SEXUALLY TRANSMITTED INFECTIONS

SCREENING TESTS FOR ASYMPTOMATIC MALE AND FEMALE PATIENTS

Keywords: STI, sexually transmitted infection, asymptomatic STI screen, routine STI screen

AIM

- To inform staff of the STI screening for patients who are present as asymptomatic.

BACKGROUND

Although most patients present as asymptomatic, some may have a sexually transmitted infection (STI). Sexual health checks should be a ‘normalised’ part of routine health care. Patients presenting for other tests, such as cervical screening, contraception or wellness checks, provide an opportunity for healthcare practitioners to offer screening. Patients can also request STI screening tests.

PROCEDURE: ROUTINE SCREENING

ALL PATIENTS

1. Brief sexual / drug history- consider relevant investigations.

2. Consider serology:
   - Syphilis
   - HIV antibody
   - HSV-2 serology
   - Hepatitis B:
     - If previously unvaccinated: HBsAg / HbcAb
     - If previously vaccinated: HBsAb
   - Hepatitis A if: If symptomatic or a history of MSM and / or oro-anal sex, and if there is an intention to vaccinate if negative.
   - Hepatitis C if: IVDU, MSM, or HBV carrier.

   Abbreviations: HBV: Hepatitis B virus; HIV: Human immunodeficiency virus; HSV-2: Herpes simplex virus type 2; IVDU: Intravenous drug use; MSM: Men who have sex with men.

3. Anal swabs (x2) if: Receptive anal sex (1. Gonorrhoea culture & sensitivity; 2. Chlamydia PCR). These can be self-obtained with instructions.


5. Provide advice on safe sex practices and encourage condom use.

6. Review after one week and check results.
   - Chlamydia on rectal swabs requires “Proof of cure” after 1 month.
   - Review 3 months after exposure to provide an opportunity to repeat serology.
   - If positive for Gonorrhoea or Chlamydia, patients should return at 3 months for re-testing as re-infection is high.

7. Additional tests depending on gender and clinical situation (see Female & Male section below).

FEMALES

1. Physical examination- patients may not be aware of lesions
   - If being examined:
     - Endocervical swab (ECS) into a PCR container
     - Also collect ECS for MC&S if pus observed or inflamed cervix
     - PAP smear (if required)-- see Clinical Guideline PAP Smear
     - Vaginal pH, lateral wall and posterior fornix smear and culture.
If the woman declines a physical examination: Offer the woman the opportunity to self-collect a low vaginal swab and first void urine. If the woman declines the vaginal swab, the urine sample alone is acceptable.

2. Urethral swab into a PCR container.
3. First void urine: 20mL into a sterile urine collection jar – the woman ideally should not have voided for 2 hours prior to collection of the urine sample.
4. Serology (see “All patients” above).

Note: Urine, urethral and endocervical swabs will be tested by PCR methodology for Neisseria gonorrhoeae and Chlamydia trachomatis.

MALES
1. Physical examination- patients may not be aware of lesions
2. One urethral swab placed into a polymerase chain reaction (PCR) container.
3. First void urine for Chlamydia and Gonorrhoea: 20mL of urine into a sterile urine collection pot – the man ideally should not have voided for 2 hours prior to collection of the urine sample. If unable to void, provide a specimen jar and the man can provide the sample when able.
4. Serology (see “All patients” above).

Note: Both the urethral swab and urine will be tested by PCR methodology for Neisseria gonorrhoea and Chlamydia trachomatis.

REFERENCES (STANDARDS)

National Standards – 1.8, 3.11 & 3.13
Legislation - Health Act 1911; Privacy Act 1988; Public Sector Management Act 1994
Other related documents – Clinical Guidelines Sexually Transmitted Infections
- Speculum Examination
- Low Vaginal, High Vaginal, Endocervical and Rectal swabs
- Papanicolaou (Pap) smear

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