Sexual health (STI/BBV) clinical audit protocol

Version 1.0

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One21seventy

National Centre for Quality Improvement in Indigenous Primary Health Care

Western Australian Centre for Rural Health

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Abbreviations

ABCD	Audit of Best Practice in Chronic Disease
BBV	Blood Borne Virus
CARPA	Central Australian Rural Practitioners Association
GP	general practitioner
HCG	human chorionic gonadotropin
HIV	human immunodeficiency virus
MC&S	microscopy, culture and sensitivity
MBS	Medicare Benefits Scheme
NAAT	nucleic acid amplification tests
NACCHO	National Aboriginal Community Controlled Health Organisation
NHMRC	National Health and Medical Research Council
PHC	primary health care
PID	pelvic inflammatory disease
SAT	systems assessment tool
SOLVS	self-obtained low vaginal swab
STI	sexually transmissible infection
UTI	urinary tract infection
WHO	World Health Organization
≥	greater than or equal to
≤	less than or equal to

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Version control

Version	Release date	Description
1.0	2014	First release after pilot phase

Changes to this audit tool and protocol are carefully monitored to ensure that trending over CQI cycles is possible. If you notice discrepancies between what is documented in the protocol, and what is recommended best practice in your jurisdiction, or have any questions, please contact One21seventy by email: one21seventy@menzies.edu.au or phone 1800 082 474. Your feedback is appreciated.

Introduction

This protocol should be used in conjunction with *Improving the quality of primary healthcare: A training manual for the One21seventy CQI cycle* (Version 2.0).

About the sexually transmitted infections/blood borne virus clinical audit

Clinical audits can provide valuable information for the purpose of reviewing delivery of care in primary health centres. If they are done repeatedly over time in a consistent way they can provide information on changes in the quality of care that may have occurred in association with developments in the health centre. Clinical audits collect information that compares care delivered against specific criteria, usually in relation to best practice guidelines.

This Sexually Transmitted Infection/Blood Borne Virus (STI/BBV) clinical audit tool and protocol and the associated Report have been developed primarily to meet the needs of the Aboriginal and Torres Strait Islander health primary health care services. However, the tools should be suitable for use in many other settings.

The tools are based on available best practice guidelines and key policy and research papers (see list at the end) and on consultation with stakeholders across Australia. While this audit is derived from a number of best practice guidelines, it assesses only a part of routine sexual health care and management. It does not provide an assessment of all the components of care, nor all the components of other clinical guidelines. The audit aims to cover basic elements of sexual health clinical care and management. Local best practice guidelines may vary from the components of the audit and this should be noted in the interpretation of the report. Note that sexual health screening is not assessed in this tool: it is assessed in the Preventive audit tool and the Youth Health tool.

The data generated from the audit process can be presented in the form of performance measures. Providing feedback on these performance measures to health centre teams can be useful in helping teams understand areas of strength and areas where they may need to focus more attention. The information can therefore be useful in helping teams set specific goals for improvement in delivery of services. The interpretation of all of the information arising from the audits will need to be made in relation to availability and content of local guidelines, policies and protocols.

We recommend the audit tool be used in association with a systems assessment tool. One21seventy provides a system assessment tool that focuses on health service systems to support best practice in sexual health. The systems assessment tool is designed to improve understanding of how service systems can enhance, or present barriers to, delivering best practice services, and of how systems can be improved to encourage best practice.

This protocol explains how to select a sample of client's health records for audit, and then explains how the audit form should be completed. The person who performs the audit should have some expertise in sexual health. However the tool is simple enough for a generalist primary health care professional to be able to complete an audit. If not available, anyone can perform the audit, with some training, although some clinical knowledge is useful.

