

STI TESTING TOOL

A 6-step guide to support routine and guideline-based testing for sexually transmissible infections (STI).

STEP 1

Start the conversation and offer testing¹

Routinely and opportunistically offering STI testing helps patients feel comfortable and willing to discuss their sexual health.

YOUNG PEOPLE (15 - 29 YEARS):

"STIs are very common among young people, and most STIs do not show any symptoms. We encourage all sexually active young people to get tested regularly."

REPRODUCTIVE HEALTH CONSULTS:

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

ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES HEALTH ASSESSMENT (MBS ITEM 715):

"As part of your health check we also ask about your sexual health. Are you happy if I ask some questions today? You might feel a bit embarrassed, but I ask everyone the same questions and it helps me to know what to test you for depending on your risks. Do you have any questions before we start?"

HEPATITIS B VACCINATION:

"Have you had a hepatitis B vaccination? It protects against an infection that can be sexually transmitted. Do you want to talk about this today?"

STEP 2

Take a brief sexual history

"I'd like to ask some questions about your sexual activity so we can decide what tests to do. What we discuss is confidential and it's ok if it includes partners outside your current relationship".

1. Do you have any sexual health concerns that prompted you to test today?
2. When was the last time you had sex? (for incubation and window periods)
3. Who have you had sex with in the last 3 months? (Prompt further if required. If they answer 'my partner' you then ask - Other than your regular partner, who else have you had sex with? (or) When was the last time you had sex with someone other than your regular partner?)
4. Ask preferred language for body parts for LGBTQ+ people
5. When was the last time you had sex without a condom? (for window periods)
6. Have you had sex with people with a penis, a vagina or both? (If not obvious already, this question supports risk stratification)
7. Have you ever been diagnosed with (or thought you had) an STI?
8. Have you used or injected drugs or worked in the sex industry, as people in these groups can be at higher risk of having a STI?

NOTE: If your patient reports symptoms see the [Australian STI Management Guidelines](#)

STI testing, including HIV, requires only 'informed consent'.









In NSW HIV 'pre-test counselling' is no longer required.

STEP 3

Determine tests

Review the table below and determine recommended tests based on sexual history.

Note: Patients can belong to more than one group e.g. a young man that has sex with other men and who uses drugs. Recommendations from the [Australian STI Management Guidelines¹](#) (unless otherwise stated).

PATIENT GROUPS	CHLAMYDIA & GONORRHOEA	SYPHILIS	HIV	HEPATITIS A	HEPATITIS B	HEPATITIS C	TRICHOMONIASIS	HOW OFTEN TO TEST	MORE INFORMATION
ABORIGINAL AND/OR TORRES STRAIT ISLANDER PEOPLE 	✓	✓	✓	-	✓ Confirm status if unknown; vaccinate if not immune.	✓	✓ Consider testing those from rural/regional/remote areas or if ongoing unexplained symptoms after initial tests.	Opportunistically offer at least annually for people who are not known to be in a stable, long-term monogamous relationship.	Consider testing as part of Aboriginal And Torres Strait Islander Peoples Health Assessment - MBS item 715 .
MEN WHO HAVE SEX WITH MEN (MSM), INCLUDING BISEXUAL MEN⁷ 	✓ Self-collected PCR swabs from the throat, rectal and first pass urine.	✓	✓	✓ Confirm status if unknown; vaccinate if not immune.	✓ Only test if the person is living with HIV or is a person who injects drugs or uses HIV PrEP at least annually.	-	-	3-monthly testing for STIs if had any type of sex with another man in the previous 3 months. Other MSM at least annually.	-
PEOPLE WHO USE DRUGS 	✓	✓	✓	✓ Confirm status if unknown; vaccinate if not immune.	✓ Confirm hepatitis C status for all people reporting a history of injecting drugs and non-injecting use of methamphetamines or GHB.	-	-	3 to 12 monthly depending on level of risk and partners.	NSW Needle and Syringe Program (free access).
PEOPLE FROM MIGRANT AND REFUGEE BACKGROUNDS 	✓	✓	✓	-	✓ Confirm status if unknown; vaccinate if not immune.	✓	-	-	All people from migrant and refugee backgrounds should be encouraged to have catchup immunisation in Australia, including hepatitis B.
PREGNANT PEOPLE^{2,3,4} 	✓ Routinely offer testing at first antenatal visit if under the age of 30.	✓ All pregnant people must be offered at first antenatal visit and 26-28 weeks gestation. Additional syphilis screening at 36 weeks and birth for pregnant people at identified risk of infection. Opportunistic syphilis testing at any health service if minimal or no antenatal care.	✓	-	✓ Confirm status at first antenatal visit.	✓	-	-	Routine screening is not recommended for herpes, human papillomavirus, bacterial vaginosis or trichomoniasis.
SEX WORKERS 	✓ Self-collected PCR swabs from throat, rectal, first pass urine / vagina guided by sexual history.	✓	✓	✓ Confirm status if person reports anal sexual contact and unknown; vaccinate if not immune ⁷ .	✓ Confirm status if unknown; vaccinate if not immune ⁷ .	-	-	Frequency of testing should be determined in consultation with the sex worker and guided by risk assessment.	Sex workers may request more frequent testing to comply with jurisdictional based legal frameworks and workplace requirement.
WOMEN WHO HAVE SEX WITH WOMEN 	✓	✓	✓	-	✓ Confirm status if unknown; vaccinate if not immune.	-	-	At least annually if the person: <ul style="list-style-type: none"> • has new sexual partner(s), • living or travelling to areas of higher prevalence in Australia or other countries. 	-
YOUNG PEOPLE (15-29 YEARS) 	✓	✓	✓	-	✓ Confirm status if unknown; vaccinate if not immune.	-	-	Opportunistically offer at least annually.	-

