Sexual Health Check

MANAGEMENT SUMMARY

Test all sexually active persons < 30 years and anyone at risk. See Express STI Testing Questionnaire www.nzshs.org/guidelines.
Be aware of the difference between a Nucleic Acid Amplification Test (NAAT) swab (e.g. PCR) and a culture swab.

Note: Most laboratories are automatically performing multiplex NAAT testing for chlamydia & gonorrhoea (+/-trichomoniasis).
False positive gonorrhoea results are possible in low prevalence populations – see NZSHS Management of Gonorrhoea 2017, and Response to the Threat of Antimicrobial Resistance www.nzshs.org/guidelines.

Recommended tests – Females

Asymptomatic and/or opportunistic testing

- Offer examination including speculum.
- Vulvovaginal NAAT swab for chlamydia & gonorrhoea testing (self-collected if not examined).
- Anorectal NAAT swab for chlamydia & gonorrhoea testing if patient has anal sex or anorectal symptoms (self-collected if not examined).
- Serology: Universal HIV and syphilis.
- Targeted hepatitis B and C serology if hepatitis B immune status unknown and risk factors present e.g. Maori, Pasifika, areas of high endemicity, IDU or incarceration www.hepatitisfoundation.org.nz/

Symptomatic

Examination is required for clinical assessment if symptomatic of vaginal discharge, dysuria, lower abdominal pain, abnormal bleeding, anal pain or discharge, or a contact of gonorrhoea:

- Examine the inguinal nodes, vulval and perianal skin, vestibule and introitus.
- Vulvovaginal NAAT swab for chlamydia & gonorrhoea testing prior to speculum insertion.
- Insert speculum and examine vagina and cervix.
- Endocervical culture swab for gonorrhoea (if gonorrhoea culture available).
- High vaginal culture swab for candida & BV & trichomoniasis (if NAAT for trichomoniasis not available).
- Anorectal NAAT swab for chlamydia & gonorrhoea testing if patient has anal sex or anorectal symptoms.
- Serology: Universal HIV and syphilis.
- Targeted hepatitis B and C serology if hepatitis B immune status unknown and risk factors present e.g. Maori, Pasifika, areas of high endemicity, IDU or incarceration www.hepatitisfoundation.org.nz/

Recommended tests – Men who have sex with women (MSW)

Asymptomatic and/or opportunistic testing

- Offer examination, as below.
- First void urine for chlamydia & gonorrhoea NAAT testing (first 30ml), preferably ≥1 hour after last void.
- Serology: Universal HIV and syphilis.
- Targeted hepatitis B and C serology if hepatitis B immune status unknown and risk factors present e.g. Maori, Pasifika, areas of high endemicity, IDU or incarceration www.hepatitisfoundation.org.nz/

Symptomatic

Examination is required for clinical assessment if symptomatic of urethral discharge, dysuria, testicular pain or swelling, anal pain or discharge or a contact of gonorrhoea.

- Examine the genital and perianal skin, inguinal lymph nodes, penis, scrotum, and testes.
- Urethral culture swab for gonorrhoea (if gonorrhoea culture available) followed by:
- First void urine for chlamydia & gonorrhoea NAAT testing (first 30ml), preferably ≥1 hour after last void.
- Serology: Universal HIV and syphilis.
- Targeted hepatitis B and C serology if hepatitis B immune status unknown and risk factors present e.g. Maori, Pasifika, areas of high endemicity, IDU or incarceration www.hepatitisfoundation.org.nz/

Recommended tests – Men who have sex with men (MSM)

All MSM should be tested at least once a year.

- Extragenital (pharyngeal and anorectal) testing is required irrespective of reported sexual practices or condom use.
- Pharyngeal NAAT swab for chlamydia & gonorrhoea testing.
- Anorectal NAAT swab for chlamydia & gonorrhoea testing (self-collected if not examined).
- First void urine for chlamydia & gonorrhoea NAAT testing (first 30ml), preferably ≥1 hour after last void.
- If anorectal symptoms refer or discuss with a sexual health specialist
- Serology: Universal HIV, syphilis, hepatitis A and B (if hepatitis A and B immune status unknown).
- Targeted hepatitis C if HIV positive, IDU or incarceration.