Eligibility of clients

To be eligible for inclusion in the STI/BBV audit, a client must:

- have had a diagnosed sexually transmitted infection (STI) or blood borne virus (BBV) in the last 15 months to 3 months before the audit date (that is, in the 12 months that end 3 months before audit date, this will enable follow up to be assessed);
- have been a resident in the community for 6 months or more in the last twelve months

Other considerations:

- All clients presenting with an STI and/or BBV will be included in this audit including pregnant women and or people with chronic conditions, as long as they have an STI/BBV. There is no age restriction for this audit.
- If the STI episode has occurred 3 months or less before the audit date, the client is not eligible for inclusion.
- If the client has several STI episodes, audit the most recent one as long as it is more than 3 months before the audit date.
- Eligible clients can only be audited once in each cycle

Data collection

The purpose of this audit is to determine the management of an “STI episode” right through to follow up.

By this we mean, from the time the client first presents to the health centre in regard to his/her STI diagnosis right through to lab investigations, treatment, and follow up. Some clients will have come into the clinic for acute care or contraception, and others with symptoms of an STI/BBV or others may have been tested opportunistically. Regardless of the reason for initial visit, if the client is tested for an STI and found to be positive, this client is eligible for the STI audit. Please note that data related to the STI episode may be in different sections in the record, so make sure that you look in various sections of the record.

Sample size and confidence interval

Refer to Improving the quality of primary health care: A training manual for the One21seventy cycle, version 2, Section 5, for more information on determining the sample size with regard to the population size for this audit, and the confidence interval required for the reported indicators. The ‘eligible population’ referred to in this protocol is the number of clients with a documented STI/BBV as listed above.

Recommendations for sample size

- For services with up to 100 clients in the eligible population, we recommend a sample size of at least 30 clients per audit. This sample should provide an adequate estimate (for quality improvement purposes) of the proportion of clients receiving specific services.
- Health services with large eligible populations may wish to increase the sample size to improve the confidence intervals around the sample estimates. Health services with smaller eligible populations (30 or fewer) should audit all clients, and be cautious when using and comparing reported data.
- Be aware of the confidence interval for your results — this is important when interpreting the data in your reports.

The protocol is valuable for useful interpretation of the reports.

Section 1 General Information

1.1 Audit date

The audit date is the same for all client records being audited in this cycle. Even if all auditing cannot be completed in a single day, continue to use the same audit date for all client records and audit the medical records retrospectively from this date.

Record as **dd/mm/yyyy**.

1.2 Auditor's initial and surname

Record your initial and surname.

1.3 Client ID

A unique 3 digit number for each client record audited. At data input this 3 digit number will be automatically prefixed with the tool ID and health centre ID.

The auditor will prepare a master list of client records included in each audit that contains the client's name, date of birth, and client ID number.

1.4 Medicare number

Is the client's current Medicare number recorded in his or her medical record?

Indicate **1-Yes** or **0-No**.

1.5 Date of birth

Record the client's date of birth. Record as **dd/mm/yyyy**.

1.6 Sex

Indicate the sex of the client as it is recorded in the client record.

Indicate **1-Male** or **2-Female** or

3-Transgender (if the client record documents sex as transgender, indeterminate or another classification that is not male or female)

1.7 Indigenous status

Record the client's Indigenous status as stated in their medical record.

Indicate **one** of the following:

1-Aboriginal

2-Torres Strait Islander

3-Both (client is both Aboriginal and Torres Strait Islander)

4-Neither (client is neither Aboriginal nor Torres Strait Islander)

5-No record (client has no clear record of their Indigenous status).

Section 2 Attendance at health centre

2.1 Date of presentation

To be eligible for this audit the client must have a diagnosed STI. As stated above, this audit process will audit an "STI episode". By this we mean, from the time the client first presents to the health centre in regard to his/her STI diagnosis right through to the follow up stage. Therefore the auditor should first determine that the client has an STI and then when and why the client was tested for an STI. When this has been determined, record the date that the client first presented to the clinic in regards to this STI (note that this may be before or on the date the client was tested for the STI, but not after). Some clients may have come into the clinic for acute care, antenatal, or contraception and may have been tested opportunistically. Others clients may present with symptoms of an STI/BBV. Thus record the date the client first presented regarding episode of the STI/BBV being audited in this audit e.g. the acute care presentation date or contraception consultation date[1]. Record as **dd/mm/yyyy**.

