STI/BBV Contact Tracing Tool for GPs in NSW Aboriginal Community Controlled Health Services | MAY 2016

WHOSE RESPONSIBILITY IS IT TO CONTACT TRACE?

The treating doctor must discuss contact tracing and help patients to notify their sexual partners.

CONFIDENTIALITY

Make it clear to patients that their name will not be shared with others when contact tracing.

HOW TO CONTACT TRACE

1. **Outline the reason why:**
   'It is important sexual partners get tested in case they have an STI and need treatment.'

2. **Help identify sexual partner(s) that need to be contacted:**
   Accuracy is key - check names, addresses and ages are correct and nick names are recorded.

3. **Discuss the methods and offer choice**
   Either the patient or health professional can contact trace in person, by phone, SMS or email. This can be anonymous using websites (see box below). For HIV, professional assistance is preferred.

4. **Support your patient:**
   - Involve the Aboriginal Sexual Health Worker early
   - Provide STI /HIV information
   - Discuss how a partner might react including any concerns around the use of violence
   - Organise follow-up with the Aboriginal Sexual Health Worker
   - Schedule another consultation to offer further assistance

CONTACT TRACING WEBSITES

Better to know	www.bettertoknow.org.au	for Aboriginal people
Let Them Know	www.letthemknow.org.au	for everyone
Drama Down Under	www.thedramadownunder.info	for men who have sex with men

NEED MORE HELP CONTACT TRACING?

Call NSW Sexual Health Infolink **1800 451 624** or visit **www.shil.nsw.gov.au**

HOW FAR BACK SHOULD I CONTACT TRACE?

Discussion about which partners to notify should take into account the sexual or relevant risk history, clinical presentation and patient circumstances

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 sharing partners; outer limit is onset of risk behaviour or last known negative 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) &/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 &/or specialist Note: rarely sexually transmitted, consider STI in HIV co-infection
Trichomoniasis	Unknown; important to treat current partner
Mycoplasma genitalium	Unknown; important to treat current partner

Contact tracing is **not recommended** in warts and herpes.

SUPPORTING PARTNERS (CONTACTS) & WAYS TO REDUCE RISK

- Set up a system to ensure sexual partners are notified
- Conduct separate consultations with the patient and their partners
- Set up a system to ensure prompt testing and treatment is available
- Discuss ways to reduce risk behaviours, such as condom use and regular testing
- Post exposure prophylaxis (PEP) for HIV is available from the ED or sexual health service
- Consider vaccination for Hepatitis B when non-immune
- Use new injecting equipment to reduce Hepatitis B & C risk

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WHEN & WHO?	WHICH?
OFFER ROUTINE SEXUALLY TRANSMISSIBLE INFECTION (STI) & BLOOD BORNE VIRUS (BBV) TESTING	
Antenatal Screening *All pregnant women*	Chlamydia Gonorrhoea Risk assessments assist with appropriate STI/BBV testing but are difficult to implement in all situations. Consider a low threshold for offering BBV testing. HIV Syphilis Hepatitis B Hepatitis C
Annual Adult Health Check *All sexually active 15 to 29 year olds and others with risk factors*	
Reproductive health visits (pap smears, contraception etc) *All sexually active 15 to 29 year olds and others with risk factors*	
PROVIDE FULL SEXUAL HEALTH HISTORY & STI/BBV TESTING	
Sexual Health Check Up *Anyone requesting a sexual health check up or an HIV test*	Chlamydia Gonorrhoea Risk assessments assist with appropriate STI/BBV testing but are difficult to implement in all situations. Consider a low threshold for offering BBV testing. HIV Syphilis Hepatitis B Hepatitis C
Symptoms / Contact Tracing *Anyone*	
Detection of chlamydia and/or gonorrhoea from a screening test *Anyone*	HIV Syphilis Hepatitis C Hepatitis B

Guidelines vary to which blood tests are recommend in different situations. Hepatitis and HIV testing is recommended for people with a history of injecting drug use, prior incarceration and men who have sex with men (AH&MRC 2014). Hepatitis B, HIV, syphilis and chlamydia are recommended in antenatal screening (DoHA 2012). Syphilis, hepatitis and HIV is also recommended for men who have sex with men (STIGMA 2014).

HOW?		WHICH?
Specimen	**Tests**	
First pass urine **OR** Self collected vaginal swab **OR** endocervical swab (+ Throat/self collected Rectal swabs if MSM (men who have sex with men))	Nucleic Acid Amplification Test eg PCR	Chlamydia Gonorrhoea
Blood	HIV Antibody/Antigen Syphilis Antibody Hepatitis B Antibody (surface & core) & Antigen Hepatitis C Antibody **Vaccination for Hepatitis B if non-immune**	HIV Syphilis Hepatitis B Hepatitis C

NEED MORE HELP?

NSW Sexual Health Infolink 1800 451 624 or visit www.shil.nsw.gov.au

NSW STI Programs Unit (02) 9382 7447 or visit www.stipu.nsw.gov.au

Australian STI Management Guidelines 2015 www.sti.guidelines.org.au

REFERENCES

AH&MRC (2014) Early Detection & Treatment of STIs & BBVs: A Manual, AHMRC, Sydney, NSW, 2nd Ed.

DoHA (2012) *Clinical Practice Guidelines: Antenatal Care – Module 1.* Australian Government Department of Health and Ageing, Canberra

Australasian Sexual Health Alliance (ASHA) (2015) *Australian STI Management Guidelines for Use in Primary Care.* ASHA.

Templeton DJ, Read P, Varma R, Bourne C. *Australian sexually transmissible infection and HIV testing guidelines for asymptomatic men who have sex with men 2014: a review of the evidence.* Sex Health 2014 11(3) 217-229

The STI & BBV Testing Tool for GPs in NSW Aboriginal Community Controlled Health Services, has been officially recognised as an Accepted Clinical Resource by The Royal Australian College of General Practitioners.