

GUIDE TO TESTING

Your patient is at risk of having genital Chlamydia and you should recommend testing if they:

- Are aged 15 to 25 years
- Have recently changed sexual partners or have had more than one sexual partner in the past 12 months
- Are not using condoms everytime they have sex and not in a long-term monogamous relationship
- Have a sexual partner who has had an STI or symptoms of an STI.

If the patient has STI symptoms (e.g. dysuria, vaginal or urethral discharge, pelvic pain, etc) refer to the *Guidelines for managing sexually transmitted infections: a guide for primary health care providers*. This is available, free-of-charge, from the Communicable Disease Control Directorate, Department of Health. To order a copy complete the enclosed order form.

If they don't have STI symptoms offer testing for genital chlamydia.

Testing for males:

1. Collect 25ml first void urine for Chlamydia PCR and store in refrigerator until transported to laboratory.

Testing for females:

1. Collect 25ml first void urine for Chlamydia PCR and store in refrigerator until transported to laboratory.
2. Self-obtained lower vaginal swab for Chlamydia PCR OR take an endocervical swab for Chlamydia PCR. Store in refrigerator until transported to laboratory. Can also request Chlamydia PCR test on thin prep Pap smear specimens.

Negative result:

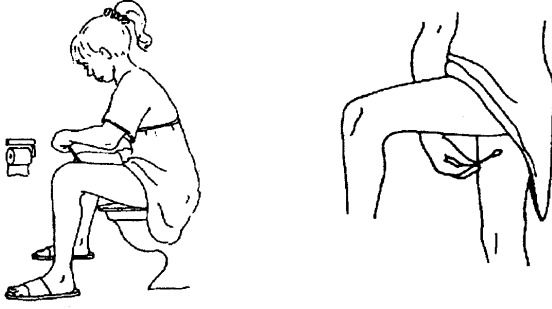
Explain safe sex to the patient and recommend re-testing if they change partner or after unprotected sex with a new partner.

Positive result:

1. Take a full sexual history, including sexual contact history.
2. Perform a genital examination, including speculum examination in females.
3. Offer testing for hepatitis B, HIV, syphilis and other STIs as clinically indicated.
4. Treat with 1g of azithromycin stat.
5. Instruct the patient to avoid having sex for one week (or practice safe sex for one week) and advise them about the 3-month window period for hepatitis B, HIV and syphilis.
6. Initiate contact tracing of sexual partners (see 'contact tracing' and 'partner notification letter').
7. Review after 3 months and repeat hepatitis B, HIV and syphilis tests.

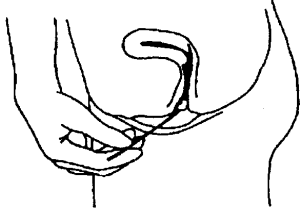
HOW TO TAKE YOUR OWN SWAB FOR A SOLVS PCR TEST

1.



Find a comfortable position, either sitting or standing.

2.



Put the tip of the cotton swab stick about 2 cm (length of 1 finger joint) inside your vagina.

3.

Turn the swab stick around once.

4.

Leave the swab stick in for a count of 10.

5.

Remove the swab stick.

Diagrams courtesy of Kimberley P.H.U.

Please photocopy this page as needed.

CONTACT TRACING

Contact tracing involves finding and informing the contacts of a person with an infection so they can get counselling and testing, and treatment if necessary. A contact is anyone with whom a patient with an STI has had unsafe sex and/or blood-to-blood contact.

Why is contact tracing important?

Contact tracing helps stop patients who have been treated from getting the infection back again from their partner(s). It also helps stop the spread of infection in the community. People often don't know they have an STI and so unknowingly spread it to others.

Who is responsible for contact tracing?

Patients, medical practitioners and disease control staff in population health units all have responsibilities for contact tracing.

How is contact tracing done?

1. If you have diagnosed a patient with an STI, ask them to provide a list of their sexual contacts (full name, age, address, phone number).
2. Decide with your patient which contacts they will inform about the infection and which they would like a health professional to inform. A sample partner notification letter to give to your patient is provided on the next page. Contact tracing is voluntary and confidential. It is unacceptable for health professionals to disclose either the patient's name, or any identifying information to the contact.
3. You may trace the patient's contacts yourself, or refer the list of contacts to communicable disease control nurses at North Metropolitan Population Health Unit East, tel 9224 1649 or 9224 1663 (Perth metropolitan area) or appropriate regional Population Health Unit (see below).
4. The patient or health professional should inform the contact that they could have the infection and need to see a doctor to get tested as soon as possible.

For more information about contact tracing contact your local Population Health Units: (those in **bold** provide clinical services)

Perth Metropolitan area	(08) 9224 1649/1663
Albany	(08) 9892 7500
Broome	(08) 9194 1630
Bunbury	(08) 9792 2500
Carnarvon	(08) 9941 0560
Geraldton	(08) 9956 1950
Kalgoorlie-Boulder	(08) 9080 8200
Northam	(08) 9622 4320
South Hedland	(08) 9140 2377

SAMPLE PARTNER NOTIFICATION LETTER

This letter should be given to the identified contact(s) so that they can give it to their own GP explaining:

- That they have been in contact with a person diagnosed with an STI
- That they might have also contracted an STI
- The importance and need for examination and testing and contact tracing.

Sender's/Original Client's GP's surgery address and telephone number: _____

Date: _____

Dear Doctor

The bearer of this letter has been in contact with someone diagnosed with the following sexually transmitted infection(s) (please tick):

- | | | |
|---|--|---|
| <input type="checkbox"/> Chlamydia | <input type="checkbox"/> Candidiasis | <input type="checkbox"/> Donovanosis |
| <input type="checkbox"/> Genital herpes | <input type="checkbox"/> Genital warts | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> HIV | <input type="checkbox"/> Molluscum | <input type="checkbox"/> Pubic lice |
| <input type="checkbox"/> Scabies | <input type="checkbox"/> Syphilis | <input type="checkbox"/> Other (please specify) _____ |

Guidelines recommend that contacts of confirmed cases should be examined and investigated for sexually transmitted infections and receive treatment if required for the infection(s) indicated above.

If the test results come back positive, please notify the infection (if required) and ensure that contact tracing is undertaken.

Yours sincerely

Doctor _____

PLEASE TEAR OFF RETURN SLIP AND SEND IT TO THE ADDRESS AT THE TOP OF THIS LETTER

Dear Doctor _____

I have examined and tested the contact of your patient for _____

They have received the following treatment _____

Yours sincerely

Doctor _____