OTHER PATIENT GROUPS

- Adult Sexual Assault
- People in custodial settings

- People living with HIV
- Regional & remote populations

- Trans and gender diverse people

STEP 4 Select specimen collection method and test type

SITE	SAMPLE METHOD	TESTS
THROAT	PCR swab (self-collected)	Chlamydia and Gonorrhoea PCR
URETHRAL / PENILE	First catch urine (any time of day)	Chlamydia and Gonorrhoea PCR
VAGINAL	PCR swab (self-collected) or first catch urine (any time of day)	Chlamydia and Gonorrhoea PCR Trichomoniasis PCR (second swab)
RECTAL	PCR swab (self-collected)	Chlamydia and Gonorrhoea PCR
BLOOD	Venepuncture *If HCV antibody positive, test for HCV RNA to determine if the patient has chronic HCV.	HIV Ab/Ag Syphilis serology Anti-HAV HBsAg Anti-HBc Anti-HBs HCV Ab*

NOTE: When testing advise the patient how they can get their results and confirm contact details.

STEP 5 Manage results and provide treatment

For positive test results see the [Australian STI Management Guidelines](#) for contact tracing windows, treatment and infection specific guidance.

CONTACT TRACING⁵

The diagnosing clinician is responsible for initiating contact tracing for STIs and blood borne viruses. Public health Units in Australia do not routinely contact trace all notifiable infections. Contact tracing can be performed anonymously or not (depending on the wishes of the patient).

1. Raise contact tracing with your patient:

"It's important your partner(s) get treated so you don't get an infection from them again (after your treatment)."

"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."

2. Help identify which partner(s) need to be informed:

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

3. Explain contact tracing methods and offer choice

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

ONLINE PATIENT TOOLS

LET THEM KNOW	Information on STIs and advice for all patients Online anonymous notification of contacts via SMS or email
THE DRAMA DOWNUNDER	Information on STIs and advice for MSM Online anonymous notification of contacts via SMS or email
BETTER TO KNOW	Information on STIs and advice for Aboriginal and/or Torres Strait Islander people. Online anonymous notification of contacts via SMS or email
ENDING HIV	Information on partner notification for MSM

LIMITED PARTNER INFORMATION OR NEED HELP CONTACT TRACING?

For HIV and syphilis infections the NSW [Sexual Health Infolink](#) can assist with contacting partners with limited contact information i.e. people without known phone numbers; via social media.

See [Australasian Contact Tracing Guidelines](#).

STEP 6 Consider follow-up care

HIV POST-EXPOSURE PROPHYLAXIS (PEP):

PEP should be considered for recent contacts of HIV⁶ and HBV⁷ within 72 hours of exposure.

In NSW contact your [local sexual health clinic](#) or the NSW PEP Hotline on 1800 737 669. Outside NSW: [Get PEP](#).

HIV PREEXPOSURE PROPHYLAXIS (PREP):

PrEP is an HIV treatment medicine that can be given to HIV-negative people to prevent infection before someone is exposed.

See [PrEP Guidelines](#)⁸ and prescribing decision making [tool](#).

PATIENT DELIVERED PARTNER THERAPY (PDPT) FOR CHLAMYDIA:

PDPT is the practice of providing a prescription or medication to a patient diagnosed with chlamydia to give to their partner without that partner being assessed by the health care provider. Consider PDPT where it is unlikely partners will access testing/treatment. See [PDPT resources](#).

Need advice or help?



Call the [NSW Sexual Health Infolink](#) for advice, support, and referral, including:

- Clinical advice on management of STIs, blood-borne viruses and other emerging infections.
- Clinical support for HIV PEP and PrEP prescribing.
- Provision of complex partner notification and internet-based partner notification.
- Access to Staff Specialists in Sexual Health and Infectious Diseases.
- Phonelines open Monday-Friday 9am-7pm.



See the [Australian STI Management Guidelines](#) for the prevention, testing, diagnosis, management and treatment of STIs.



[Online sexual health care education](#) (CPD accredited, free, 1 hour).

References

1. ASRHA & ASHM, [Australian STI Management Guidelines](#)
2. Royal Australian College of General Practitioners 2021, [Guidelines for preventive activities in general practice](#), 10th ed, East Melbourne
3. NSW Health, [Syphilis in Pregnancy and Newborns](#), Policy Directive PD2023_029, 2023
4. Department of Health 2020, [Clinical Practice Guidelines: Pregnancy Care](#)
5. ASHM 2022, [Australasian Contact Tracing Guidelines](#)
6. ASHM, [Post-Exposure Prophylaxis after non-occupational and occupational exposure to HIV Australian National Guidelines](#), Third Edition, 2023
7. Australian Technical Advisory Group on Immunisation 2018, [Australian Immunisation Handbook](#)
8. ASHM, [PrEP Guidelines](#), 2021