Australian STI Management Guidelines for Use in Primary Care

Standard Asymptomatic Check-up

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- To determine risk take a <u>sexual history.</u>
- Some subpopulations (e.g. men who have sex with men, sex workers, pregnant people, Aboriginal and Torres Strait Islander people, trans and gender diverse people) have special requirements for testing due to increased risk of infection, adverse health outcomes, community prevalence or other factors.
- Perform asymptomatic sexually transmitted infection (STI) check for people who:
 - request STI testing.
 - are at increased risk of STI: new sexual partner, living or travelling to areas of higher prevalence in Australia or in other countries.
 - have a known exposure to any STI or history of an STI within the past 12 months.
 - are a partner of special subpopulation (listed above) or any of above.

Blood tests

All STI testing should include both <u>HIV</u> and <u>syphilis</u> testing.

Test	Consideration
HIV (antigen/antibody test)	Repeat if recent exposure (6-week window period if Ag/Ab test).
<u>Syphilis</u> serology	If recent exposure, repeat at 12 weeks and presumptively treat.

<u>Hepatitis B</u>: HBsAg - Hepatitis B surface antigen Anti-HBs - Hepatitis B surface antibody Anti-HBc - Hepatitis B core antibody

*In Australia, routine adolescent Hepatitis B immunisation commenced in 1997 and universal infant Hepatitis B immunisation commenced in May 2000. Therefore people who are 34 years old or younger in 2020 and who grew up in Australia can generally be assumed to have been vaccinated and do not need testing.

Gonorrhoea and chlamydia testing

Site/Specimen	Test	Consideration
Urethral first pass urine (FPU)	Nucleic Acid Amplification	Vaginal swab is more sensitive than FPU and is the specimen of choice.
Self-collected vaginal swab	Test (NAAT)	If speculum examination is indicated then an endocervical swab can be collected in place of a vaginal swab.

Specimen collection guidance

Clinician collected | Self-collection

Notes

Patients with a positive <u>gonorrhoea</u> NAAT test should be recalled for treatment and, at the same visit, specimens for <u>gonorrhoea</u> culture for antibiotic sensitivity should be collected.

Extragenital swabs (pharyngeal swab and self-collected anorectal swab) are not routinely collected in women but may be indicated in women at increased risk of infection, including sexual contacts of gonorrhoea and chlamydia or in sex workers.

Asymptomatic screening is not recommended for the following, unless indicated by other population group guidelines:

 Hepatitis C: <u>hepatitis C virus</u> (HCV) testing should be performed as part of STI testing in <u>people living with human immunodeficiency virus</u> (HIV), current HIV pre-exposure prophylaxis (PrEP) use, history of <u>injecting drug</u> <u>use</u>, anal sex with a partner with <u>HCV infection</u>, <u>incarceration</u>, nonprofessional tattoos or body piercings or receipt of organs or blood products before 1990

- <u>Trichomonas</u>: asymptomatic screening only recommended in certain population groups and situations
- <u>Mycoplasma genitalium</u>: asymptomatic screening not recommended
- <u>Bacterial vaginosis</u>: asymptomatic screening not recommended
- <u>Human papillomavirus (HPV)</u> asymptomatic screening not recommended.
 <u>MSM</u> and <u>PLWHIV</u> in particular may require vaccination as as they may not have been included in school programs.

Prevention

Include a discussion with the client about <u>HIV PrEP</u> if clinically appropriate.

Provide and promote condoms during consultation.

Further reading

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- 11. Australasian Sexual Health Alliance. Australian STI Management Guidelines

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

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