Fact sheet 1 - Sexually Transmitted Infection (STI) – Asymptomatic Screening and Treatment

ASYMPTOMATIC SCREENING

Why?
The Kimberley is an endemic region\(^1\), therefore your threshold for suspecting STI should be very low. Chlamydia and gonorrhoea are often asymptomatic and can result in long-term complications like pelvic inflammatory disease (PID) and infertility. They are easy to test for and treat to prevent these complications.

WHO and WHEN to test:
- Aim to test all asymptomatic sexually active 15 to 30 year olds 6 monthly and all 31-40 year olds annually
- More frequent testing should be offered to people of any age\(^2\) who present with STI symptoms and/or a risk history
- If chlamydia and/or gonorrhoea is detected, a thorough check up should be done and blood tests for other STIs taken if not done at initial visit
- Antenatal screening: 1st visit and 3rd trimester
- Any age requesting a sexual health check up

RISK FACTORS FOR STIs and Blood Borne Viruses (BBVs)

<table>
<thead>
<tr>
<th>For STIs</th>
<th>For BBVs</th>
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</thead>
<tbody>
<tr>
<td>Age &lt;35 yrs and sexual network relates to a remote community</td>
<td>Prison incarceration (current or past)</td>
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<tr>
<td>Multiple current partners</td>
<td>Blood transfusion pre 1990</td>
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<tr>
<td>Engaging in group sex</td>
<td>Tattoos or piercings not performed in a sterile professional setting</td>
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<tr>
<td>New partner</td>
<td>Cultural practices (eg initiation ceremonies)</td>
</tr>
<tr>
<td>Not always using condoms</td>
<td>Injecting drug use (current or past)</td>
</tr>
<tr>
<td>Living in Endemic area</td>
<td>Household member with BBV</td>
</tr>
<tr>
<td>Sex under influence of alcohol and drugs</td>
<td>Sexual partner with BBV</td>
</tr>
<tr>
<td>Sex in exchange for $$ or drugs</td>
<td>Infants of mothers with BBV</td>
</tr>
<tr>
<td>Prison incarceration</td>
<td>Adapted from RACGP preventative health assessment for ATSI people</td>
</tr>
<tr>
<td>Victim of sexual assault</td>
<td></td>
</tr>
<tr>
<td>Men who have sex with men where any of the above risk factors are also present</td>
<td>Adapted from RACGP Preventative Health Assessment for ATSI people</td>
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</tbody>
</table>

RISK ASSESSMENT AND SYMPTOMS

Among asymptomatic people the priority is to provide information to enable informed consent to be given for PCR testing.

A simple risk assessment can also be taken if the circumstances are appropriate and practitioners feel comfortable to do this.

Ask a few direct questions in a sensitive manner in private to check if any symptoms or a risk history are present. This may guide tests and management.

1. Past history:
   Check medical records and ask about any past history of STI.

2. Sexual history: Include the following questions:
   - Do you have a regular partner and for how long?
   - When was the last time you had a different partner?
   - Are you worried about your regular partner having other partners?
   - When was the last time you used a condom?

3. Symptoms:
   MEN – Check for:
   - Burning, stinging or pain on passing urine
   - Discharge from the penis or anus
   - Testicular discomfort, pain or swelling

   WOMEN – Check for:
   - Discharge from the vagina or anus
   - Low abdominal pain or pain with sex
   - Abnormal bleeding
   - Burning, stinging, pain or frequency on passing urine

   BOTH - Check for:
   - Genital sores or rashes\(^3\)

   STI testing is also an opportunity to provide education about safe sex practices and where to obtain condoms in the area

   Adapted from RACGP Preventative Health Assessment for ATSI people

TESTING

If symptoms are present, an examination should be done: check fact sheets 2&3.

If asymptomatic and unable to do an examination today take self collected specimens as outlined below:

Asymptomatic screening tests
- Men
  - First void urine (FVU) for chlamydia, gonorrhoea and trichomoniasis PCR
- Women
  - Self obtained low vaginal swab (SOLVS) is preferred (orange top swab) AND FVU for chlamydia, gonorrhoea and trichomoniasis PCR

Blood Tests
- Syphilis serology HIV Ab
- Hep B cAb sAb sAg\(^4\)
- Hep C Ab if risk factors for BBV
- Check if any other blood tests are due

If rectal or throat symptoms are present and history indicates exposure take rectal and/or throat swabs for MCS (+ slide if possible) AND chlamydia and gonorrhoea PCR

Management of asymptomatic men and women with a positive chlamydia and/or gonorrhoea test result

If either chlamydia or gonorrhoea is detected always treat for both infections.