Note: the date of presentation is important as it will help determine time-to-testing and time-to-treatment of the STI and hence determine whether there are delays to either.

2.2 Reason for attendance

The reason for attendance can shed light on client engagement as well as when clients are being tested for STI/BBVs, for instance if clients are being tested for STIs opportunistically in the contexts of other visits to the health centre.

Select one of the options from Table 1 below.

Table 1: Record the reason for the client's last attendance at the health centre

Reason	Examples
1 –Adult health check	The client presented for an adult health check
2-Acute care	Infections, trauma
3 -Antenatal	Pregnancy check-up
4 -Sexual health	STI follow-up or screening including contraception
5 -Other	Social issues, domestic violence

If 'Other', provide a brief description of reason for attendance.

[1] Several examples are included in the Appendix 1

2.3 Reason for Sexual Health consultation

Clients may be tested for various reasons, either they may attend with symptoms of an STI/BBV or may be tested opportunistically. Because of the high rates of STIs among young people aged 15-29 clinicians are encouraged to test this age group opportunistically or during community screening and it is important for the service to know how well they are doing in this regard. This section allows services to know in which categories their clients fall.

If the reason for attendance was 4-Sexual Health, indicate the reason for the sexual health attendance. If the reason for attendance was not 4-Sexual Health, then do not answer this question.

Table 2: Reason for sexual health consultation

Reason	Examples
1 - Routine check up	The client presented for an asymptomatic routine check
2 - Symptoms and signs of an STI/BBV	The client had symptoms and signs of an STI/BBV e.g. pain, discharge genital lesions
3 – Opportunistic screening	The client was tested opportunistically
4 - Community screening	The client was tested during community screening
5 - Contact of an STI client	The client was named as a contact of a diagnosed STI client
6 - Follow up past STI	The client presented for follow up of previously diagnosed STI.
7 - Sexual abuse/assault	The client presents following sexual abuse/assault
8 - Contraception	The client presents for contraception
9 - Other (Specify)	

2.4 First seen by

Identifying which staff member was the first point of contact for the client is a measure of centre processes and of Aboriginal and Torres Strait islander health worker engagement with program delivery.

When the client presented to the health centre, which health practitioner did the client see first?

1-Aboriginal and/or Torres Strait Islander Health Practitioner, **2-Nurse**, **3-General Practitioner**, **4-Specialist**, **5- Allied health professional**, **6-Other**, **7-No record**.

NOTE: 'Other' can include traditional healer/Indigenous community worker or other culturally appropriate person.

Section 3 Recording of key health information

STI diagnoses

A client may have one or more STI diagnosis. If the client has more than one diagnosis, indicate whichever diagnosis has been recorded in the client's medical notes. It is important to know if your client has multiple STIs. Also note the date that the diagnosis was made. Record date as **dd/mm/yyyy.**

Note that you will still audit only the most recent eligible diagnosis

3.1 Gonorrhoea

Indicate if there is a ***recorded diagnosis*** of Gonorrhoea

If Yes, record the date of diagnosis. Record as **dd/mm/yyyy**.

3.2 Chlamydia

Indicate if there is a ***recorded diagnosis*** of Chlamydia

If Yes, record the date of diagnosis. Record as **dd/mm/yyyy**.

3.3 Trichomoniasis

Indicate if there is a ***recorded diagnosis*** of trichomoniasis

If Yes, record the date of diagnosis. Record as **dd/mm/yyyy**.

3.4 Pelvic inflammatory disease (PID)

Indicate if there is a ***recorded diagnosis*** of pelvic inflammatory disease

If Yes, record the date of diagnosis. Record as **dd/mm/yyyy**.

3.5 Infectious syphilis

Do not include congenital syphilis.

Indicate if there is a ***recorded diagnosis*** of infectious Syphilis

If Yes, record the date of diagnosis. Record as **dd/mm/yyyy**.

3.6 Genital Herpes

Indicate if there is a ***recorded diagnosis*** of Genital Herpes

If Yes, record the date of diagnosis. Record as **dd/mm/yyyy**.

