



	Not medium or high risk	Medium risk*	High risk**
At booking visit	<ul style="list-style-type: none"> Chlamydia and gonorrhoea (SOLVS/ cervix/ throat/ anus) Hepatitis B and C serology Syphilis serology HIV serology 	<ul style="list-style-type: none"> Chlamydia and gonorrhoea (SOLVS/ cervix/ throat/ anus) Hepatitis B and C serology Syphilis serology HIV serology 	<ul style="list-style-type: none"> Chlamydia and gonorrhoea (SOLVS/ cervix/ throat/ anus) Hepatitis B and C serology Syphilis serology HIV serology
28 weeks		<ul style="list-style-type: none"> Syphilis serology HIV serology 	<ul style="list-style-type: none"> Syphilis serology HIV serology
36 weeks		<ul style="list-style-type: none"> Chlamydia and gonorrhoea (SOLVS/ cervix/ throat/ anus) 	<ul style="list-style-type: none"> Chlamydia and gonorrhoea (SOLVS/ cervix/ throat/ anus) Syphilis serology
Delivery		<ul style="list-style-type: none"> Syphilis serology 	<ul style="list-style-type: none"> Syphilis serology
6 weeks post-partum			<ul style="list-style-type: none"> Syphilis serology

- *Medium risk: pregnant/ birthing women who have had
 - one or more new sexual partners after her first syphilis blood test in pregnancy
 - a sexual partner who is a man who has sex with men or is from a high prevalence country
 - sexual partners who have had one or more new sexual partners after the woman became pregnant
 - infectious syphilis in a previous pregnancy
- a sexually transmitted infection during the current pregnancy or within the previous 12 months
- who engages in intravenous substance use during pregnancy
- **High risk: pregnant/ birthing women living in an area affected by an ongoing syphilis outbreak. In WA this includes the Goldfields, Kimberley and Pilbara; and the at-risk area the Midwest.

Regional public health units

Goldfields (Kalgoorlie-Boulder)	9080 8200
Great Southern (Albany)	9842 7500
Kimberley (Broome)	9194 1630
Midwest/Gascoyne (Carnarvon)	9941 0500
Midwest (Geraldton)	9956 1985
Pilbara (South Hedland)	9174 1660
Southwest (Bunbury)	9781 2350
Wheatbelt (Northam)	9690 1720

Perth

Metropolitan Communicable Disease Control	9222 8588
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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

Produced by the Sexual Health and Blood-borne Virus Program
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Quick guide for opportunistic STI testing for people with no symptoms 2020

Getting started with an STI discussion

Bringing the subject up opportunistically

“We are offering chlamydia testing to all sexually active people under 25. Would you like to have a test now or find out more about STIs?”

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/ cervical screening, could we also talk about some other aspects of sexual health, such as an STI check up?”

Because the patient requests an STI checkup

“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?

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 and gonorrhoea?”
- “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 patients tell their partners:

www.couldihaveit.com.au/Stop-the-spread
www.thedramadownunder.info (MSM)

Help with contact tracing

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

www.silverbook.health.wa.gov.au

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

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: <ul style="list-style-type: none"> • if they or their sex partner(s) are in one of the groups below with a higher risk of infection • sites for specimen collection, e.g. vaginal/oral/anal sex 	Chlamydia Gonorrhoea	Male: First void urine* Female: SOLVS or Endocervical swab Δ Both: Consider throat/anal swabs**	NAAT for all sites
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 Consider vaccination for HBV†	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, HAV, HBV and LGV. Consider oral/anal sex	Chlamydia Gonorrhoea	Male: First void urine* Female: SOLVS or Endocervical swab Δ Both: Consider throat/anal swabs**	NAAT for all sites
A man who has sex with men (MSM)	This population is at higher risk for chlamydia, gonorrhoea, syphilis, HIV, HAV, HBV and LGV. Consider oral/anal sex	HIV Syphilis HBV	Blood Consider vaccination for HBV†	HIV, syphilis and HBV serology
A sex worker	This population is at higher risk for chlamydia, gonorrhoea, syphilis, HIV and HBV. Consider oral/vaginal/anal sex See above for MSM sex workers	Chlamydia Gonorrhoea	First void urine* Anal swab** Throat swab	NAAT for all sites
A sexually active young person under 25 years	This population is at higher risk for chlamydia, gonorrhoea, syphilis, HIV, HAV, HBV and LGV. Consider oral/anal sex	Gonorrhoea	First void urine* Anal swab** Throat swab	NAAT for all sites
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	HIV, syphilis HAV, HBV, HCV	Blood Vaccinate for HAV† and HBV†	HIV, syphilis, HBV and HAV serology, HCV serology to be tested annually
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	Male: First void urine* Female: SOLVS or Endocervical swab Δ Both: Consider throat/anal swabs**	NAAT for all sites
		HIV, syphilis HBV, HCV	Blood Vaccinate for HBV†	HIV, syphilis, HBV, HAV and HCV serology
		Chlamydia Gonorrhoea	Male: First void urine* Female: SOLVS or Endocervical swab Δ Both: Consider throat/anal swabs**	NAAT for all sites
		HIV Syphilis HBV (HCV)	Blood Vaccinate for HBV†	HIV, syphilis, HBV, HAV and HCV serology

Key

CALD = Culturally and linguistically diverse
 ECS = Endocervical Swab
 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, HIV, Viral Hepatitis and STIs: A Guide for Primary Care Providers, available at www.ashm.org.au

- ❖ **If unprotected oral, vaginal or anal sex with a 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: ww2.health.wa.gov.au/Silver-book/Patient-presentation-and-specimen-collection**
- † **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.**