

STI/BBV TESTING TOOL FOR ASYMPTOMATIC PEOPLE

STEP 1 Starting a Conversation

Offering routine sexually transmissible infection/blood borne virus (STI/BBV) testing helps people feel more comfortable and willing to discuss their sexual health. A key first step is to try and build rapport with the person.

Examples of how routine STI/BBV testing can be offered:

Young people (16–29 years)

“STIs are very common, and often people don’t even know they have one. We encourage all sexually active young people to get tested regularly for STIs. Would you like a sexual health check-up today?”

Reproductive health consultations

“While you’re here for contraception advice/cervical screening it’s a good time to talk about other areas of sexual health, like having a sexual health check-up...”

Travel consultations

“Some people take risks when they are overseas including having unprotected sex. If you like, we could do a sexual health check-up before you go and when you return.”

Hepatitis B vaccination

“Have you had hepatitis B vaccinations? They protect against an infection that can be sexually transmitted. Do you want to talk about this today?”

General health consultation

“While you’re here, we offer all young people routine STI tests. Would you like a check-up?”

Patient has symptoms that could be caused by an STI?

www.sti.guidelines.org.au

Sexual history

Engage the person in a culturally appropriate way about these topic areas to identify potential risks and which tests to do:

- When did you last have testing for STIs?
- When did you last have sex?
- In the last 3 months, who have you had sex with - i.e. regular or casual partner(s)?
- Does/do your sexual partner(s) have a penis or a vagina?
- When you have sex, is it vaginal, oral and/or anal sex?
- When was the last time you had sex without a condom?
- Have you ever injected drugs or used methamphetamine?
- Have you ever been diagnosed with (or thought you had) an STI? *Explain symptoms if necessary.*
- Are you or could you be pregnant?

See the [Australian STI Management Guidelines](#) for how to do a detailed sexual health risk assessment.

To assess HIV, hepatitis B and C risk see www.testingportal.ashm.org.au

For online education modules on sexual health see www.thinkgp.com.au

This testing tool, an abridged version and a guide on self-collection of samples are available at: www.health.qld.gov.au/sexhealth

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STEP 2 STI/BBV testing – who to test and how often

Recommendations from the *Australian STI Management Guidelines*¹ (unless otherwise stated)

WHO Is the patient?	WHAT Infection?	HOW OFTEN Should you test?
Young people (16–29 years)  or asymptomatic people requesting STI/HIV testing or people who are undergoing gynaecological procedures (e.g. cervical screening, IUD insertion)	CHLAMYDIA GONORRHOEA SYPHILIS HIV	Annually or more often according to sexual history or local STI/BBV prevalence. ^{2,3} Repeat tests for HIV and syphilis if patient exposed within the respective window periods (45 days and 12 weeks).
	HEPATITIS B	Confirm HBV immune status (history of prior vaccination or serology) and vaccinate if not immune. ^{4,7}
Aboriginal and/or Torres Strait Islander people 	CHLAMYDIA GONORRHOEA SYPHILIS HIV	Annually or more often according to sexual history or local STI/BBV prevalence. ^{2,5} Repeat test for HIV and syphilis if patient exposed within the respective window periods (45 days and 12 weeks).
	HEPATITIS C	Test according to risk assessment. ^{1,4}
	HEPATITIS B	Confirm HBV immune status (history of prior vaccination or serology) and vaccinate if not immune. ⁴
	TRICHOMONIASIS	Test those from rural/regional/remote areas. ¹
Men who have sex with men (MSM)⁶ including trans men who have sex with other men 	CHLAMYDIA GONORRHOEA SYPHILIS HIV*	3 monthly testing offered to all men who have had any type of sex with another man in the last 3 months. ⁶ Offer Pre-Exposure Prophylaxis (PrEP) if patient has ongoing risk of HIV exposure. Patients who are not sexually active or in monogamous relationships may be tested less frequently, but at least annually. * If not known to be HIV positive.
	HEPATITIS A HEPATITIS B	Confirm HAV and HBV immune status (history of prior vaccination or serology) and vaccinate if not immune. ^{4,7} Test if not vaccinated.
	HEPATITIS C	Test once a year in people living with HIV, on PrEP or with history of injecting drug use. ⁴
Sex workers (see 'MSM' for male sex workers) 	CHLAMYDIA GONORRHOEA SYPHILIS HIV	Test according to local STI/BBV prevalence, symptoms, diagnosed or suspected STI/BBV in contact and clinical findings. ² Frequency based on consultation with the patient and risk assessment. ¹ Offer PrEP if patient has ongoing risk of HIV exposure. Repeat tests for HIV and syphilis if patient exposed within the respective window periods (45 days and 12 weeks).
	HEPATITIS A HEPATITIS B	Confirm HAV and HBV immune status (history of prior vaccination or serology) and vaccinate if not immune. ^{4,7}
	HEPATITIS C	According to risk assessment. ⁴
People who use drugs 	CHLAMYDIA GONORRHOEA SYPHILIS	Annually or more often according to sexual history. Repeat syphilis test if patient exposed within the window period (12 weeks).
	HEPATITIS A HEPATITIS B	Confirm HAV and HBV immune status (history of prior vaccination or serology) and vaccinate if not immune. ^{4,7} If not immune, test for HBV in patients who inject drugs and participate in sexualised drug use.
	HEPATITIS C HIV	According to sexual history and annually with a history of injecting drugs or non-injecting methamphetamine use or GHB. Offer these patients PrEP. Repeat HIV test if patient exposed within the window period (45 days).
Pregnant women and pregnant people 	SYPHILIS	Test all pregnant patients, irrespective of risk, at first antenatal visit, at 26–28 weeks gestation, and again at 36 weeks gestation. ⁹ Additional testing, including opportunistic, is recommended based on clinical indication as per the <i>Queensland Syphilis in Pregnancy Guideline</i> . ⁹
	HEPATITIS B HEPATITIS C HIV	Test for HIV, HBV and HCV at first antenatal screening appointment as per the <i>Clinical Practice Guidelines: Pregnancy Care</i> . ⁸ Repeat HIV test if patient exposed within previous 45 days (window period) or has ongoing risk of HIV acquisition.
	CHLAMYDIA GONORRHOEA	Test at first antenatal visit if the patient is: • Under the age of 30; and/or • has known risk factors; and/or • lives in areas where prevalence is high

