

# Getting started with an STI discussion

## 1 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?"

## 2 Using a 'hook'

"Have you heard about HBV or HPV vaccination? They protect against infections that can be sexually transmitted. Perhaps we could discuss these while you are here?"

## 3 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?"

## 4 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 )

## 5 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?
- 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:

<http://www.couldihaveit.com.au/> (Chlamydia)  
<http://www.thedramadownunder.info/> (MSM)

## Help with contact tracing

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

[http://www.couldihaveit.com.au/media/Contact\\_Tracing.pdf](http://www.couldihaveit.com.au/media/Contact_Tracing.pdf)

Regional public health units:		Perth:
Goldfields (Kalgoorlie-Boulder) (08) 9080 8200	Midwest (Geraldton) (08) 9956 1985/ 9956 1958	North Metropolitan Public Health Unit: (08) 9380 7700
Great Southern (Albany) (08) 9842 7500	Pilbara (South Hedland) (08) 9158 9222/ 9158 9207	South Metropolitan Public Health Unit: (08) 9431 0200
Kimberley (Broome) (08) 9194 1630/ 9194 1646	Southwest (Bunbury) (08) 9781 2350	
Midwest/Gascoyne (Carnarvon) (08) 9941 0515	Wheatbelt (Northam) (08) 9622 4320	

For more information go to <http://silverbook.health.wa.gov.au/>  
or phone Fremantle Hospital Sexual Health Clinic - (08) 9431 2149  
Royal Perth Hospital Sexual Health Clinic - (08) 9224 2178

Adapted from an NSW STI Programs Unit resource 2010 [www.stipu.nsw.gov.au](http://www.stipu.nsw.gov.au)



Government of Western Australia  
Department of Health  
Public Health

# Quick Guide to STI Testing

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



ashm  
Australasian Society for HIV Medicine

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Delivering a Healthy WA

# 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 <i>Exception: Gonorrhoea throat culture***</i> ADD throat NAAT if in regional or remote area
		HIV Syphilis HBV	Blood <i>Consider vaccination for HBV^†</i>	HIV Ab Syphilis EIA HBc Ab
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: <i>Consider throat/anal swabs**</i>	NAAT for all sites <i>Exception: Gonorrhoea throat culture***</i> ADD throat NAAT if in regional or remote area
		Syphilis <i>Discuss HIV and HBV</i>	Blood <i>Consider vaccination for HBV^† and HPV^</i>	Syphilis EIA HIV Ab HBc Ab
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	First void urine* Anal swab** Throat swab	NAAT
		Gonorrhoea	First void urine* Anal swab** Throat swab <i>If urethral or anal discharge add culture</i>	NAAT - <i>Exception: Gonorrhoea throat and symptomatic urethral/anal discharge culture***</i> ADD throat NAAT if in regional/remote area
		HIV, Syphilis HAV, HBV	Blood Vaccinate for HAV^† and HBV^†	HIV Ab Syphilis EIA HAV Ab (total) HBc Ab
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 <i>Exception: Gonorrhoea throat culture***</i> ADD throat NAAT if in regional or remote area
		HIV Syphilis HBV	Blood Vaccinate for HBV^†	HIV Ab Syphilis EIA HBc Ab
A sexually active young person under 25 years	This population is at higher risk for chlamydia.	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**</i>	NAAT
		<i>HBV, HIV and syphilis if any higher risk or multiple partners</i>	Blood <i>Consider vaccination for HBV^† and HPV^</i>	HIV Ab Syphilis EIA HBc Ab
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 Gonorrhoea	Male: First void urine* Female: SOLVS or Endocervical swab Δ Both: <i>Consider throat/anal swabs**</i>	NAAT for all sites <i>Exception: Gonorrhoea throat culture***</i> ADD throat NAAT if in regional or remote area
		HIV Syphilis HBV HCV	Blood Vaccinate for HBV^†	HIV Ab Syphilis EIA HBc Ab HCV Ab
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: <i>Consider throat/anal swabs**</i>	NAAT for all sites <i>Exception: Gonorrhoea throat culture***</i> ADD throat NAAT if in regional or remote area
		HIV Syphilis HBV (HCV)	Blood Vaccinate for HBV^†	HIV Ab Syphilis EIA HBc Ab (HCV Ab)

CALD = Culturally and linguistically diverse

EIA = Enzyme Immunoassay

HAV = Hepatitis A Virus

HBc Ab = Hepatitis B core antibody

HBV = Hepatitis B Virus

HCV = Hepatitis C Virus

HIV = Human Immunodeficiency Virus

HPV = Human Papilloma 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](http://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](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)**

^ **Vaccination recommendations only if client not previously immune/vaccinated. For information on vaccination:**

[www.immunise.health.gov.au](http://www.immunise.health.gov.au) [accessed 07.02.11]

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