

STOP THE DRAMA DOWNUNDER!

Getting started with an STI discussion



Bringing the subject up opportunistically

"We are offering Chlamydia testing to all sexually active people under the age of 25, would you like to have a test while you're here or find out more about Chlamydia?"

Using a 'hook'

"Have you heard about HBV or HPV vaccination? They protect against infections that can be sexually transmitted, perhaps we could discuss these while you're here?"

As part of a reproductive health consultation

"Since you're here today for/to discuss about contraception/pap smear, could we also talk about some other aspects of sexual health, such as an STI check up?"

Because the patient requests a "check-up" for STIs

"I'd like to ask you some questions about your sexual activity so that we can decide what tests to do, is that OK?"

Brief sexual history

"I'd like to ask you some questions about your sexual activity so we can decide what tests to do, is that OK?"

- Are you currently in a relationship?
- In the last 3 months, how many sexual partners have you had? How many partners have you had in the past 12 months?
- Were these casual or regular partners?
- Were your sexual partners male, female or both?
- From today, when was the last time you had vaginal sex*/oral sex/anal sex without a condom? *exclude if MSM
- In the past year were you ever paid for sex?
- Have you previously been diagnosed with an STI?

- Is there anything else that is concerning you?

Other risk behaviours

"I'd now like to ask about some other activities that could increase a person's risk of certain infections, is that OK?"

- Have you had any tattoos? If yes, was that here in Australia or overseas?
- Have you ever injected drugs?
- Have you ever shared needles or injecting equipment?
- Have you ever been in gaol?

Consent

"I suggest that we test for..." eg: Chlamydia

- This will involve a urine test. Can you tell me what you understand about Chlamydia?
- If the result is positive, we can also talk about recent partners you've had being tested as well.

Contact tracing

Contact tracing aims to reduce the transmission of infections through early detection and treatment of STIs

- "From what you have told me today we now know there are 2 or 3 people out there who might be infected. Do you feel comfortable to talk to them or would you like some help to do this? We will need the names and contact details of sexual partners over the last 6 months**"

*These partners need to be treated, as some STIs have no symptoms.

Help with contact tracing

Australasian Contact Tracing Manual for health care providers www.ashm.org.au/images/publications/aust-contact-tracing.pdf

Clients can be provided with a letter to give their previous sexual contacts: page 66.

MSM can use www.thedramadownunder.info (or www.whytest.org if in NSW) to contact male partners

General Practitioners and Health Care Workers can ask for support from their local Sexual Health Clinic. Contact details can be found at www.thedramadownunder.info

The Royal Australasian College of Physicians (Australian Chapter of Sexual Health Medicine) <http://www.racp.edu.au/page/about-the-racp/structure/australasian-chapter-of-sexual-health-medicine>

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STI TESTING TOOL

CAN WE
TALK?

Who is the patient?	Why would you do an STI test?	Which sexually transmissible infection?	How do I treat? What specimen do I need?	What test do I order?
A sexually active young person under 25 years	This population group is at higher risk for Chlamydia.	Chlamydia	▶ First pass urine OR Self-collected lower vaginal swab OR Endocervical swab	NAAT
		HBV	▶ Consider vaccination for HBV & HPV	
A sexually active Aboriginal young person under 25 years	This population group is at higher risk for Chlamydia. (can also be conducted as part of the Aboriginal health check - Medicare item 710)	Chlamydia Gonorrhoea	▶ First pass urine OR Self-collected lower vaginal swab OR Endocervical swab	NAAT
		HBV	▶ Blood Consider vaccination for HBV & HPV	HBcAb
An (asymptomatic) person of any age requesting "An STI check-up."	The patient has requested it, so may be at risk. Ideally, take a sexual history to ascertain: A) if they fall into one of the groups below or B) help you decide on sites for specimen collection	Chlamydia	▶ First pass urine OR Self-collected lower vaginal swab OR Endocervical swab	NAAT
		HIV Syphilis HBV	▶ Blood Consider vaccination for HBV	HIV ab Syphilis EIA HBcAb
A man who has sex with men (MSM)	This population group is at higher risk for Chlamydia, Gonorrhoea, Syphilis, HIV, HAV, HBV	Chlamydia Gonorrhoea	▶ First pass urine & anal swab ▶ Throat swab ▶ Anal swab	NAAT Gonorrhoea culture NAAT
		HIV Syphilis HAV HBV	▶ Blood Vaccinate for HAV & HBV	HIV Ab Syphilis EIA HAV Ab (total) HBcAb
A sex worker	This population group is at higher risk for Chlamydia, Gonorrhoea, Syphilis, HIV, HBV (See above for MSM sex worker)	Chlamydia Gonorrhoea	▶ First pass urine OR Self-collected lower vaginal swab OR Endocervical swab	NAAT
		HIV Syphilis HBV	▶ Blood Vaccinate for HBV	HIV Ab Syphilis EIA HBcAb
A person who injects drugs	This population group is at higher risk for Chlamydia, Gonorrhoea, Syphilis, HIV, HBV and HCV* * HCV is not an STI but is included due to risks associated with injecting drugs	Chlamydia Gonorrhoea	▶ First pass urine OR Self-collected lower vaginal swab OR Endocervical swab	NAAT
		HIV Syphilis HBV HCV	▶ Blood Vaccinate for HBV	HIV Ab Syphilis EIA HBcAb HCVAb

HAV = Hepatitis A
HBV = Hepatitis B
HCV = Hepatitis C
HPV = Human Papilloma Virus

NAAT = Nucleic Acid Amplification Test (eg: PCR)

Information on vaccination: www.immunise.health.gov.au

Information on HIV Pre & post-test discussion: www.ashm.org.au/uploads/HIV_viral_hep_Chapter_9.pdf

