

Australian STI Management Guidelines for Use in Primary Care

Standard Asymptomatic Check-up

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- To determine risk take a sexual history.
- 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 HIV and syphilis testing.

Test	Consideration
<u>HIV</u> (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.

<p>Hepatitis B:</p> <p><i>HBsAg - Hepatitis B surface antigen</i></p> <p><i>Anti-HBs - Hepatitis B surface antibody</i></p> <p><i>Anti-HBc - Hepatitis B core antibody</i></p>	<p>Establish <u>hepatitis B virus (HBV)</u> status and immunise if not previously documented*.</p>
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*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) Self-collected vaginal swab	Nucleic Acid Amplification Test (NAAT)	Vaginal swab is more sensitive than FPU and is the specimen of choice. 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 gonorrhoea NAAT test should be recalled for treatment and, at the same visit, specimens for gonorrhoea 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: hepatitis C virus (HCV) testing should be performed as part of STI testing in people living with human immunodeficiency virus (HIV), current HIV pre-exposure prophylaxis (PrEP) use, history of injecting drug

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

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

Prevention

Include a discussion with the client about HIV PrEP if clinically appropriate.

Provide and promote condoms during consultation.

Further reading

1. The Kirby Institute. HIV, viral hepatitis and sexually transmissible infection in Australia Annual Surveillance Report 2018. NSW 2052: The Kirby Institute, UNSW; 2018.
2. Sutton B. Congenital Syphilis in Victoria 2020 [Available from: <https://www2.health.vic.gov.au/about/news-and-events/healthalerts/congenital-syphilis>].
3. National HIV Testing Policy Expert Reference Committee. National HIV Testing Policy. 2020.
4. Bamberger DM, Graham G, Dennis L, Gerkovich MM. Extragenital Gonorrhoea and Chlamydia Among Men and Women According to Type of Sexual Exposure. *Sex Transm Dis*. 2019;46(5):329-34.
5. Peters RP, Verweij SP, Nijsten N, Ouburg S, Mutsaers J, Jansen CL, et al. Evaluation of sexual history-based screening of anatomic sites for chlamydia trachomatis and neisseria gonorrhoeae infection in men having sex with men in routine practice. *BMC Infect Dis*. 2011;11:203.
6. Dewart CM, Bernstein KT, DeGroot NP, Romaguera R, Turner AN. Prevalence of Rectal Chlamydial and Gonococcal Infections: A Systematic Review. *Sex Transm Dis*. 2018;45(5):287-93.
7. Chan PA, Robinette A, Montgomery M, Almonte A, Cu-Uvin S, Lonks JR, et

- al. Extragenital Infections Caused by Chlamydia trachomatis and Neisseria gonorrhoeae: A Review of the Literature. Infect Dis Obstet Gynecol. 2016;2016:5758387.
8. Jansen K, Steffen G, Potthoff A, Schuppe AK, Beer D, Jessen H, et al. STI in times of PrEP: high prevalence of chlamydia, gonorrhea, and mycoplasma at different anatomic sites in men who have sex with men in Germany. BMC Infect Dis. 2020;20(1):110.
 9. Lau A, Kong FYS, Huston W, Chow EPF, Fairley CK, Hocking JS. Factors associated with anorectal Chlamydia trachomatis or Neisseria gonorrhoeae test positivity in women: a systematic review and meta-analysis. Sex Transm Infect. 2019;95(5):361-7.
 10. van Liere G, Dukers-Muijers N, Levels L, Hoebe C. High Proportion of Anorectal Chlamydia trachomatis and Neisseria gonorrhoeae After Routine Universal Urogenital and Anorectal Screening in Women Visiting the Sexually Transmitted Infection Clinic. Clinical infectious diseases : an official publication of the Infectious Diseases Society of America. 2017;64(12):1705-10.
 11. Australasian Sexual Health Alliance. Australian STI Management Guidelines 2018 [Available from: <http://www.sti.guidelines.org.au/sexually-transmissible-infections/gonorrhoea>.

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

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Funded by: The Australian Government Department of Health

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