

STI Screening

Background

In Australia Aboriginal and Torres Strait Islander people experience disproportionate rates of Sexually Transmitted Infections (STIs) and blood borne viruses (BBVs). The Kimberley is an endemic region for STIs and has the highest rates of Chlamydia, gonorrhoea, and syphilis in the state.

A syphilis outbreak was declared in the Kimberley in June 2014, with ongoing cases notified from across the region and throughout Northern Australia. Of immediate concern is congenital syphilis, which is preventable with appropriate testing and treatment (for further information see the [Congenital Syphilis Kimberley Clinical Protocol](#)).

STIs are often asymptomatic and therefore regular asymptomatic testing and prompt treatment of infection is important to control STIs. If STIs are not treated they can cause long term consequences such as Pelvic Inflammatory Disease (PID) in women, disseminated disease such as arthritis, infertility, miscarriage, stillbirth, and complications for newborn babies, including death.

These complications are preventable if we ensure regular STI testing and treatment. Therefore, we must maintain a low threshold for suspecting STIs in young people aged 15-34 in the Kimberley region.

NB: list of abbreviations and terms, refer [page 3](#)

Case Definition

STIs are infections which are acquired from having sexual contact with an infected person. Sexual activity may include the throat and anus.

BBVs are viruses that some people carry in their blood. BBVs can be spread from an infected person to another if blood, semen, or vaginal fluids pass from the infected person into another person's bloodstream. This can be through a tear in the skin or the mucus membrane.

Screening

Essential STI/BBV tests in the Kimberley include the following infections: Chlamydia, gonorrhoea, trichomoniasis, HIV and syphilis.

Before conducting STI/BBV screen, the client is to be provided with the opportunity to choose a male or female clinician.

Screening recommendations for asymptomatic clients:

- People aged 15-34 should be tested every 6 months.
- People aged 35-40 should be screened annually for STIs.
- Clients who have a new or change of partner (see Table 1 for required tests).

Table 1: STI screening

Test to order	Disease	Comments
NAAT (PCR) FVU or SOLVS/ECS, rectal or throat swab	CT, NG & Trich	High risk for CT, NG & Syphilis
Serology	Syphilis	
Serology	HIV/HCV	Assess risk with client.
Serology	HBV	Please see Alert Box below

See Kimberley [Asymptomatic STI testing guide](#).

ALERT BOX 1

HBV and HCV testing considerations:

HBV – It is not routinely recommended to test for vaccine-induced immunity in immunocompetent, unless High Risk factors are present (see [Hepatitis B Kimberley Clinical Protocol](#))

HCV – Determine risk such as backyard tattoos, incarceration or current or previous injecting drug use

HIV – Discuss the test with the client and how a positive result is managed in the Kimberley (see [Delivering a positive HIV result in the Kimberley](#))

- Antenatal and postnatal clients should be tested to prevent poor outcomes in pregnancy (see Table 2 below for required tests).

Table 2: STI screening in pregnancy

Gestation weeks	Test to order	Disease
First visit	NAAT (PCR) FVU or SOLVS or ECS	CT & NG
	Serology	Syphilis/HIV/HBV & HCV
28 weeks	Serology	Syphilis
36 weeks	NAAT (PCR) FVU or SOLVS or ECS	CT & NG
	Serology	Syphilis
At delivery	Serology	Syphilis
6 weeks postnatal	Serology	Syphilis



STI Screening

Point of Care Testing (POCT) CT and NG:

- Trained users perform test on GeneXpert.
- Record result in notes and immediately notify Kimberley Population Health Unit (KPHU) of all positive results.
- Treat immediately.

Point of Care Testing (POCT) Syphilis:

- Trained users perform test on appropriate clients (see Alert Box 2, below).
- Record results in notes.
- Contact KPHU (08) 9194 1630 immediately with result and for treatment advice.

ALERT BOX 2

Appropriate clients for syphilis POCT:

- No known syphilis serology
- Known previous negative syphilis serology
- All reactive POCT require serology

Principles of Management

Asymptomatic Clients:

- Treat immediately when a positive result is available and contact trace.
- 3-month follow-up and re-screen is required to test for re-infection.
- All positive syphilis cases require follow up at 3, 6 and 12 months to assess response to treatment.

