# Australian Consensus STI Testing Guideline
## for Aboriginal and Torres Strait Islander People

This national consensus guideline is for use by primary care clinicians working with Aboriginal and Torres Strait Islander people. For local issues and clinical management, refer to local guidelines.

## Priority Population Testing and Frequency

People at reduced risk may be tested less frequently. This includes those who are less sexually active or in monogamous relationships

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| 15-35yo, and high prevalence area[1] | 6 monthly |
| 15-35yo and not in high prevalence area[1] | 12 monthly |
| People at increased risk<br>(*one or more new partners in the last 12 months<br>* more than one past STI diagnosis<br>* where substance use heightens risk levels) | 3-6 monthly |
| Older than 35yo, a new partner and in high prevalence area[1] | If at increased risk*, incorporate 1-2 yearly STI check (see below) as part of Adult Health Check or screen opportunistically as required. |
| Men who have sex with men | 3 monthly (plus anal and oropharyngeal swabs)<br>Test according to STIGMA Guidelines |
| Pregnancy and post-partum[2] | 1st visit |
| and in high prevalence areas[1] | 1st visit & 28w (STI check with syphilis serology) plus syphilis serology at 36w, birth and 6w post-partum[2] |
| and at increased risk | Reassess risk at each visit and test if required |
| Diagnosis or treatment for any STI | STI check at time of treatment and 3 months after treatment |
| People with symptoms[3] | STI check and clinical evaluation[4] |

**The following tests should be included in an STI check:**

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| Males: First pass urine (FPU)<br>Females: Self-collected vaginal swab[6] or FPU | NAAT[6] chlamydia, gonorrhoea[7], trichomonas[8] |
| Blood test | Syphilis serology<br>HIV antibody/antigen test<br>Consider hepatitis B core antibody, surface antigen, immunisation status and vaccinate if necessary |

## Footnotes

1 High prevalence areas generally include syphilis outbreak areas, remote, very remote and some outer regional areas. Consult state/territory public health authorities for local definitions.

2 The Australian guidelines advise syphilis testing at 5 time points: 1st visit, 28w, 36w, birth, 6w post-partum. These guidelines vary in different jurisdictions:
**Queensland Health** recommends testing at 5 time points for women at high risk, which includes a test at 20w.
**NSW Health** recommends an additional test at 28w where the baby may be Aboriginal.

3 Including genital sores, rash, discharge, low abdominal pain, abnormal bleeding (women), adverse pregnancy outcomes.

4 Women with symptoms should be clinically assessed for PID. Women with PID should receive treatment even if they have negative STI test results.

5 First pass urine in women has some loss of sensitivity but is an alternative in women and can increase testing uptake. Cervical or vaginal swabs can be collected at the same time as a cervical screening test, which should follow national cervical screening guidelines

6 NAAT-nucleic acid amplification test e.g. Transcription-Mediated (TMA), Strand Displacement (SDA), Polymerase Chain Reaction (PCR) or Point-of-care NAAT test

7 Confirmation of a positive result is not necessary and should not delay treatment, but to assist surveillance for antimicrobial resistance, gonorrhoea culture (using same specimen type) should be collected prior to administering antibiotics.

8 In high prevalence areas. Note jurisdictional guidelines vary in their recommendations for trichomonas testing in men.

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Aboriginal and Torres Strait Islander people in Australia are disproportionally affected by sexually transmissible infections (STIs). Clinicians can contribute to the health of communities by proactively offering testing and by opportunistic education and safer sex messages.

The majority of treatable STIs occur among people aged 15 to 35 years. Risk of an STI is more closely related to age and community STI rates than an individual's own sexual behaviour.

Taking a thorough history/risk assessment is recommended but is not necessary when determining if testing should be offered to this age group. Taking a history can create barriers to testing for some clients and practitioners. Testing should be routine, normalised and offered in a way that is easy, culturally safe, acceptable and likely to lead to an increase in the uptake of testing.

A **sexual history** is not necessary when offering routine testing for asymptomatic people (e.g. 15-35 yo) or preventive health checks. However, a sexual history allows correct testing and clinical assessment, should always be done when a patient presents with symptoms, pregnant, as a contact or has an STI detected on testing.

## Notes:

**Cultural safety** in health care is essential to achieving good health outcomes for individuals and requires integration of cultural safety standards within health care services: Training is available for health worker through CATSINaM[i] & RACGP[ii] .

**Informed consent** is essential for any test including for STIs and Blood Borne Viruses (BBVs).

A limited **sexual history** would include history of prior testing or positive results, a new partner within the past year, use of condoms, and male sexual partners for men; and pregnancy status/history for women.

**Physical examination** should be performed when a patient presents with symptoms, with a particular focus on young women with symptoms of pelvic inflammatory disease (low abdominal pain alone or with abnormal bleeding/ discharge) and pregnant women. Testing and syndromic management should still be offered if examination is not performed.

**Testing age ranges:** Checks should always be offered to young people and those population groups in this guideline who are sexually active. People 15-25 yo should be a priority in screening as they have the greatest burden of disease.

**Child protection issues:** Ensure that you are familiar with the reporting requirements[iii] in your jurisdiction.

**Opportunistic testing**: Testing should be offered to any person in the age range during any contact with a health system. STI checks should be included as part of a primary care preventive assessment. Checks should be included in reproductive visits for young women (pregnancy tests, contraception, IUD, termination of pregnancy referral etc) and men.

**Point of care testing** for gonorrhoea, chlamydia and trichomonas should be used where available and supported by local services and guidelines.

**Antenatal care and pregnant women:** STIs can lead to poor pregnancy outcomes. Women should be asked about symptoms at each visit and risk of STI assessed.

**Positive test results:** Treatment guidelines can be found in the Australian STI Management Guidelines for use in primary care.[iv]

**Contact tracing/partner notification:** Good partner notification is essential to effective STI management. Contact tracing/partner notification can be patient-led, or provider led. Patient-led partner notification may not always be appropriate (e.g. in situations of potential domestic violence, notifying about HIV infection).

## Resources

i https://www.catsinam.org.au/catsinam-programs

ii https://www.racgp.org.au/the-racgp/faculties/aboriginal-and-torres-strait-islander-health/education/post-fellowship/cultural-awareness-and-cultural-safety-training

iii https://youngdeadlyfree.org.au/for-doctors-nurses-health-workers/mandatory-reporting/ OR https://aifs.gov.au/cfca/publications/mandatory-reporting-child-abuse-and-neglect

iv http://www.sti.guidelines.org.au/

Stigma Guidelines:
https://stipu.nsw.gov.au/stigma/

**Commonwealth syphilis testing in pregnancy guidelines**:
https://www.health.gov.au/resources/pregnancy-care-guidelines/part-f-routine-maternal-health-tests/syphilis#365-outbreak-management

**QLD Health syphilis testing in pregnancy guidelines:**
https://www.health.qld.gov.au/__data/assets/pdf_file/0035/736883/g-sip.pdf

**NSW Health syphilis testing in pregnancy guidelines:**
https://www.mlhd.health.nsw.gov.au/getattachment/Our-Services/Sexual-Health-Service/infectious-syphilis-alert-23Jan2019.pdf

**National cervical cancer screening guidelines:**
http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/healthcare-providers