STI/HIV TESTING TOOL

Easy as 1-2-3

The STI/HIV Testing Tool is a resource for GPs and other clinicians to support routine comprehensive testing for sexually transmissible infections (STIs) among 'at risk' patients.

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

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?"

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.

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

ENDORSED BY:

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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]
	GONORRHOEA 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]
	GONORRHOEA 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*	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]
	TRICHOMONIASIS	Test those from rural/regional/remote areas
Men who have sex with men (MSM) (ref: STIGMA Guidelines[5])	CHLAMYDIA GONORRHOEA SYPHILIS HIV	• 3 monthly testing for men who have had any type of sex with another man in the last 3 months • MSM who are not sexually active or in monogamous relationships may be tested less frequently, but at least annually
	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, on PrEP 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 A HEPATITIS B	Confirm HAV and HBV immune status (history of prior vaccination or serology) and vaccinate if not immune[2]
	HEPATITIS C	According to risk assessment: If antibody positive, test for hepatitis C NAAT to determine if patient has chronic hepatitis C
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: Department of Health 2019 & RACGP[6])	**Routine test** offer to all pregnant women	
	HEPATITIS B	Test all and vaccinate susceptible women who are at increased risk/not immunised
	HIV HEPATITIS C SYPHILIS*	Recommend testing at the first antenatal visit *Repeat syphilis testing for Aboriginal and/or Torres Strait Islander women according to local recommendations and other women at high risk. Testing at additional time points is recommended in areas affected by an ongoing syphilis outbreak.
	Targeted test offer for women identified as at increased risk	
	CHLAMYDIA	Women younger than 30 years / All pregnant women in areas of high prevalence
	GONORRHOEA	Women with known risk factors or living in areas where prevalence is high

STEP 2B How to test[1] - infection, specimen site & 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	Trichomonas 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	First pass urine (at any time of the day)* 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 (Antenatal screening test) Anti-HBc (Acute, chronic or past infection) Anti-HBs (Immunity)
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

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
- Provide the patient with information to give to their contact(s)
- 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?"

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.
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

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[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: **ASHM** and **Decision Making in PrEP: Prescribing Pathway for PrEP in NSW**

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

References:

1 ASHA (last accessed 07/11/19), *Australian STI Management Guidelines*
2 ASHM 2018, *National hepatitis B testing policy 2016 v1.2*
3 The Kirby Institute n.d, *Annual Surveillance Reports*
4 National HIV Testing Policy Expert Reference Committee 2011, *National HIV testing policy 2017*
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*, 9th ed, East Melbourne
7 Department of Health 2019, *Clinical Practice Guidelines: Pregnancy Care*
8 ASHM 2016, *Australasian Contact Tracing Guidelines*
9 Australian Technical Advisory Group on Immunisation 2018, *Australian Immunisation Handbook*