STEP 2B How to test¹ – infection, specimen site and test type

“Self-collection is the preferred testing method for chlamydia, gonorrhoea and trichomoniasis.”

INFECTION	SPECIMEN COLLECTION SITE	TEST
♀♀ MALES AND TRANS PEOPLE WITH A VAGINA/CERVIX		
CHLAMYDIA	Vaginal swab* (best test if not examined) OR Endocervical swab** (best test if examined) First catch urine* (at any time of the day) Rectal swab* (if patient has anal sex or ano-rectal symptoms)	Chlamydia NAAT (PCR)
GONORRHOEA	Vaginal swab* (best test if not examined) OR Endocervical swab** (best test if examined) First catch urine* (at any time of the day) Rectal swab* (if patient has anal sex or ano-rectal symptoms)	Gonorrhoea NAAT (PCR) + culture if discharge present If possible, test for culture at time of treatment to determine anti-microbial sensitivity and contribute to anti-microbial resistance surveillance.
TRICHOMONIASIS	High vaginal swab** First catch urine* (at any time of the day)	Trichomoniasis NAAT (PCR)
♂♂ MALES AND TRANS PEOPLE WITH A PENIS		
CHLAMYDIA	First catch urine* (at any time of the day) Plus throat swab* (for MSM) Plus rectal swab* (for MSM)	Chlamydia NAAT (PCR)
GONORRHOEA	First catch urine* (at any time of the day) Plus throat swab* (for MSM) Plus rectal swab* (for MSM)	Gonorrhoea NAAT (PCR) + culture if discharge present If possible, test for culture at time of treatment to determine anti-microbial sensitivity and contribute to anti-microbial resistance surveillance.
TRICHOMONIASIS	First catch urine* (at any time of the day)	Trichomoniasis NAAT (PCR)
*consider self-collected **health provider-collected		
♀♂♀ EVERYONE		
SYPHILIS	Blood	Syphilis serology
HIV	Blood	HIV antibody/antigen
HEPATITIS A	Blood	Total hepatitis A antibodies
HEPATITIS B	Blood	Hepatitis B surface antigen, core antibody, surface antibody
HEPATITIS C	Blood	Hepatitis C antibody and if positive, hepatitis C NAAT (PCR) to determine if patient has chronic hepatitis C or reinfection after treated hepatitis C.

More information...

Query about syphilis? Call the Qld
Syphilis Surveillance Service
1800 032 238

HIV, Hepatitis B & C Testing Portal
www.testingportal.ashm.org.au

STEP 3 Contact tracing/partner notification^{1,10}

INFECTION	HOW FAR BACK TO TRACE
CHLAMYDIA	6 months
GONORRHOEA	2 months
SYPHILIS	Primary syphilis – 3 months plus duration of symptoms Secondary syphilis – 6 months plus duration of symptoms Early latent syphilis – 12 months
HIV	Start with recent sexual or injecting drug use needle-sharing partners. Outer limit is onset of risk behaviour or last known HIV negative test result.
HEPATITIS B	6 months prior to onset of acute symptoms. If asymptomatic, according to sexual history. For newly acquired cases contact your local Public Health Unit and/or specialist.
HEPATITIS C	6 months prior to onset of acute symptoms. If asymptomatic, according to risk history. For newly acquired cases contact your local Public Health Unit and/or specialist. Contacts via parenteral exposure (shared needles, injecting equipment) should be tested if possible. Children of mothers who are hepatitis C positive should be tested.
TRICHOMONIASIS	Unknown; important to treat all sexual partners.

