Australian STI Management Guidelines for Use in Primary Care

People who use drugs

Overview

- Some people who use drugs report higher rates of condomless sex.
- In particular, injecting and non-injecting use of methamphetamines and gamma hydroxybutyrate (GHB) have been shown to confer a higher risk of sexually transmitted infections (STIs) and human immunodeficiency virus (HIV) due to an association with condomless sex and group sex.
- Illicit drug use among men who have sex with men , and sexualised drug use in particular, has been associated with HIV, syphilis, lymphogranuloma venereum (LGV) and hepatitis C.

Testing advice

Infection	Consideration
Chlamydia	Consider self-collection of samples for testing.
Gonorrhoea	Consider self-collection of samples for testing. If NAAT test result is positive, take swab at relevant site(s) for culture, before treatment.
Syphilis	Syphilis is increasingly prevalent among people who use drugs, hence syphilis screening should be considered.
HIV	HIV status should be confirmed in anyone reporting a history of injecting drugs or non-injecting methamphetamine use and these people should be offered HIV pre-exposure prophylaxis (PrEP). Repeat HIV testing 45 days after the patient's most recent HIV exposure if the patient was potentially exposed within the 45 days before the initial test (window period). Note: People who share needles may also need HIV PrEP or post-exposure prophylaxis (PEP).
Hepatitis A	Vaccinate if not immune.

Hepatitis B (HBV)	People who use drugs may be at risk of HBV acquisition, if not immune. Vaccinate if not immune. Serological testing after HBV vaccination should be considered, to check HBV surface antibody level.
Hepatitis C (HCV)	Confirm HCV status for all people reporting a history of injecting drugs and non-injecting use of methamphetamines or GHB. If HCV antibody positive, test for HCV RNA to determine if the patient has chronic HCV. Curative direct-acting antivirals (DAAs) are now available as a highly effective and well-tolerated treatment and these can be prescribed by any registered medical practitioner in Australia. Current injecting drug use does not exclude patient for treatment initiation. Offer annual HCV testing to patients who continue to inject drugs, due to the risk of initial infection. For people who have been treated and cured of their HCV in the past, they may be at risk of re-infection if they continue to inject drugs. Offer an annual HCV PCR as their antibody test will always be positive.

NAAT – nucleic acid amplification test

The optimal frequency for STI screening (chlamydia, gonorrhoea, syphilis) for people who use drugs will depend on factors other than their drug use, and should be guided by sexual history. People who use drugs, especially stimulants, in the context of sex will likely require 3-monthly STI screening. People who use drugs differently, for example people who use opioids and not in the context of sex, may need STI screening less frequently, such as annually. Annual HCV and HIV testing is recommended for people who use drugs and this provides an opportunity for a full STI screen for those who are sexually active.

Specimen collection guidance

Clinician collected | Self-collection

Clinical indicators for testing:

Testing for HIV, hepatitis C and syphilis (and hepatitis B if not immune) should be offered to all people who inject drugs, men who have sex with men, and people who participate in sexualised drug use. It is not recommended to routinely test for herpes or genital warts with serology.

Follow-up

If test results are positive, refer to STI management section for advice on:

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

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

- Educate about condom use, contraception, HIV PrEP/PEP, safe injecting practices and needle syringe programs (NSP), consent, CST and vaccinations for HAV, HBV and HPV as indicated.
- For anyone who uses heroin or other opioids, educate about the use of naloxone and provide a PBS prescription if indicated.
- Vaccinate for hepatitis A and B, if susceptible.
- Refer to harm reduction services such as needle and syringe programs (NSPs), alcohol and other drug services, or relevant community organisations (e.g. peer-based services).
- Discuss and activate SMS text reminders for regular testing according to risk, especially if their behaviours indicate the need for more frequent testing.
- People with ongoing risk factors for HCV should be advised to have ongoing HCV screening, either 6-, or 12-monthly depending on their level of risk.
- People who share needles may also need HIV PreP or PEP.

Auditable Outcomes

100% of people reporting a history of ever injecting drugs or sexualised drug use have a documented hepatitis B, hepatitis C, HIV and syphilis test, and a documented recent (within last 12 months) hepatitis C test.

Further reading

1. Centers for Disease Control and Prevention (CDC). Integrated prevention

services for HIV infection, viral hepatitis, sexually transmitted diseases, and tuberculosis for persons who use drugs illicitly: summary guidance from CDC and the U.S. Department of Health and Human Services. MMWR Recomm Rep 2012;61(RR-5):1-48. Last updated May 2021. Available at: http://www.cdc.gov/mmwr/pdf/rr/rr6105.pdf (last accessed 20 October 2021).

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

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