

Australian STI Management Guidelines for Use in Primary Care

Young people

Overview

- Rates of chlamydia and gonorrhoea diagnoses in Australia are highest among people aged 15-29 years.
- Most young people attend a general practice at least once a year, and are often unaware of their risk of infection and that sexually transmitted infections (STIs) are often asymptomatic. The 9th edition of the RACGP Guidelines for Preventive Activities in General Practice recommends opportunistic testing for chlamydia infection in all sexually active people aged 15-29 years. Currently, chlamydia is detected in approximately 1 in 20 young Australians who have screening tests in general practice.
- Negotiating to see all young people alone, discussing confidentiality, minimising costs and routinely offering STI screening (using self-collected samples, when appropriate) to all young people can help overcome barriers to STI testing. Useful resources on how to bring up sexual health and related issues can be found here.
- Providing care to adolescents, particularly younger adolescents, may involve a complete psychosocial HEADSS Assessment and an assessment of the young person's capacity for decision making and consent while being aware of child protection issues and mandatory reporting requirements.

Testing advice

- Opportunistically offer chlamydia and other STI screening to all young people at least annually.
- Testing for chlamydia, gonorrhoea, hepatitis B, syphilis and human immunodeficiency virus (HIV) is recommended, as per the Standard Asymptomatic Check-up guideline.

- Confirm hepatitis B status and vaccinate if not immune.
- When offering STI testing, use the opportunity to discuss reproductive health including contraception.

Specimen collection guidance

Clinician collected | Self-collection

Clinical indicators for testing

- Testing for other infections and more frequent testing should be considered based on local STI prevalence, symptoms, clinical findings, diagnosis with an STI, contact with someone with a diagnosed or suspected STI and risk assessment (including specific sexual behaviour and condom use).
- It is not recommended to routinely test for herpes and genital warts with serology. Consider testing for herpes and genital warts only if there are clinical signs and symptoms.

Cervical cancer screening and STI tests

- An endocervical swab for nucleic acid amplification test (NAAT) for chlamydia may be collected at the time of cervical cancer screening. Currently in Australia, cervical cancer screening is advised from the age of 25 and has changed from 2-yearly screening to 5-yearly screening.

Special considerations

Privacy

- Ask the young person about the best way to contact them with test results and reminders. From the age of 15 years, young people can apply for their own Medicare card.

Consent

- Young people under 18 years may be capable of giving consent to treatment provided they have sufficient understanding of the nature and effect of the treatment. There is specific legislation in New South Wales

and South Australia that relates to the medical treatment of children and minors; common law applies in other jurisdictions.

- See the [Adolescent Health GP Resource Kit, 2nd Edition](#) for more information.

Other factors

- Be mindful of the language you use. Young people who are [trans or gender diverse](#) may not have disclosed this information to you. Ask how your patient identifies and what their preferred pronouns are. Useful resources found here: [Gender affirming care \(sexual health infolink\)](#)
- It is important when considering which tests are required, to not make assumptions about a young person's sexuality.

Child protection

- Requirements for [mandatory reporting of child sexual abuse](#) vary between jurisdictions. Contact the relevant department to clarify requirements in your state or territory.
- Reporting abuse and neglect: [State and territory departments responsible for protecting children.](#)
- [Age of consent laws](#)
- [Australian legal definitions](#): When is a child in need of protection?

Follow-up

If test results are positive, refer to relevant [STI management](#) section:

- [Chlamydia](#)
- [Hepatitis B](#)
- [HIV](#)
- [Syphilis](#)
- [Gonorrhoea](#)

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

- Educate about negotiating safer sex, how to use condoms and how to minimise risk, consent and respectful relationships. When appropriate, address contraception needs
- Vaccinate for [hepatitis A](#), [hepatitis B](#) and human papillomavirus ([HPV](#)), if

susceptible

- Offer reminders for regular screening tests e.g. annual chlamydia test.

Auditable Outcomes

- 90% of young people attending the practice are tested according to these guidelines.

Resources

- ASHM Sexual History Taking Video resource catalogue – Young People

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

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