Australian STI Management Guidelines for Use in Primary Care

Regional and remote populations

Overview

- Regional and remote populations differ from urban populations in having less access to medical care. Potential barriers include regional and remote health professionals knowing patients in a social context, or being locums and having little opportunity to build a relationship with patients.
- Gay, lesbian, bisexual, transgender and intersex (GLBTI) communities may be less visible in rural and remote areas and people may be reluctant to identify as GLBTI.
- Aboriginal and Torres Strait Islander people represent a higher proportion of the population in many remote areas.
- Due to less frequent attendance consider opportunistic sexually transmitted infection (STI) testing at every clinical encounter.

Testing advice

- Regular annual STI and BBV testing is recommended for people 15-35 yo in this population, as per the Standard Asymptomatic Check-up guideline. More frequent testing (6-monthly) is recommended in many remote communities with higher prevalence of STIs
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- Trichomonas is more prevalent in regional and remote areas, and people should be tested according to local guidelines.
- Higher rates of syphilis occur in regional and remote areas. Clinicians should have a low threshold for testing in people with possible symptoms of syphilis.
- Congenital syphilis is a serious adverse event resulting from untreated syphilis in pregnancy. It can be prevented by appropriate testing and

treatment for people who are pregnant or planning a pregnancy. Additional testing in pregnancy is required, refer to the Pregnancy Care Guidelines.
- In remote areas, check for donovanosis with nucleic acid amplification test (NAAT) in anyone with an ano-genital ulcer.
- Confirm hepatitis B status and discuss vaccination if not immune. Refer to the Australian Immunisation Handbook for guidance. Some, but not all, indications for vaccination are funded by the National Immunisation Program (NIP).
- Testing for hepatitis C virus (HCV) should be done only if there is a history of injecting drug use, current HIV pre-exposure prophylaxis (PrEP) use, anal sex with a partner with HCV infection, incarceration, non-professional tattoos or body piercings or receipt of organs or blood products before 1990.
- A sexual health check is an ideal time to discuss cervical cancer screening status and offer to organise CST if due.

Clinical indicators for testing

- Offer testing as per the Standard asymptomatic check-up recommendations, or refer to the specific population group relevant to patient (e.g. Men who have sex with men, Aboriginal and Torres Strait Islander people)
- Note that some jurisdictions may recommend more frequent testing in regional and remote areas – check local guidelines.
- In syphilis outbreak areas, ano-genital and oral ulcers should be appropriately swabbed for syphilis testing and receive appropriate treatment without waiting for test results.

Special considerations

- Time until test results are available may be longer than in urban areas. A lower threshold for presumptive treatment may be appropriate for people presenting as contacts of an infection.
- Presumptive treatment is advised for STI syndromes in remote areas e.g. vaginal discharge, urethritis, genital ulcers.
- Syphilis Point of care tests (POCT) are available in some areas, see Syphilis POC Testing for more information.
- Gonorrhoea may be treated differently in regional and remote areas; refer

to local guidelines.

- Cultural safety in health care is essential to achieving good health outcomes, see Aboriginal and Torres Strait Islander People guideline for more information.
- Culturally appropriate contact tracing strategies should be used in priority populations including culturally and linguistically diverse and Aboriginal and Torres Strait Islander populations. Liaise with local health professionals and see ASHM contact tracing guidelines.
- Be aware of local guidelines including CARPA Manual, Silverbook and the Queensland Primary Clinical Care Manual for health professionals working in central and northern Australia.

Follow-up

If test results are positive, refer to relevant STI management section:

- Chlamydia
- Gonorrhoea
- Trichomoniasis
- HIV
- Syphilis
- Hepatitis B
- Hepatitis C

Even if all test results are negative, use the opportunity to:

- Ensure follow-up to investigate alternative causes of any symptoms.
- Educate about condom use, contraception, HIV PrEP/PEP, safe injecting practices, consent, CST and vaccinations for HAV, HBV and HPV as indicated.
- Discuss and activate reminders for regular testing according to risk, especially if the person's lifestyle indicates the need for more frequent screening.

Auditable Outcomes

- 100% young people (< 30-year old) in regional and remote areas are offered an asymptomatic STI test annually.

Endorsement: These guidelines have been endorsed by the Blood Borne Viruses and Sexually Transmitted Infections Standing Committee (BBVSS).

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