3.7 Donovanosis

Indicate if there is a ***recorded diagnosis*** of Donovanosis

If Yes, record the date of diagnosis. Record as **dd/mm/yyyy**.

3.8 HIV

Indicate if there is a ***recorded diagnosis*** of HIV

If Yes, record the date of diagnosis. Record as **dd/mm/yyyy**.

3.9 Hepatitis B

Indicate if there is a ***recorded diagnosis*** of Hepatitis B

If Yes, record the date of diagnosis. Record as **dd/mm/yyyy**.

3.10 Hepatitis C

Indicate if there is a ***recorded diagnosis*** of Hepatitis C

If Yes, record the date of diagnosis. Record as **dd/mm/yyyy**.

3.11 Other

Other STIs include: Lymphogranuloma venereum, Chancroid, genital warts, pubic lice

Indicate if there is any other ***recorded STI diagnosis***

If yes, please specify diagnosis and record date of diagnosis as **dd/mm/yyyy**.

3.12 STI/BBV being audited

Although a client may have had more than one STI/BBV (as indicated in questions above), which of the STI/BBV indicated above is being audited in this record?

Indicate:

- **1-Gonorrhoea**
- **2-Chlamydia**
- **3-Trichomoniasis**
- **4-Pelvic inflammatory disease (PID)**
- **5-Infectious syphilis**
- **6-Genital Herpes**
- **7-Donovanosis**
- **8-HIV**
- **9-Hepatitis B**
- **10-Hepatitis C**
- **11-Other – (specifiy)**

Record the date of diagnosis. Record as **dd/mm/yyyy**

Section 4 STI/BBV History

Symptoms

Many STI clients will be asymptomatic on presentation and others will have symptoms and signs of an STI. It is important for clinicians to note whether clients are symptomatic or asymptomatic.

A clinical history enables the service provider to anticipate what might be found on physical examination.

Risk factors

It is important to determine what risk factors may be present in order to tailor management and counselling. Risk factors such as lack of condom use during sexual intercourse, past history of sexual infections, men having sex with men, and contact with person with an STI are some of the factors that increase an individual's risk of contracting an STI/BBV. Other risk factors include alcohol and recreational drug use, sex work, injecting drug use, body piercing or tattooing with unsterilized instruments, and history of incarceration.

In the Northern Territory, Kimberley Region and Central Australia, knowledge about whether the client has had a sexual partner from outside of the local area may determine a variation the management of her/his STI. In the Top End of the NT, parts of Goldfields and Kimberley Regions of WA and Central Australia, Neisseria gonorrhoeae infections can be treated with penicillin but if acquired from a partner from outside this region will necessitate a change in treatment. Documenting the presence or absence of these risk factors for the client means that opportunities arising during regular tests and checks can be used to talk with the client about their possible effect on their health. Information about sexual practices also determines which sites should be examined and the range of specimens to be collected.

4.1 Asymptomatic clients

The client may have presented to the health centre with no symptoms of an STI. Indicate if there a record that the client was ASYMPTOMATIC on presentation.

If yes, go to Q4.4

4.2 Symptomatic clients

The client may have presented to the health centre with symptoms of an STI. Indicate if there a record that the client was SYMPTOMATIC.

If no, go to Q4.4

4.2.1 - 4.2.14: If the client is recorded as SYMPTOMATIC, indicate the symptoms that are documented in the client record.

Indicate **9-N/A** if the client is documented as asymptomatic or the client is recorded as symptomatic, but that symptom does not apply for client's sex or gender.

Common symptoms of STIs are listed in Table 3.

