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?”

**Risk assessment (sexual history)**

Ask these questions in the following order to identify potential risks and which tests to perform:

- “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.

**STEP 1**  
Starting a conversation about sexual health testing

**Examples of how routine STI/HIV testing can be offered:**

- **Reproductive health consultations:**
  “While you’re here for advice about contraception/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?”

**STI/HIV Testing Tool available at:**
### Recommendations from the Australian STI Management Guidelines

**WHO is the patient?**

<table>
<thead>
<tr>
<th>Young people (15–29 years)</th>
<th>Asymptomatic people requesting STI/HIV testing</th>
</tr>
</thead>
</table>

**WHAT infection?**

<table>
<thead>
<tr>
<th>CHLAMYDIA</th>
<th>HEPATITIS B</th>
<th>GONORRHOEA</th>
<th>syphilis</th>
</tr>
</thead>
</table>

**HOW OFTEN should you test?**

<table>
<thead>
<tr>
<th>Annually</th>
<th>Annually or more often according to risk assessment</th>
<th>CONFIRM HIV immune status (history of prior vaccination or serology) and vaccine if not immune*</th>
<th>Annually or more often according to risk assessment</th>
</tr>
</thead>
</table>

**How far back to contact trace:**

- **Recurrent testing syphilis for Aboriginal and/or Torres Strait Islander people according to local recommendations and other women at high risk**
- **Vaccinate susceptible women who are at increased risk**
- **Recommended testing at the first antenatal visit**
- **Women younger than 30 years / All pregnant women in areas where prevalence is high**
- **Women with known risk factors or living in areas where prevalence is high**

### How to test - infection, specimen site & test type

**FEMALES**

<table>
<thead>
<tr>
<th>INFECTION</th>
<th>SPECIMEN COLLECTION SITE</th>
<th>TEST</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHLAMYDIA</td>
<td>Vaginal swab* OR Endocervical swab*</td>
<td>Chlamydia NAAT (PCR)</td>
</tr>
<tr>
<td>HEPATITIS B</td>
<td>Rectal swab for MSM***</td>
<td>Hepatitis B (PCR)</td>
</tr>
<tr>
<td>GONORRHOEA</td>
<td>Vaginal swab* OR Endocervical swab* Throat swab for female sex workers ONLY**</td>
<td>Gonorrhoea NAAT (PCR)</td>
</tr>
</tbody>
</table>

**MALES**

<table>
<thead>
<tr>
<th>INFECTION</th>
<th>SPECIMEN COLLECTION SITE</th>
<th>TEST</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHLAMYDIA</td>
<td>Vaginal swab* OR Endocervical swab*</td>
<td>Chlamydia NAAT (PCR)</td>
</tr>
<tr>
<td>HEPATITIS A</td>
<td>Rectal swab for MSM***</td>
<td>Hepatitis A (PCR)</td>
</tr>
<tr>
<td>HEPATITIS B</td>
<td>Rectal swab for MSM***</td>
<td>Hepatitis B (PCR)</td>
</tr>
<tr>
<td>GONORRHOEA</td>
<td>Vaginal swab* OR Endocervical swab*</td>
<td>Gonorrhoea NAAT (PCR)</td>
</tr>
</tbody>
</table>

**FEMALES AND MALES**

<table>
<thead>
<tr>
<th>INFECTION</th>
<th>SPECIMEN COLLECTION SITE</th>
<th>TEST</th>
</tr>
</thead>
<tbody>
<tr>
<td>SYPHILIS</td>
<td>Blood</td>
<td>Syphilis serology</td>
</tr>
<tr>
<td>HIV</td>
<td>Blood</td>
<td>HIV Ag/Ab</td>
</tr>
<tr>
<td>HEPATITIS A</td>
<td>Blood</td>
<td>Anti-HBc</td>
</tr>
<tr>
<td>HEPATITIS B</td>
<td>Blood</td>
<td>Anti-HBs</td>
</tr>
<tr>
<td>HEPATITIS C</td>
<td>Blood</td>
<td>Anti-HBs</td>
</tr>
</tbody>
</table>

More information…

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

### Contact tracing

- **Recurrent testing syphilis for Aboriginal and/or Torres Strait Islander people according to local recommendations and other women at high risk**
- **Vaccinate susceptible women who are at increased risk**
- **Recommended testing at the first antenatal visit**
- **Women younger than 30 years / All pregnant women in areas where prevalence is high**
- **Women with known risk factors or living in areas where prevalence is high**
STEP 3 continued…

Why contact trace?
Contact tracing is conducted to prevent your patient from becoming reinfeected 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.”

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

Clinician-initiated contact tracing:
- Means the diagnosing doctor, practice delegate or external service informs the contact(s) with the index patient’s consent
- Contact tracing can be performed anonymously or not (depending on the wishes of the patient)
- Anonymous contact tracing is the best option for HIV or when there are domestic violence concerns

AND

Patient-initiated contact tracing:
- Means your patient chooses to inform their own contact(s)
- Discuss with the patient how their contact(s) can be informed

Need more help to contact trace?

Australasian Contact Tracing Guidelines
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 and HBV 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: ASHM and Decision Making in PrEP: Prescribing Pathway for PrEP in NSW

d) Support your patient to notify their partner(s)
Provide STI fact sheets, 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.thedramadownder.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.

www.rypl.positivelife.org.au
Mobile app for patients including STI information, partner notification advice and tools

www.endinghiv.org.au/sti/let-them-know
Information on STIs and advice for MSM. Online anonymous notification of partners 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 medical record

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

References:
1 ASHA 2019, Australian STI Management Guidelines
2 ASHM 2018, National hepatitis B testing policy 2018 v1.2
3 The Kirby Institute n.d, Annual Surveillance Reports
5 STIs in Gay Men Action Group 2019, Australian Sexually Transmitted Infection & HIV Testing Guidelines 2019 for asymptomatic men who have sex with men
6 Royal Australian College of General Practitioners 2016, Guidelines for preventive activities in general practice
7 Department of Health 2019, Clinical Practice Guidelines: Pregnancy Care
8 ASHM 2016, Australasian Contact Tracing Guidelines