MSM who fall into one or more categories below require testing up to 4 times a year:

- Any unprotected anal sex
- More than 10 sexual contacts in 6 months
- Participate in group sex
- Are HIV positive
- Use of PrEP or PEP
- Use recreational drugs during sex.

The Ministry of Health supports the use of these clinical guidelines, developed by clinical experts and professional associations to guide clinical care.
Further guideline information – www.nzshs.org/guidelines or phone a sexual health specialist.
This STI Management Guideline Summary has been produced by NZSHS. Every effort has been taken to ensure that the information in this guideline is correct at the time of publishing (September 2017).

NZSHS THE NEW ZEALAND SEXUAL HEALTH SOCIETY SEXUAL HEALTH FOR ALL

General Points

A sexual health check-up involves taking a sexual history and offering testing. The purpose of asking a sexual history is to determine:

- The risk of exposure to STIs.
- The appropriate tests and test sites.
- Who else is at risk and who else needs testing and/or treatment?

A sexual health history should be taken:

- In all new persons signing on to a health practice.
- As part of a well check in primary care settings.
- As part of asymptomatic opportunistic STI screening, particularly in those aged < 30 years.
- In persons with a recent change in sexual contact or with multiple sexual contacts.
- Men who have sex with men (MSM).
- At routine contraceptive or smear visits.
- At antenatal assessment visits.
- Pre-termination of pregnancy (TOP) referrals.
- Pre-intrauterine device (IUD) insertion in persons with a risk for STIs.
- In persons with specific ano-genital and urinary symptoms.
- In persons who have had non-consenting sexual encounters.
- Anyone who is a contact of an STI.
- Anyone requesting a sexual health check.

Note: If person is asymptomatic and is concerned about a specific recent sexual event – the recommended testing interval is 2 weeks from time of last sexual intercourse.

If the person is symptomatic, unlikely to return or has not been previously tested then test opportunistically at the time of presentation. Repeat STI screen 3 months after any STI diagnosis.

Sexual History

Asking about sexual activity is not intimidating if it is normalised in a medical history and supported by an environment of confidentiality, professionalism, prominently displayed educational sexual health material and non-judgmental attitudes.

An initial framing statement as to why you need to ask these questions will normalise the discussion.

It is often useful to mention that the offer of testing is a routine one and that they may not need to have a full examination, as this increases testing uptake, .e.g.

- *"As part of a general health check I ask my patients about their sexual health and I offer testing. Do you have any sexual health concerns that you would like to discuss?"*
- *"I offer all my patients aged 30 and under the opportunity to have a test for chlamydia, which is a very common sexually transmitted infection. Would you be interested?"*
- *"Chlamydia is a very common STI, which often doesn't cause any symptoms. Testing can be done by a urine sample (or a swab that you take yourself) if you would prefer not to be examined. Would you be interested in doing a test?"*

Basic Core Sexual History Questions

See Express STI Testing Questionnaire guideline **www.nzshs.org/guidelines**).

- Presenting complaints or symptoms.
- Are you having any sexual contact?
- When was the last time this occurred?
- Was this with a regular or casual sexual contact?
- Was this sexual contact male or female or transgendered?
- Did you have vaginal/oral/anal sex, and any toys/fingering/rimming?
- Which one/s of these did you use condoms for? How often do you usually use condoms?
- Could you be pregnant?
- How many sexual contacts have you had in the past 3 months? 12 months?
- Have you ever had a physical or sexual experience you are not happy about?
- Have you ever had an STI before?
- Have you ever been paid to have sex?

Risk Assessment for Blood-Borne Infections – HIV, Hepatitis B and C

This helps identify those persons at higher risk who may need to attend for their results.

- Injecting drug use – past/present.
- Men who have sex with men.
- History of incarceration.
- Sex with a contact from or in a high-prevalence country.
- Maori or Pasifika.
- Paid or been paid for sex.
- Last HIV test more than 1 year ago (MSM), or more than 2 years ago (heterosexuals with new risks).
- Hepatitis B vaccination history.
- Sexual assault/intimate partner abuse history.