Table 3: Common symptoms in men and women who have an STI

STI symptoms in women	STI symptoms in men
Pain on passing urine (dysuria)	Pain on passing urine (dysuria)
Abnormal discharge from vagina or anal region	Abnormal discharge from penis or anal region
Abnormal vaginal bleeding including in between menstrual periods or during/after sex	Testicular/Scrotal pain or discomfort
Genital lesions, rashes, lumps and sores	Genital lesions, rashes, lumps and sores
Lower abdominal pain	Other symptoms: • Pain/difficulties with defecation • Itch and/or discomfort in perineum, peri-anal and pubic region • Abnormal rectal bleeding
Deep internal pain with sex (Pain with intercourse)	
Other symptoms: • Per vaginal bleeding during pregnancy, threatened miscarriage • Itch and/or discomfort in perineum, peri-anal and pubic region • Abnormal rectal bleeding • Pain/difficulties with defecation	

Source: CARPA guidelines and Queensland guidelines

4.3 Duration of symptoms

If the client is symptomatic, is there a record of how long the client has been experiencing symptoms?

Indicate **1-Yes**, **0-No**

Or **9-N/A** if asymptomatic, or symptoms not recorded

STI Risk factors

Risk factors

In this section we wish to determine if the clinicians are conducting a risk factor assessment and if they are documenting this assessment

4.4 Past history of STI/BBV

Indicate if there documentation that the client was asked about having had an STI and/or BBV in the past.

4.5 Unprotected sexual intercourse

Indicate if there documentation that the client was asked about having unprotected sexual intercourse.

4.6 Contact with a person from outside the local area

(NT, Central Australia and Kimberley)

If the client is from NT, Central Australia or the Kimberley, is there a record of that the client was asked about having had sexual contact with a person from outside the local area within the 3 months prior to diagnosis of current episode?

Indicate **1-Yes** or **0-No**

Indicate **9-N/A** if from outside the three named regions

4.7 Injecting drug use

Indicate if there documentation that the client was asked about current injecting drug use or past injecting drug use.

4.8 Body piercing or tattooing

Indicate if there documentation that the client was asked about exposure to unsafe body piercing or tattooing practices.

4.9 Incarceration

Indicate if there documentation that the client was asked about history of incarceration.

4.10 Hepatitis B status

Indicate if the client's Hepatitis B status known i.e. is the client's Hepatitis B status (negative or positive) documented.

4.11 Sex with a male partner

(Male clients)

If client is 'male', indicate if there a record that the client was asked about having had sex with a male partner in the past.

Section 5 Other risk factors

5.1 Alcohol use

Indicate the client's current use of alcohol, as documented in the last 12 months.

1-Higher risk if recorded as more than two standard drinks in any one day.

2-Low risk if recorded as two standard drinks or less in any one day.

3-Alcohol use but risk level not stated if alcohol use is recorded but the amount of alcohol use is not stated.

4-No alcohol use if it is recorded that the client does not use alcohol.

5-No record if the client's alcohol use is not recorded.

5.2 Brief intervention for higher risk alcohol use

For the purpose of the audit, the record of brief interventions for reducing alcohol related harm should at least indicate either that a brief intervention has been delivered, or that the client has been asked about their use of alcohol and their intentions or interest in reducing their alcohol consumption.

If 'higher risk' alcohol use was recorded in Question 5.1, indicate if there documentation that the client has received a brief intervention for higher risk alcohol use within the last 12 months.

5.3 Drug use

For the purposes of this audit, 'drug use' refers to any legal, illegal, prescription or non-prescription drug or substance used inappropriately and may include one or more of the following: marijuana(cannabis); pharmaceutical drugs such as pain killers, analgesics, tranquilisers or sleeping pills; inhalants (glue, paint, petrol); steroids; barbiturates; amphetamines or methamphetamines (speed); heroin; methadone; other opiates (opioids); cocaine; LSD or other synthetic hallucinogens; natural hallucinogens; ecstasy; ketamine; GHB; any injected drugs.

Indicate the client's current drug use documented in the last 12 months.

1-Current use if the client is recorded as having used drugs within the last 12 months.

2-No use if there is a record that the client has not used drugs within the last 12 months.

3-No record if there is no record of the client's drug use in the last 12 months.

5.4 Brief intervention for 'other' drug use

For the purpose of the audit, the record of brief interventions for reducing 'other' drug use should at least indicate either that a brief intervention has been delivered, or that the client has been asked about their use of 'other' drugs and their intentions or interest in reducing their drug intake.

