**Queensland
Government**

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 (16–29 years)  or asymptomatic people requesting STI/HIV testing or people who are undergoing gynaecological procedures (e.g. cervical screening, IUD insertion)	CHLAMYDIA GONORRHOEA SYPHILIS HIV	Annually or more often according to sexual history or local STI/BBV prevalence. ^{2,3} Testing for chlamydia, hepatitis B, syphilis and HIV is recommended, as per the Standard Asymptomatic Check-up guideline. ¹
	HEPATITIS B	Confirm hepatitis B immune status (history of confirmed vaccination or serology) and vaccinate if not immune. ⁴
Aboriginal and/or Torres Strait Islander people 	CHLAMYDIA GONORRHOEA SYPHILIS HIV* TRICHOMONIASIS** HEPATITIS C	Annually or more often according to sexual history or local STI/BBV prevalence. ^{2,5} Testing for chlamydia, hepatitis B, syphilis and HIV is recommended, as per the Standard Asymptomatic Check-up guideline. ¹ Repeat test for HIV and syphilis if patient exposed within previous 12 weeks (window period). Testing for trichomoniasis and hepatitis C is recommended. Repeat test for hepatitis C if patient exposed within 6 month window period. * Especially in the presence of other STIs. ** For those from rural/regional/remote areas.
	HEPATITIS B	Confirm hepatitis B immune status (history of confirmed vaccination or serology) and vaccinate if not immune. ⁴
	CHLAMYDIA GONORRHOEA SYPHILIS HIV*	3 monthly testing offered to all men who have had any type of sex with another man in the last 3 months. ⁶ MSM who are not sexually active or in monogamous relationships may be tested less frequently, but at least annually. * If not known to be HIV positive.
	HEPATITIS A HEPATITIS B HEPATITIS C	Test if not vaccinated. Vaccinate if not immune as per recommendations in the <i>Australian Immunisation Handbook</i> . ⁷ Confirm hepatitis B immune status (history of confirmed vaccination or serology) and vaccinate if not immune. ⁴ Test once a year in people living with HIV, on Pre-Exposure Prophylaxis (PrEP) or with history of injecting drug use.
Sex workers (see 'MSM' for male sex workers) 	CHLAMYDIA GONORRHOEA SYPHILIS HIV	Testing should be based on local STI/BBV prevalence, symptoms, diagnosed or suspected STI/BBV 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. Repeat HIV and syphilis test if patient exposed within previous 12 weeks (window period). Queensland legislation requires sex workers in licensed brothels to provide a sexual health check certificate every 3 months. ⁸
	HEPATITIS A	Test if not vaccinated. Vaccinate if not immune as per recommendations in the <i>Australian Immunisation Handbook</i> . ⁷
	HEPATITIS B	Confirm hepatitis B immune status (history of confirmed vaccination or serology) and vaccinate if not immune. ⁴
	HEPATITIS C	If antibody positive, test for hepatitis C NAAT (PCR) to determine if patient has chronic hepatitis C or reinfection after treated hepatitis C.
	CHLAMYDIA GONORRHOEA SYPHILIS HIV	Annually or more often according to sexual history.
People who inject drugs 	HEPATITIS A	Test if not vaccinated. Vaccinate if not immune as per recommendations in the <i>Australian Immunisation Handbook</i> . ⁷
	HEPATITIS B	Confirm hepatitis B immune status (history of confirmed vaccination or serology) and vaccinate if not immune. ⁴
	HEPATITIS C HIV	According to sexual history and annually with an ongoing history of injecting drugs. If antibody positive, test for hepatitis C NAAT (PCR) to determine if patient has chronic hepatitis C or reinfection after treated hepatitis C. Repeat HIV and syphilis test if patient exposed within previous 12 weeks (window period).
	SYPHILIS CHLAMYDIA	Syphilis, chlamydia, HIV, and hepatitis B testing are part of a routine antenatal screen. Test as per recommendations in the <i>Clinical Practice Guidelines: Pregnancy Care</i> . ⁹ 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 <i>Queensland Syphilis in Pregnancy Guideline</i> ¹⁰ and local area guidelines for current recommendations.
	HIV HEPATITIS B	Every pregnancy. Repeat HIV and syphilis test if patient exposed within previous 12 weeks (window period). All pregnant women should be screened using the hepatitis B surface antigen test. Vaccinate susceptible women who are at increased risk.

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

“Self-collection is the preferred testing method for chlamydia, gonorrhoea and trichomoniasis.”

