

Australian STI Management Guidelines for Use in Primary Care

People living with HIV

Overview

- Some people living with human immunodeficiency virus (HIV) may be at higher risk of other sexually transmitted infections (STIs)
- Undetectable equals untransmittable: people who take antiretroviral therapy for HIV daily as prescribed, and who achieve and maintain an undetectable viral load, cannot sexually transmit the virus to an HIV-negative partner. Treatment should be initiated as soon as possible after diagnosis
- Men who have sex with men should be tested for STIs every 3 months, and other people living with HIV annually, although patients who are not sexually active may be tested less frequently
- Hepatitis B, hepatitis C and herpes co-infection are common among people living with HIV

Testing advice

Testing		
Site/specimen	Test	Consideration
First pass urine or self-collected vaginal swab	NAAT/PCR <u>gonorrhoea/chlamydia</u>	Self-collected vaginal swab or clinician-collected endocervical swab (during clinically indicated examination) are more sensitive
<u>Men who have sex with men</u> : oropharyngeal swab and self-collected anorectal swab		<u>Men who have sex with men guidelines</u>

Blood	<u>Syphilis</u>	At each clinical blood draw 3 monthly in <u>men who have sex with men</u>
	<u>Hepatitis C</u>	Yearly in <u>men who have sex with men</u> and <u>people who inject drugs</u>
	<u>Hepatitis A</u> antibody	Vaccinate if antibody negative Test if not vaccinated and to confirm antibody response
	<u>Hepatitis B</u> Surface antigen (HBsAg), Core antibody (Anti-HBc), Surface antibody (Anti- HBs)	Test if not vaccinated and for antibody response. Vaccinate if no history or no documentation of full vaccination course.

NAAT – nucleic acid amplification test

Anti-HBs – Hepatitis B surface antibody

Specimen collection guidance

Clinician collected | Self-collection

Clinical indicators for testing

- At diagnosis of HIV, testing for other STIs and blood borne viruses should be offered

Special considerations

- Local support, through a sexual health clinic, is available
- Women with HIV should be offered 3-yearly cervical screening test
- Contraception in women with HIV

Follow Up

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

- Educate about condom use, contraception, HIV PrEP/PEP, safe injecting practices, consent, CST and vaccinations for HAV, HBV and HPV as indicated.
- Vaccinate for hepatitis A and B, if susceptible
- Discuss and activate reminders for regular testing according to risk

Auditable Outcomes

- 100% of people living with HIV should have evidence of baseline serology for hepatitis A, hepatitis B, hepatitis C and syphilis in records
- 100% sexually active people living with HIV are offered STI testing at least annually

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

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