If current 'other' drug use is recorded in Question 4.3, indicate if there a record that the client has received a brief intervention for 'other' drug use within the last 12 months.

Section 6 Clinical examination

6.1 Bimanual pelvic examination

If the client is female, is there a record of a bimanual pelvic examination being performed?

Indicate **1-Yes** or **0-No**.

8-Declined if there is a record of the client being offered the examination and declining.

9-N/A if client is male

6.2 Genital examination

Is there a record of a genital examination being performed?

Indicate **1-Yes** or **0-No**.

8-Declined if there is a record of the client being offered the examination and declining.

6.3 Other examination

Is there a record of any other examination being performed? These include oral, anal or skin examination

Indicate **1-Yes** or **0-No**.

8-Declined if there is a record of the client being offered the examination and declining.

Section 7 Investigations

Diagnostic investigations

The tests ordered for the client will depend on the history and examination findings, so not all tests will be done for every client. All STI testing must be done with the client's knowledge and informed consent; and STI tests should be appropriate to the sex acts performed whether oral, anal, and or vaginal.

According to Queensland guidelines in remote Aboriginal or Torres Strait Islander settings a STI check should include tests for chlamydia, gonorrhoea, trichomonas, syphilis, HIV, hepatitis B (if not immune), hepatitis C virus testing (also offered for surveillance purposes). If there is a genital sore, in addition to the above, tests for genital ulcer disease (GUD) should have also been conducted.

Indicate each investigation that was ordered for the client.

Indicate **1-Yes** or **0-No**

8-Declined if there is a record of the client being offered the investigation and declining

7.1 Chlamydia NAAT

7.2 Gonorrhoea PCR/NAAT

7.3 Gonorrhoea MC & S

7.4 Trichomoniasis

7.5 Syphilis serology

7.6 Hepatitis B serology

7.7 Hepatitis C serology

7.8 HIV serology

7.9 HCG level (urine or blood) **9-N/A** if client is male

7.10 Pap smear (Cytology gynaecological) **9-N/A** if client is male

7.11 Other (specify) ________________________________

Section 8 Treatment

Management of STI

The management of the client's STI will depend on the diagnosis, client's allergies to medication and the state guidelines. Treatment guidelines vary from state to state and therefore the treatment received by clients will depend on the local guidelines.
Note that this date treatment commenced is important because the health centre will be able to determine time to treatment from the date that the client initially presented with the STI or a diagnosis was made. So please note the treatment date for **the STI episode that is being audited** and not treatment for other STIs.

See Table 5 in Appendix 1 for the summary of medications for STIs in Australia.

8.1 Amoxicillin oral 3 grams single dose

Indicate if the client prescribed Amoxicillin oral 3 grams single dose.

If Yes, record the date treatment was given to the client. Record as **dd/mm/yyyy**.

8.2 Probenecid oral 1 gram single dose

Indicate if the client prescribed Probenecid oral 1 gram single dose.

If Yes, record the date treatment was given to the client. Record as **dd/mm/yyyy**.

8.3 Azithromycin oral 1 gram single dose

Indicate if the client prescribed Azithromycin oral 1 gram single dose.

If Yes, record the date treatment was given to the client. Record as **dd/mm/yyyy**.

If the client receives a ZAP pack, indicate by ticking the boxes for 8.1, 8.2 and 8.3. The recorded date should be the same for all three.

8.4 Ceftriaxone IM 500 mg

Indicate if the client prescribed Ceftriaxone IM 500 mg (mixed with 2 ml lignocaine 1%) single dose.

If Yes, record the date treatment was given to the client. Record as **dd/mm/yyyy**.

8.5 Metronidazole oral 2 gram single dose

Indicate if the client prescribed Metronidazole oral 2 gram single dose.

If Yes, record the date treatment was given to the client. Record as **dd/mm/yyyy**.

8.6 Tinidazole oral 2 grams single dose

Indicate if the client prescribed Tinidazole oral 2 grams single dose.