INFECTION	SPECIMEN COLLECTION SITE	TEST
♀ FEMALES		
CHLAMYDIA	Vaginal swab* (best test if not examined) OR Endocervical swab** (best test if examined) First catch urine* (at any time of the day) Rectal swab* (if patient has anal sex or ano-rectal symptoms)	Chlamydia NAAT (PCR)
GONORRHOEA	Vaginal swab* (best test if not examined) OR Endocervical swab** (best test if examined) First catch urine* (at any time of the day) Rectal swab* (if patient has anal sex or ano-rectal symptoms)	Gonorrhoea NAAT (PCR) + culture if discharge present If possible, test for culture at time of treatment to determine anti-microbial sensitivity and contribute to anti-microbial resistance surveillance.
TRICHOMONIASIS	High vaginal swab** 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 If possible, test for culture at time of treatment to determine anti-microbial sensitivity and contribute to anti-microbial resistance surveillance.
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 antibody/antigen
HEPATITIS A	Blood	Total hepatitis A antibodies
HEPATITIS B	Blood	Hepatitis B surface antigen, core antibody, surface antibody
HEPATITIS C	Blood	Hepatitis C antibody and if positive, hepatitis C NAAT (PCR) to determine if patient has chronic hepatitis C or reinfection after treated hepatitis C.

More information...

Query about syphilis? Call the Qld
Syphilis Surveillance Service
1800 032 238

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

STEP 3 Contact tracing/partner notification^{1,11}

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 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 Public Health Unit and/or specialist. Contacts via parenteral exposure (shared needles, injecting equipment) should be tested if possible. Children of mothers who are hepatitis C positive should be tested.
TRICHOMONIASIS	Unknown; important to treat all sexual partners.

Why do contact tracing/partner notification?

Notifying known sexual partners of people diagnosed with STIs is an essential component of reducing onward transmission and re-infection. All health professionals have a role to play in this process.

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

a) Introduce the reasons for contact tracing or 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 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?"

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

Provide STI factsheets, suggest the Stop the Rise of STIs website for further information, offer contact tracing/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. These sites offer online anonymous notification of contacts via SMS or email, information and resources:

www.letthemknow.org.au for all patients

www.thedramadownunder.info for MSM

e) Document discussions in patient notes

Provider referral

Means the diagnosing doctor, their delegate or another health agency obtains 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 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).

Need contact tracing support?

Contact Tracing Guidelines

www.contacttracing.ashm.org.au

Queensland STI contact tracing support officers

Cairns Sexual Health (07) 4226 4769
(Cairns and Hinterland, Torres and Cape)

Metro North Public Health Unit (07) 3624 1111
(Metro North)

Mount Isa Sexual Health Service (07) 4764 0200
(North West)

Princess Alexandra Sexual Health (07) 3176 7587
(Metro South, Darling Downs, West Moreton, South West, Gold Coast)

Sunshine Coast Sexual Health (07) 5470 5244
(Sunshine Coast, Central Queensland, Central West, Wide Bay)

Townsville Sexual Health (07) 4433 9600
(Townsville, Mackay)

HIV contact tracing support

Queensland HIV Public Health Team (07) 3328 9797
HIV_PH_Team@health.qld.gov.au

Post-Exposure Prophylaxis (PEP): should be considered for recent contacts of HIV within 72 hours of exposure. Information about PEP in Queensland is available at www.health.qld.gov.au/clinical-practice/guidelines-procedures/sex-health/hiv-aids

HIV Pre-Exposure Prophylaxis (PrEP): Information on preventing HIV by prescribing PrEP and clinical guidelines are available at www.prepguidelines.com.au

Queensland Syphilis Surveillance Service

1800 032 238

North Queensland

North-qld-syphilis-surveillance-centre@health.qld.gov.au

South Queensland

QLD-Syphilis-Surveillance-Service@health.qld.gov.au

References:

1. Australasian Sexual Health Alliance (ASHA) Australian STI Management Guidelines for use in Primary Care
2. Surveillance reports for sexual health in Queensland and real time notifiable conditions data are available by searching for surveillance reports Queensland or notifiable reports Queensland.
3. Guide to offering Sexually Transmissible Infection (STI) testing to people aged less than 16 years attending clinical services in Queensland
4. Australasian Society of HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) National Testing Policy portal for HIV, hepatitis C and hepatitis B
5. Aboriginal and Torres Strait Islander adolescent sexual health guideline for Queensland
6. STIs in Gay Men Action Group (STIGMA). Australian Sexually Transmitted Infection and HIV Testing Guideline 2019 for asymptomatic men who have sex with men
7. Australian Technical Advisory Group on Immunisation. Australian Immunisation Handbook
8. Respect Inc provides information about sexual health check certificates in Queensland
9. Australian Government Department of Health. Clinical Practice Guidelines: Pregnancy Care
10. Queensland Clinical Guidelines include a Syphilis in Pregnancy guideline and resources located under maternity
11. ASHM. Australasian Contact Tracing Guidelines