

Getting started with an STI discussion



Bringing the subject up opportunistically

“We are offering chlamydia testing to all sexually active young people under the age of 25. Would you like to have a test while you’re here or find out more about chlamydia?”

Using a ‘hook’

“Have you heard about hepatitis A or B vaccines? They protect against infections that can be sexually transmitted. Perhaps we could discuss these while you are here?”

As part of a reproductive health consultation

“Since you are here today for/to discuss contraception/pap smear, could we also talk about some other aspects of sexual health, such as an STI check up?”

Because the patient requests a ‘checkup’ for STIs

“I’d like to ask you some questions about your sexual activity so that we can decide what tests to do, is that OK?” (See Brief Sexual History)

Brief sexual/risk factor history

“I’d like to ask you some questions about your sexual and lifestyle activities so we can decide what tests to do, is that OK?”

- Are you currently in a relationship?
- In the last three months, how many sexual partners have you had?
- How many partners have you had in the past 12 months?
- Were these casual or regular partners?
- Were your sex partners male, female or both?
- From today, when was the last time you had vaginal sex*/oral sex/anal sex without a condom? (*exclude if MSM)
- In the past year, have you ever paid or been paid for sex?
- Have you previously been diagnosed with an STI?
- Have you recently travelled overseas and had sex with someone you met there?
- Have you ever been in jail?
- Have you ever injected drugs/shared needles?
- Is there anything else that is concerning you?

Adapted from an NSW STI Programs Unit resource 2010 www.stipu.nsw.gov.au

Consent

“I suggest that we test for...”, e.g. chlamydia.

- “This will involve a urine or swab test. Can you tell me what you understand about chlamydia?”
- “If the result is positive, we can also talk about your recent partners being tested too.”

Contact tracing

Contact tracing aims to reduce the transmission of infections through early detection and treatment of STIs.

- “From what you have told me today we now know there are two or three people out there who might be infected. Do you feel comfortable to talk to them or would you like some help?”
- “If you need some help we will need the names and contact details of your sexual partners over the last six months. These partners need to be treated, as some STIs have no symptoms”.

The following sites can help your patients to tell their partners:

www.couldihaveit.com.au (chlamydia)
www.thedramadownunder.info (MSM)

Help with contact tracing

Health care providers can obtain further information about contact tracing from:

www.couldihaveit.com.au/media/Contact_Tracing.pdf

Regional public health units:

Goldfields
(Kalgoorlie-Boulder)
9080 8200

Midwest
(Geraldton)
9956 1985
9956 1958

Great Southern
(Albany)
9842 7500

Pilbara
(South Hedland)
9158 9222

Kimberley (Broome)
9194 1630
9194 1641

Southwest
(Bunbury)
9781 2350

Midwest/Gascoyne
(Carnarvon)
9941 0619
9941 0500

Wheatbelt
(Northam)
9622 4320

Perth:

North Metropolitan
Public Health Unit
9222 8588

South Metropolitan
Public Health Unit
9431 0200

For more information go to:
www.silverbook.health.wa.gov.au OR phone:
South Terrace Clinic: 9431 2149
Royal Perth Hospital Sexual Health Clinic: 9224 2178
Supported by the Australian Society for HIV Medicine

Quick guide to STI testing

- Who?
- Why?
- Which?
- What?