If acquired within the Kimberley or other endemic region\(^1\), use “ZAP pack”:
- Azithromycin 1g as a single oral dose
- And
Fact sheet 1 - Sexually Transmitted Infection (STI) – Asymptomatic Screening and Treatment

Amoxicillin 3g and Probenecid 1g as a single oral dose\(^1\)
If acquired outside of the Kimberley or outside of other endemic region or area unknown, use “LAC”:
Azithromycin 1g as a single oral dose
And
Ceftriaxone 500mg IMI in 2ml of 1% lignocaine as a single dose\(^2\)

CONTACT TRACING AND FOLLOW UP

- Complete a notification form and enhanced surveillance form if positive for gonorrhoea. Send to KPHU as per form.
- Test and treat contacts as soon as possible for both chlamydia and gonorrhoea.
- Advise to abstain from sex until 5 days after contact(s) are treated.
- Discuss importance of condoms to prevent STIs in future.
- Take blood as above if not done at the initial visit.
- Enter on recall system for a follow up STI check (PCR and blood tests in 3 months time).

REFERENCES


Endemic Area = areas where rates of infection for syphilis, gonorrhoea and chlamydia are well above state average, in WA this includes the Kimberley, Goldfields, Midwest and Pilbara regions
Age < 14 – check with medical officer
If sores are present, check protocols for genital ulcers and discuss with a medical officer or KPHU
Hep B testing is not needed if Hep B immune (cAb positive and sAg negative) or if adequately vaccinated.
Do NOT give Amoxicillin or Ceftriaxone to people allergic to penicillin – alternative treatment for gonorrhoea is Ciprofloxacin 500mg as a single dose or Azithromycin 2g as a divided dose

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Aim: Screen ALL 15 to 30 year olds 6 monthly and 31-40 year olds annually
- Obtain informed consent for screening
- Take a risk assessment and check if any STI symptoms are present

Note: More frequent testing may need to be offered to people presenting with symptoms and/or a risk history

(Flow chart 1) Sexually Transmitted Infection (STI) Screening and Treatment

Are any symptoms present?

Yes

See Fact Sheet 2 (men) or 3 (women)

- Consents to examination & management as per STI flow chart

- Declines examination, or no practitioner with appropriate skills available

No

Offer STI testing

TESTS- ASYMPTOMATIC MEN
(1) First void urine (FVU) for chlamydia, gonorrhoea and trichomoniasis PCR
Offer Syphilis, Hep B & HIV testing.

TESTS - ASYMPTOMATIC WOMEN
(1) SOLVS (preferred) AND FVU for chlamydia, gonorrhoea and trichomoniasis PCR
Offer Syphilis, Hep B & HIV testing.

Chlamydia and/or gonorrhoea detected?

Yes

Treatment - Check allergies before treating¹
Always treat for BOTH chlamydia and gonorrhoea with:

<table>
<thead>
<tr>
<th>Acquired in endemic region</th>
<th>Acquired elsewhere or unknown</th>
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<tr>
<td>ZAP pack</td>
<td>LAC</td>
</tr>
<tr>
<td>Azithromycin 1g</td>
<td>Azithromycin 1g oral</td>
</tr>
<tr>
<td>AND</td>
<td>AND</td>
</tr>
<tr>
<td>Amoxicillin 3g and Probenecid 1g</td>
<td>Ceftriaxone 500m IMI in 2ml of 1% lignocaine</td>
</tr>
<tr>
<td>NB: all oral, single dose</td>
<td>NB: single dose</td>
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</table>

Provide condoms and information on transmission and prevention of STIs
Recall when next routine screening due

No

Provide condoms and information on transmission and prevention of STIs
Recall for repeat testing in 3 months
If trichomoniasis is detected see flow chart on vaginal discharge for management

Test for Syphilis and BBVs if not done already

FOOTNOTES
¹ Do NOT give Amoxycillin or Ceftriaxone to people allergic to penicillin – discuss with a MO. Alternative treatment for gonorrhoea is Ciprofloxacin 500mg as a single dose or Azithromycin 2g as a divided dose