If Yes, record the date treatment was given to the client. Record as **dd/mm/yyyy**.

8.7 Benzathine penicillin 1.8 gram (2.4 million units) single dose

Indicate if the client prescribed Benzathine penicillin 1.8 gram (2.4 million units) single dose.

If Yes, record the date treatment was given to the client. Record as **dd/mm/yyyy**.

8.8 Benzathine penicillin 1.8 gram (2.4 million units) weekly for 3 weeks

Indicate if the client prescribed Benzathine penicillin 1.8 gram (2.4 million units) weekly for 3 weeks.

If Yes, record the date treatment was given to the client. Record as **dd/mm/yyyy** for all the three dates.

8.9 Valaciclovir (Acyclovir) oral 500 mg b.d. for 5-10 days

Indicate if the client prescribed Valaciclovir oral 500 mg b.d. for 5-10 days.

If Yes, record the date treatment was given to the client. Record as **dd/mm/yyyy**.

8.10 Valaciclovir (Acyclovir) oral 500 mg b.d. for 3 days

Indicate if the client prescribed Valaciclovir oral 500 mg b.d. for 3 days.

If Yes, record the date treatment was given to the client. Record as **dd/mm/yyyy**.

8.11 Famciclovir oral 500 mg once then 250 mg 12 hourly for 3 doses

Indicate if the client prescribed Famciclovir oral 500 mg once then 250 mg 12 hourly for 3 doses.

If Yes, record the date treatment was given to the client. Record as **dd/mm/yyyy**.

8.12 Other

Indicate if the client prescribed any other drug or intervention.

If Yes, specify the treatment and record the date treatment was given to the client. Record as **dd/mm/yyyy**.

Section 9 Follow up

Follow up

According to the “Silver Book”, patients who have had negative test results after presenting for STI/HIV assessment should return three months later to be tested again for Hepatitis B, HIV and syphilis. Patients with gonorrhoea or chlamydia should be re-screened (including from oral and rectal sites where this is indicated) for these infections at the three month follow-up. Oral and rectal chlamydia and gonorrhoea infections should have a test of cure at four weeks, swabbed at the site of initial infection. Patients with a history of recent injecting drug use should return three to six months later to be re-tested for hepatitis C. See Table 6 in Appendix 1 for follow up guidelines.

Contact tracing

The aims of contact tracing are to interrupt the ongoing transmission of infection, to identify people with an infection who may benefit from treatment in order to minimise the likelihood of complications of infections and to prevent re-infection from an untreated partner to help limit the prevalence of infection in the population (State of Queensland (Queensland Health) & The Royal Flying Doctor Service (Queensland Section), 2011). The client’s partners have a right to an STI check-up and treatment and yet many people do not know that they have an STI (CARPA guidelines). All services will have a system for making sure that partners are followed up.

9.1 Recall for follow up

Not all patients are placed on follow up. See Appendix 1 for conditions for which a client would be placed on follow up. Is there a record that a recall for follow up has been placed (according to local guidelines)?

Indicate **1-Yes** or **0-No**

Indicate **9-N/A** if the client was not required to be followed up.

9.2 Record of client attending follow up

Is there a record that the client attended follow up (if applicable)?

Indicate **1-Yes** or **0-No**

Indicate **9-N/A** if the client was not required for follow up

9.3 Client retested at follow up

Was the client retested at follow up (if applicable)?

Indicate **1-Yes** or **0-No**

Indicate **9-N/A** if the client was not required for follow up

9.4 Record of contact tracing

Is there a record of the client’s sexual contacts being followed up?

Indicate **1-Yes** or **0-No**

Indicate **8-Decl** if there is a record of client being asked about sexual contact with partners but declined to have them followed up.

Indicate **9-N/A** if the client had no sexual contacts e.g. underage child, or if the client

9.5 Contraception prescribed/discussed

Is there a record of a discussion about contraception or a contraception being prescribed?

Indicate **1-Yes** or **0-No**

Indicate **8-Decl** if there is a record of client declining a contraception prescription or discussion.

