

# 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](#)
- More frequent testing (6 monthly) is recommended in many remote communities with higher prevalence of [STIs](#).
- [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.

## Specimen collection guidance

[Clinician collected](#) | [Self-collection](#)