Quick guide to STI testing

1 Who? Who is the patient? And their sex partner(s)? ♦	2 Why? Why would you do an STI test?	3 Which? Which STI? Depends on WHO	4 What? What specimen do you need?^	What test do you order?
An asymptomatic person of any age requesting “an STI check-up”	The patient has requested it, so may be at risk. Ideally, take a sexual history to ascertain: • if they or sex partner(s) fall into one of the groups below with a higher risk of infection • sites for specimen collection, e.g. vaginal/oral/anal sex	Chlamydia <i>Consider gonorrhoea if any higher risk partners</i>	Male: First void urine* Female: SOLVS or Endocervical swab Δ Both: <i>Consider throat/anal swabs (can be self-obtained)**</i>	NAAT for all sites and gonorrhoea throat culture***
A sexually active Aboriginal young person under 35 years	This population is at higher risk for chlamydia, gonorrhoea and syphilis. Can also be conducted as part of the Aboriginal and Torres Strait Islander Health Check MBS item 715	HIV Syphilis HBV	Blood <i>Consider vaccination for HBV†</i>	HIV, syphilis and HBV serology
A man who has sex with men (MSM)	This population is at higher risk for chlamydia, gonorrhoea, syphilis, HIV, HAV, HBV and LGV. <i>Consider oral/anal sex</i> If only oral sex, this is a risk factor for infectious syphilis and gonorrhoea	Chlamydia Gonorrhoea HIV, syphilis HAV, HBV	Male: First void urine* Anal swab** Throat swab Both: <i>Consider throat/anal swabs**</i> If urethral or anal discharge add culture	NAAT NAAT and gonorrhoea throat and symptomatic urethral/anal discharge culture*** HIV, syphilis, HBV and HAV serology
A sex worker	This population is at higher risk for chlamydia, gonorrhoea, syphilis, HIV and HBV. <i>Consider oral/vaginal/ anal sex</i> See above for MSM sex workers	Chlamydia Gonorrhoea	Male: First void urine* Female: SOLVS or Endocervical swab Δ Both: <i>Consider throat/anal swabs**</i>	NAAT for all sites and gonorrhoea throat culture***
A sexually active young person under 25 years	This population is at higher risk for chlamydia.	HIV Syphilis HBV	Blood Vaccinate for HBV†	HIV, syphilis and HBV serology
A person who injects drugs	This population is at higher risk for chlamydia, gonorrhoea, syphilis, HIV, HBV and HCV*. *HCV is not an STI but is included due to risks associated with injecting drugs	Chlamydia <i>Consider gonorrhoea if any higher risk partners</i> HBV, HIV and syphilis <i>if any higher risk or multiple partners</i>	Male: First void urine* Female: SOLVS or Endocervical swab Δ Both: <i>Consider throat/anal swabs**</i>	NAAT HIV, syphilis and HBV serology
A sexually active person of CALD background OR a sexually active traveller returning from a CALD country OR had a sexual partner of CALD background, e.g. from Asia, Africa	This population is at higher risk for chlamydia, gonorrhoea, syphilis, HIV and HBV. HCV is not an STI but consider screening if from a country of high HCV prevalence, e.g. Asia, Africa, South America	Chlamydia Gonorrhoea HIV Syphilis HBV HCV	Male: First void urine* Female: SOLVS or Endocervical swab Δ Both: <i>Consider throat/anal swabs**</i> Blood Vaccinate for HBV†	NAAT for all sites and gonorrhoea throat culture*** HIV, syphilis, HBV, HAV and HCV serology

CALD = Culturally and linguistically diverse
HAV = Hepatitis A Virus
HBV = Hepatitis B Virus

HCV = Hepatitis C Virus
HIV = Human Immunodeficiency Virus
LGV = Lymphogranuloma venereum

NAAT = Nucleic Acid Amplification Test (e.g. PCR)
SOLVS = Self-obtained Low Vaginal Swab
STI = Sexually Transmitted Infection

For information on HIV, pre and post-test discussion see: Australasian Society for HIV Medicine, 2008, *HIV, Viral Hepatitis and STIs: A Guide for Primary Care Providers*, Australasian Society for HIV Medicine, Sydney, available at www.ashm.org.au/images/publications/monographs/HIV_viral_hepatitis_and_STIs_a_guide_for_primary_care/hiv_viral_hepatitis_and_stis_whole.pdf [accessed 07.02.11]

♦ **If unprotected oral, vaginal or anal sex with person from group at higher risk of STIs, test as for higher risk partner**

* **Urine sample to detect STIs is the first 20 mL of urine passed, collected at ANY time of day**

Δ **Endocervical swab best specimen if examining patient. If examination not indicated or declined – a self-obtained low vaginal swab (SOLVS) is the preferred specimen. First void urine in females acceptable but ONLY if patient declines SOLVS.**

** **See guide for how patients can self-obtain STI swabs:** http://silverbook.health.wa.gov.au/toolbox/resources/sti_self_testing_card

*** **Use charcoal swab or swab for MC & S (microscopy, culture and sensitivity testing)**

† **Charges for HAV and HBV vaccines may apply.**

^ **If GeneXpert point-of-care test for chlamydia and gonorrhoea is available, test specimen/s with point-of-care test and collect additional swab/urine sample/s for sending to the laboratory for NAAT testing.**