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, <u>lesbian</u>, bisexual, <u>transgender</u> 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 (<u>STI</u>) 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 <u>Standard Asymptomatic Check-up guideline</u>.
 More frequent testing (6-monthly) is recommended in many remote communities with higher prevalence of <u>STI</u>s
- More frequent testing (6 monthly) is recommended in many remote communities with higher prevalence of <u>STI</u>s.
- <u>Trichomonas</u> is more prevalent in regional and remote areas, and people should be tested according to local guidelines.
- Higher rates of <u>syphilis</u> occur in regional and remote areas. Clinicians should have a low threshold for testing in people with possible symptoms of <u>syphilis</u>.
- Congenital <u>syphilis</u> is a serious adverse event resulting from untreated <u>syphilis</u> in <u>pregnancy</u>. It can be prevented by appropriate testing and

- treatment for people who are <u>pregnant</u> or planning a <u>pregnancy</u>. Additional testing in <u>pregnancy</u> is required, refer to the <u>Pregnancy Care Guidelines</u>.
- In remote areas, check for <u>donovanosis</u> with nucleic acid amplification test (NAAT) in anyone with an ano-genital ulcer.
- Confirm <u>hepatitis B</u> status and discuss vaccination if not immune. Refer to the <u>Australian Immunisation Handbook</u> 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 <u>Standard asymptomatic check-up</u> recommendations, or refer to the specific population group relevant to patient (e.g. <u>Men who have sex with men</u>, <u>Aboriginal and Torres Strait Islander people</u>)
- Note that some jurisdictions may recommend more frequent testing in regional and remote areas – check local guidelines.
- In <u>syphilis</u> outbreak areas, <u>ano-genital</u> and oral ulcers should be appropriately swabbed for <u>syphilis</u> 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 <u>STI syndromes</u> in remote areas e.g.
 vaginal discharge, <u>urethritis</u>, <u>genital ulcers</u>.
- Syphilis Point of care tests (POCT) are available in some areas, see <u>Syphilis</u>
 <u>POC Testing</u> 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 <u>Aboriginal and Torres Strait Islander People guideline</u> for more information.
- Culturally appropriate contact tracing strategies should be used in priority populations including <u>culturally and linguistically diverse</u> and <u>Aboriginal</u> <u>and Torres Strait Islander populations</u>. Liaise with local health professionals and see <u>ASHM contact tracing guidelines</u>.
- Be aware of local guidelines including <u>CARPA Manual</u>, <u>Silverbook</u> and the <u>Queensland Primary Clinical Care Manual</u> for health professionals working in central and northern Australia.

Follow-up

If test results are positive, refer to relevant <u>STI management</u> 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 <u>STI</u> test annually.

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

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