Why do contact tracing/partner notification?

Notifying known sexual partners of people diagnosed with STIs is an essential component of reducing onward transmission and re-infection. All health professionals have a role to play in this process.

"It's important your partner(s) get treated so you don't get infected again."

a) Introduce the reasons for contact tracing or partner notification

"Most people with an STI don't know they have it because they have no symptoms, but can pass it on to other partners or have long-term health problems."

b) Help identify which partner(s) need to be informed

Use cues such as location or events; use a non-judgmental approach; some people have more than one sexual partner who may require treatment.

"Think back to where you had sex recently or any special events."

c) Explain partner notification methods and offer choice

Different methods may be needed for each contact e.g. in person, phone, SMS, email, social media, referral to a specialist contact tracing support service.

"From what you've told me, there are a few people who need to be informed. How would it be best to contact them?"

d) Support your patient to notify their partner(s)

Provide STI factsheets, suggest the [Stop the Rise of STIs](http://www.stoptheriseofstis.org.au) website for further information, offer contact tracing/partner notification websites and schedule a follow-up visit/phone call.

Assistance could be provided to your patient to access partner notification websites during the consult. These sites offer online anonymous notification of contacts via SMS or email, information and resources:

www.letthemknow.org.au for all patients www.bettertoknow.org.au for First Nations patients www.thedramadownunder.info for MSM

e) Document discussions in patient notes

Provider referral

Means the diagnosing doctor, their delegate or another health agency obtains consent of the patient and then informs the patient's sexual partner(s). This can be performed anonymously or not (depending on the wishes of the patient). This is considered the best option for notifying partners about HIV infections or if there are any concerns around safety or domestic violence.

Patient referral

Means your patient chooses to inform their own partner(s). Discuss with the patient how their partner(s) can be informed and then provide the patient with information to give to their partner(s).

Need contact tracing support?

Contact Tracing Guidelines

www.contacttracing.ashm.org.au

Queensland STI contact tracing support officers

Cairns Sexual Health (Cairns and Hinterland, Torres and Cape)	(07) 4226 4769
Metro North Public Health Unit (Metro North)	(07) 3624 1187
Mount Isa Sexual Health Service (North West)	(07) 4764 0200
Rockhampton Blood Borne Virus and Sexual Health Service (Central Queensland)	(07) 4932 5440
Metro South Sexual Health (Metro South, Darling Downs, West Moreton, South West, Gold Coast)	(07) 3176 5881
Sunshine Coast Sexual Health (Sunshine Coast, Central West, Wide Bay)	(07) 3542 5065
Mackay Sexual Health (Mackay)	(07) 4968 3919
Townsville Sexual Health (Townsville)	(07) 4433 9600

HIV contact tracing support

Queensland HIV Public Health Team HIV_PH_Team@health.qld.gov.au	(07) 3328 9797
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Post-Exposure Prophylaxis (PEP): should be considered for recent contacts of HIV within 72 hours of exposure. Information about PEP in Queensland is available at www.health.qld.gov.au/clinical-practice/guidelines-procedures/sex-health/hiv-aids

HIV Pre-Exposure Prophylaxis (PrEP): Information on preventing HIV by prescribing PrEP and clinical guidelines are available at www.prepguidelines.com.au

Queensland Syphilis Surveillance Service

1800 032 238

North Queensland

North-qlld-syphilis-surveillance-centre@health.qld.gov.au

South Queensland

QLD-Syphilis-Surveillance-Service@health.qld.gov.au

References:

1. Australasian Sexual Health Alliance (ASHA) Australian STI Management Guidelines for use in Primary Care
2. Surveillance reports for sexual health in Queensland and real time notifiable conditions data are available by searching for surveillance reports Queensland or notifiable reports Queensland.
3. Guide to offering Sexually Transmissible Infection (STI) testing to people aged less than 16 years attending clinical services in Queensland
4. Australasian Society of HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) National Testing Policy portal for HIV, hepatitis C and hepatitis B
5. Aboriginal and Torres Strait Islander adolescent sexual health guideline for Queensland
6. STIs in Gay Men Action Group (STIGMA). Australian Sexually Transmitted Infection and HIV Testing Guideline 2019 for asymptomatic men who have sex with men
7. Australian Technical Advisory Group on Immunisation. Australian Immunisation Handbook
8. Australian Government Department of Health. Clinical Practice Guidelines: Pregnancy Care
9. Queensland Clinical Guidelines include a Syphilis in Pregnancy guideline and resources located under maternity
10. ASHM. Australasian Contact Tracing Guidelines