

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).