The Sexual Health Examination and Tests

Females

- Physical examination including speculum should be offered.
- If asymptomatic, opportunistic or declines a genital examination – a self-collected vulvovaginal NAAT swab for chlamydia & gonorrhoea testing by should be taken – instruct the woman to remove the swab from the container, wipe the swab around the vaginal entrance, then insert the swab 4cm (thumb's length) into her vagina, count slowly to 5 and replace in the swab container.
- If symptomatic (vaginal discharge, dysuria, lower abdominal pain, abnormal bleeding, anal pain or discharge) or if a contact of gonorrhoea a speculum examination is required for proper clinical assessment:
  - Examine the inguinal nodes, vulval and perianal skin, vestibule and introitus.
  - Vulvovaginal NAAT swab for chlamydia & gonorrhoea testing prior to speculum insertion.
  - Insert speculum and examine vagina and cervix.
  - Endocervical culture swab for gonorrhoea (if regional laboratories offer gonorrhoea culture).
  - High vaginal culture swab for candida & BV (& trichomoniasis if NAAT not available)
  - Anorectal NAAT swab for chlamydia & gonorrhoea testing if patient has anal sex or anorectal symptoms

    Anorectal NAAT swabs should be collected by gently inserting swab 4cm into the anal canal, rotating and replacing in swab container.
  - Serology: Universal HIV & syphilis.
  - Targeted hepatitis B and C serology if hepatitis B immune status unknown and risk factors present, e.g. Maori, Pasifika, areas of high endemicity, injecting drug use, or incarceration. **www.hepatitisfoundation.org.nz/**

Note: A first void urine is not the specimen of choice as it has lower sensitivity than vaginal swabs, but may be useful if the patient declines examination or to do a self-collected vaginal swab.

Males

- Physical examination should be offered.
- If asymptomatic, opportunistic or declines a genital examination - a first void urine for chlamydia & gonorrhoea testing by NAAT (first 30 ml) preferably ≥1 hour after last void should be taken.

  Note: An early morning urine specimen is not required.
- If symptomatic (urethral symptoms, testicular pain or swelling, anal pain or discharge) or if a contact of gonorrhoea examination is required for proper clinical assessment:
  - Examine the genital and perianal skin, inguinal lymph nodes, penis, scrotum, and testes.
- If symptomatic or a discharge is present:
  - Take a urethral swab for gonorrhoea culture prior to urine (if regional laboratories offer gonorrhoea culture). Use the smallest possible bacterial culture swab e.g. a per-nasal swab inserted approximately 1cm into the urethral canal, followed by:
  - A first void urine for chlamydia & gonorrhoea testing by NAAT (first 30ml) preferably ≥1 hour after last void.
- Serology: Universal HIV and syphilis.
- Targeted hepatitis B and C serology if hepatitis B immune status unknown and risk factors present, e.g. Maori, Pasifika, areas of high endemicity, injecting drug use, or incarceration. **www.hepatitisfoundation.org.nz/**

Note: If patient has passed urine <1 hour ago and is unlikely to come back, then a specimen should be collected as is still useful.

Men who have sex with men (MSM)

- Should be offered at least annual testing as for males above plus extragenital testing irrespective of reported sexual practices or condom use as asymptomatic pharyngeal and rectal infection is common.
- Pharyngeal NAAT swab for chlamydia & gonorrhoea testing.
  - Pharyngeal swabs should be wiped across the posterior pharynx, tonsils and tonsillar crypts.
- Anorectal NAAT swab for chlamydia & gonorrhoea testing.
  - Anorectal swabs should be collected by gently inserting swab 4cm into the anal canal, rotating and replacing in swab container.
- Serology for hepatitis A and B, syphilis, and HIV (if hepatitis A and B immune status is unknown).
- Offer hepatitis A and B vaccination if susceptible.
- Targeted hepatitis C serology if MSM are HIV positive, injecting drug use, incarceration or a risk group below:

Note: More frequent testing (3–6 monthly) should be done if the history suggests >10 sexual contacts in last 6 months, attendance at sex on premises venues, use of recreational drugs, group sex, unprotected anal sex, use of pre-exposure prophyllaxis (PrEP) against HIV, use of post-exposure prophyllaxis (PEP), or HIV positive.

The Ministry of Health supports the use of these clinical guidelines, developed by clinical experts and professional associations to guide clinical care.
Further guideline information – **www.nzshs.org/guidelines** or phone a sexual health specialist.
This Best Practice Guide has been produced by NZSHS. Every effort has been taken to ensure that the information in this guideline is correct at the time of publishing (September 2017).