Symptomatic Clients:

- Test and treat on the initial visit.
- Consult with doctor.
- Further advice is available in [Silver book – STI Management Guidelines](#).

Ulcers and Lesions:

- In addition to the STI screening tests **ALL** ulcers and lesions require a PCR swab (see Kimberley [STI lesion testing guide](#)) and include syphilis, HSV and Donovanosis on pathology request. See [genital ulceration chapter](#) in the Silver book for further information.

Discharge:

- In addition to STI screening tests, a charcoal swab and slide for MC&S is required for discharge from genitals as well as a PCR swab.
- In addition to STI screening tests, a charcoal swab, **no slide** for MC&S is required for discharge from throat or anus use a charcoal swab as well as a PCR swab.

Contact Tracing:

Contact tracing is required for all clients with positive STI and BBV results. Please refer to [Kimberley STI/BBV Contact Tracing Guidelines](#) for further information.

ALERT BOX 3

DO NOT WAIT FOR RESULTS

All named contacts of syphilis, NG and CT need to be treated at the time of testing.

Therapeutic Protocols

KPHU ((08) 9194 1630) maintains a syphilis database and should be contacted for previous history before proceeding with treatment.

Table 4: Notifiable STIs and Treatment

Disease	Treatment
Chlamydia	ZAP Pack
Gonorrhoea	ZAP Pack if acquired in Kimberley, Goldfields, or Pilbara LAC pack if acquired outside Kimberley, Goldfields, or Pilbara
Syphilis	Contact KPHU for treatment advice

Follow Up

- A notification form is required for all positive CT, NG, and syphilis cases.
- All clients positive for NG and syphilis require an enhanced surveillance form (ESF).
- Re-screen all clients with a positive STI result in 3 months.
- For all clients diagnosed with infectious syphilis repeat serology at 3-, 6-, and 12-months following treatment to assess treatment response.

ALERT BOX 4

Proof of Cure

Proof of cure is not required. Re-screen all clients with a positive STI result 3 months following treatment to test for re-infection.

- In female clients who remain symptomatic please see [PID Kimberley Clinical Protocol](#).



STI Screening

Refer Discuss

- Discuss all positive syphilis cases with KPHU on (08) 9194 1630.
- Refer and consult with doctor on all symptomatic clients.

Resources

WA Department of Health:

- Quick guide for [opportunistic STI testing for people with no symptoms](#)
- Quick guide to [STI management](#)
- [Silver book – STI/BBV management guidelines](#)

Kimberley Clinical Protocols and Guidelines:

Refer [KAHPF website](#):

- Asymptomatic STI Testing
- Congenital Syphilis
- Delivering a positive HIV result in the Kimberley
- Pelvic Inflammatory Disease (PID)
- STI lesion testing
- STI/BBV Contact Tracing

Kimberley Population Health Unit (KPHU)

Public Health Nurse (08) 9194 1630

Abbreviations and Terms

Antenatal	During pregnancy
BBV	Blood borne virus
CT	<i>Chlamydia trachomatis</i> (Chlamydia)
ECS	Endocervical swab
ESF	Enhanced surveillance form
FVU	First void urine
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIV	Human Immunodeficiency virus
HSV	Herpes Simplex Virus
LAB	Long acting Bicillin
LAC	Lignocaine 1%, Azithromycin 1g and Ceftriaxone 500mg
MC&S	Microscopy, Culture and Sensitivity
NAAT	Nucleic-Acid Amplification Test
NG	<i>Neisseria gonorrhoeae</i> (gonorrhoea)
Notifiable Disease	It is a legal requirement to report the disease to the Public Health Unit
PCR	Polymearase chain reaction
PID	Pelvic inflammatory disease
POCT	Point of care test
Postnatal	After childbirth
SOLVS	Self-Obtained Lower Vaginal Swab
STI	Sexually transmitted infection
Trich	Trichomoniasis
ZAP	aZithromycin 1g, Amoxicillin 3g and Probenecid 1g

