

Pregnant and post-partum women



	Women living in WA*	Women living in regions affected by the ongoing outbreak in Aboriginal communities, i.e. Kimberley, Pilbara and Goldfields*
At first antenatal visit	<ul style="list-style-type: none"> Chlamydia and gonorrhoea (SOLVS + if history of unprotected oral or anal sex, throat and ano-rectal swab) Hepatitis B and C serology Syphilis serology HIV serology 	<ul style="list-style-type: none"> Chlamydia and gonorrhoea (SOLVS + if history of unprotected oral or anal sex, throat and ano-rectal swab) Hepatitis B and C serology Syphilis serology HIV serology
28 weeks^	<ul style="list-style-type: none"> Syphilis serology 	<ul style="list-style-type: none"> Syphilis serology HIV serology
36 weeks or at delivery if pre-term birth	<ul style="list-style-type: none"> Syphilis serology 	<ul style="list-style-type: none"> Chlamydia and gonorrhoea (SOLVS + if history of unprotected oral or anal sex, throat and ano-rectal swab) Syphilis serology
Delivery		<ul style="list-style-type: none"> Syphilis serology
6 weeks post-partum^		<ul style="list-style-type: none"> Syphilis serology

*More frequent testing may be indicated for pregnant/ birthing women on a case-by-case basis if they have STI symptoms, unsafe sex and/or partner change in between these testing intervals. STI risk is higher in women to whom one or more of the following risk factors apply

- 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
- 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
- has used methamphetamine and/or injected drugs in the previous 12 months
- is a person who is from, or has had sex with someone who is from a high prevalence country
- is a person experiencing homelessness
- is an Aboriginal person
- is from a geographical area with high prevalence of one or more of the above risk factors

^The mental health assessment (including screening for drug and alcohol use and domestic violence) conducted at 28 weeks as part of MBS items 16590 and 16591 and at 6 weeks post-partum as part of MBS item number 16407 can be used to identify women at risk of STIs.

Help with contact tracing

The following sites can help patients tell their partners:

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

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

- www.silverbook.health.wa.gov.au

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

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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Quick guide for opportunistic STI testing for people with no symptoms May 2021

Getting started with an STI discussion

Bringing the subject up opportunistically

“We are offering sexually transmitted infection testing to all sexually active people under 35. 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?”

As part of an antenatal visit

“There has been a noticeable increase in pregnant women being diagnosed with syphilis. If you engaged in one of these behaviours that increase your risk of syphilis it is recommended you get another syphilis test to protect your baby.”

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?
- Tell me about the sexual partners you have had in the last 3 months.
- Tell me about your sexual partners in the last 12 months.
- Were these casual or regular partners?
- Were your sex partners male, female or both?
- Have you ever been forced or coerced into having sex against your will?^

- Have you had sex with a man who has sex with male partners?
- Are you homeless or couch-surfing?
- 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 had sex in exchange for money, gifts, food, accommodation, alcohol or drugs?
- 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?
- In the previous 6 months have you used methamphetamine?
- 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, gonorrhoea and syphilis.”

- “This will involve a urine or swab, and blood test. Can you tell me what you understand about chlamydia, gonorrhoea and syphilis?”
- “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”.

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 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/ano-rectal swabs**	NAAT for all sites
		HIV Syphilis HBV	Blood Consider vaccination for HBV†	HIV, syphilis and HBV serology
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	Chlamydia Gonorrhoea	Male: First void urine* Female: SOLVS or Endocervical swab Δ Both: Consider throat/ano-rectal swabs (ano-rectal swab can be self-obtained)	NAAT for all sites
		Syphilis Discuss HIV and HBV	Blood Consider vaccination for HBV†	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. Consider oral/anal sex If only oral sex, this is a risk factor for infectious syphilis, gonorrhoea and chlamydia	Chlamydia Gonorrhoea	First void urine* Ano-rectal swab** Throat swab	NAAT for all sites
		HIV, syphilis HAV, HBV, HCV	Blood Vaccinate for HAV† and HBV†	HIV, syphilis, HBV and HAV serology. HCV serology to be tested annually
A person who is experiencing homelessness, including couch-surfing and unstable accommodation	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 Gonorrhoea	Male: First void urine* Female: SOLVS or Endocervical swab Δ Both: Consider throat/ano-rectal swabs**	NAAT for all sites
		HIV Syphilis HBV HCV	Blood Vaccinate for HBV†	HIV, syphilis, HBV, HAV and HCV serology
A sex worker i.e. someone who has received money, gifts, food, accommodation, alcohol or drugs in exchange for sex	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	Male: First void urine* Female: SOLVS or Endocervical swab Δ Both: Consider throat/ano-rectal swabs**	NAAT for all sites
		HIV Syphilis HBV	Blood Vaccinate for HBV†	HIV, syphilis and HBV serology
A sexually active young person under 35 years	This population is at higher risk for chlamydia and gonorrhoea.	Chlamydia Gonorrhoea	Male: First void urine* Female: SOLVS or Endocervical swab Δ Both: Consider throat/ano-rectal swabs**	NAAT for all sites
		HBV, HIV and syphilis if any higher risk or recent partner change	Blood Consider vaccination for HBV†	HIV, syphilis and HBV serology
A person who uses methamphetamine and/or 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 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
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/ano-rectal swabs**	NAAT for all sites
		HIV Syphilis HBV (HCV)	Blood Vaccinate for HBV†	HIV, syphilis, HBV 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.