# Australian STI Management Guidelines for Use in Primary Care

## Refugees and migrants to Australia

### Overview

- Pre-migration sexually transmitted infection (STI) and blood borne virus (BBV) screening varies according to entry visa status.
    - Human immunodeficiency virus (HIV) screening is done as part of the health assessment when applying for a permanent visa for people ≥ 15 years, unaccompanied humanitarian minors, international adoptees, clinical symptoms or if another BBV/STI is diagnosed. This screening may have occurred before arrival and no further testing post arrival may have occurred.
    - Syphilis screening is conducted for people ≥ 15 years applying for offshore or onshore protection visas (Refugee entrants). Published data do not support universal STI screening for newly arrived refugees (less than 6 months in Australia).
    - Applicants for temporary visas to Australia are not normally required to undergo HIV testing or other STI screening except for certain groups (e.g. applicants intending to work as, or studying to be, a doctor, dentist, nurse or paramedic) or if clinically indicated.
    - All refugees and migrants should be encouraged to have catch-up immunisation in Australia including hepatitis B and human papillomavirus (HPV) vaccines as indicated.

### Testing advice

| Site/specimen | Test | Consideration |
|---|---|---|
| First pass urine or vaginal swab | NAAT/PCR gonorrhoea and chlamydia | Based on risk<br>Self collected |
| Blood | HIV antibody/antigen | |
| | Syphilis serology | |
| | Hepatitis C serology | Recommended |

NAAT – nucleic acid amplification test

**Specimen collection guidance**

Clinician collected | Self-collection

**Clinical indicators for testing**

- There is no routine testing for other STIs as part of the pre-migration screen.
- Screening should follow standard recommendations and be based on accurate history taking and risk assessment, carefully avoiding assumptions about risk based on gender, ethnicity, religious beliefs or cultural background, visa status or prior entry testing requirements.
- Repeat HIV testing should be offered for adolescents and adults settling from regions of prevalence > 1% (e.g. sub-Saharan Africa, Thailand), for entrants in whom the pre-migration test was months previously, or if other risks are identified on history, as per the HIV National Testing Policy.
- Young people, men who have sex with men and trans and gender diverse people should be offered testing consistent with relevant guidelines.

**Special considerations**

- Hepatitis B infection is endemic in some migration source countries (particularly in North-East Asia and South-East Asia, and to a lesser extent Europe and sub-Saharan Africa), and is found in 6-16% of refugees in Australia.
- Hepatitis C is curable, and screening is recommended.
- Evidence of prior syphilis infection is common in many parts of Africa and Asia and is commonly detected (5-8%).
- Further information and factsheets about treating patients from culturally and linguistically diverse backgrounds can be found here: http://allgood.org.au/ or https://www.ceh.org.au/resource-hub/
- Accredited interpreters should be used.
- Partners, family or friends must not be used to interpret for a patient due to embarrassment, lack of confidentiality, incorrect translation and medico-legal risks.
- Be aware of cultural sensitivities and stigma in migrant communities. This situation may include non-disclosure of relationships, men who have sex

with men and certain sexual practices, and pose additional challenges for contact tracing.

- Gender-based violence, non-consensual and transactional sexual activity are common in conflict zones and refugee camps. Full STI testing should be offered to everyone with this history regardless of age. Consider undisclosed pregnancy.
- People from migrant and refugee backgrounds may have never had cervical screening and should be offered opportunistic testing. Be mindful of possible female genital mutilation (FGM), and facilitating access to affordable gynaecological care if any ongoing management is required.
- Comprehensive contraception choices should be offered. Be mindful of the economic and cultural realities and misbeliefs of patients.
- It is important information is provided in plain language to ensure patients understand testing/diagnosis etc, and that health workers check for comprehension.
- Some sexual health/community services do not require Medicare access and offer free or low-cost services. Refer as needed.
- While most STIs are notifiable to local health departments in Australia, these results are not provided to Immigration. People applying for visas may be required to undertake blood-borne virus testing as part of their health requirement. Further information here

**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.
- Catch-up immunisation including HPV where relevant, and hepatitis B if non-immune on testing
- Discuss contraception if relevant.

**Auditable Outcomes**

- 100% of people of refugee background are given information about ongoing sexual and reproductive health services available to them.

**Resources**

- ASHM Sexual History Taking Video resource catalogue – Culturally and linguistically diverse people

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

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