Pregnant and post-partum women

<table>
<thead>
<tr>
<th>Not medium or high risk</th>
<th>Medium risk*</th>
<th>High risk**</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>At booking visit</strong></td>
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<td></td>
</tr>
<tr>
<td>• Chlamydia and</td>
<td></td>
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<tr>
<td>gonorrhoea (SOLVS/</td>
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<tr>
<td>cervix/throat/anus)</td>
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<td></td>
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<tr>
<td>• Hepatitis B and C</td>
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<tr>
<td>serology</td>
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<tr>
<td>• Syphilis serology</td>
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<tr>
<td>• HIV serology</td>
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<tr>
<td><strong>28 weeks</strong></td>
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<td></td>
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<tr>
<td>• Syphilis serology</td>
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<tr>
<td>• HIV serology</td>
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<td><strong>36 weeks</strong></td>
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<td>• Chlamydia and</td>
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<td><strong>Delivery</strong></td>
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<tr>
<td>• Syphilis serology</td>
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<tr>
<td>• Syphilis serology</td>
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<tr>
<td><strong>6 weeks post-partum</strong></td>
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<tr>
<td>• Syphilis serology</td>
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- **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.

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**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

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?”

1. Have you ever been in jail?
2. Have you recently travelled overseas and had sex with someone you met there?
3. Have you ever been in jail?
4. Have you recently travelled overseas and had sex with someone you met there?
5. Have you ever been in jail?
6. Have you recently travelled overseas and had sex with someone you met there?

**Consent**

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

“Will you have a cervical smear? Have other tests been done, as some STIs have no symptoms”.

**Contact tracing**

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

1. “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?”
2. “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.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?**

An asymptomatic person of any age requesting "an STI check-up".

- **Patient history:**
  - If they or their sex partner(s) are in one of the groups below with a higher risk of infection.
  - For specimen collection, e.g. vaginal/oral anal sex.

- **Recommended test:**

<table>
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<th>Specimen</th>
<th>Test</th>
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<td>Blood</td>
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## 2. Why?

**Why would you do an STI test?**

The patient has requested it, so may be at risk.

- **Patient history:**
  - Male: First void urine*
  - Female: SOLVS

- **Recommended test:**

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## 3. Which?

**Which STI do you need?**

- **Chlamydia Gonorrhoea**
- **HIV Syphilis**
- **HCV**

- **Recommended test:**

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## 4. What?

**What specimen do you need?**

- **Male:** First void urine
- **Female:** SOLVS

- **Recommended test:**

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### Key

- **CALD:** Culturally and linguistically diverse
- **ECS:** Endocervical Swab
- **HAV:** Hepatitis A Virus
- **HBV:** Hepatitis B Virus
- **HCV:** Hepatitis C Virus
- **HAV:** Human Immunodeficiency Virus
- **LGV:** Lymphogranuloma venereum
- **HBV:** Hepatitis B Virus
- **STI:** Sexually Transmitted Infection
- **SOLVS:** Self-obtained Low Vaginal Swab
- **NAAT:** Nucleic Acid Amplification Test (e.g. PCR)

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
- 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.
- Charges for HAV and HBV vaccines may apply.
- 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.

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