Indicate **9-N/A** if it was not necessary to prescribe contraception e.g. underage child

9.6 Record of discussion of safe sexual practice

Safe sex discussions include discussions about condoms.

Is there a record of safe sexual practice being discussed with the client?

Indicate **1-Yes** or **0-No**

Indicate **9-N/A** if it was not necessary to discuss safe sexual practice e.g. in the case of an underage child

9.7 Record of notification of diagnosis

In several states it is mandatory to notify selected STI/BBV to the local state Department of Health. (See table below)

Is the client's diagnosis notified according to local guidelines?

Indicate **1-Yes** or **0-No**

Indicate **9-N/A** if there are no requirements for notification of the client's STI

Table 4: Notification guidelines per state and territory in Australia*

Though there are National guidelines for notification of infectious diseases, the table below provides guidelines according to state/territory

State	Notification of STIs to the Health department	Which STIs?	By whom?
NSW	Yes	Chlamydia, gonorrhoea, infectious syphilis, Hepatitis B, C, HIV, Chancroid, donovanosis	Pathology service
		HIV, Lymphogranuloma venereum, infectious syphilis	Practitioner
WA	Yes	Chlamydia, gonorrhoea, infectious syphilis, donovanosis, HIV, Chancroid and Hepatitis, Lymphogranuloma venereum	Practitioner and pathology service
NT	Yes	Chlamydia, gonorrhoea, trichomonas, HIV	Pathology service
		Donovanosis, Lymphogranuloma venereum, Chancroid	Practitioner and pathology service
		Infectious Syphilis	Practitioner (notifies active case) and pathology service
QLD	Yes	Chancroid, Lymphogranuloma venereum, Chlamydia, gonorrhoea, infectious syphilis, donovanosis	Practitioner pathology service and hospital
SA	Yes	Chlamydia, gonorrhoea, infectious syphilis, donovanosis, HIV	Practitioner and pathology service

*Extra information obtained from http://www.health.gov.au/internet/main/publishing.nsf/Content/cda-surveil-nndss-casedefs-statedis.htm searched 15/02/2013, and from The Kirby Institute. (2012). Bloodborne viral and sexually transmitted infections in Aboriginal and Torres Strait Islander People: Surveillance and Evaluation Report 2012. Sydney, NSW: The Kirby Institute, the University of New South Wales.

Appendix 1

Examples of STI episodes

An 18 year old girl comes to the health centre on 18/02/2013 complaining of a genital discharge. The AHW sees her first and then refers her to her GP. The day she comes in i.e. 18/02/2013, is the day of her presentation.

A 45 year old man comes in for a general health check and his GP discusses testing him for STIs, and takes a urine sample: the day of his consultation, is the day of presentation.

A 32 year old mother of two comes into the clinic asking for contraception on 18/02/2012. The nurse refers her to her GP and she returns to see the GP 5 days later. When the GP sees her 5 days later, she decides to take a Pap smear and PCR cervix. Her day of presentation was the first day she saw the nurse i.e. on 18/02/2012.

Table 5: Common STI medications and dosages

Medication	Route	Infection	Usual dosage day *	Number of days
ZAP pack	oral	Chlamydia and gonorrhoea	(contains Amoxicillin 3 grams Probenecid 1 gram, and Azithromycin 1 gram)	Single dose
Amoxicillin	oral	Uncomplicated gonorrhoea in Kimberley, Pilbara and Goldfields where penicillin resistance is less common	3 grams	single dose
Probenecid	oral	For NT clients if gonorrhoea is acquired from a partner outside of the Top End or Central Australia or contact of known penicillin resistant gonorrhoea	1 gram	single dose
Azithromycin	oral	Chlamydia	1 gram	single dose
		Donovanosis	1 gram	Per week for four weeks or until lesion is healed
Ceftriaxone	IM	Gonorrhoea (oral or anal)	500 mg (mixed with 2 ml lignocaine 1%)	single dose
Metronidazole	oral	Trichomonas	2 gram	single dose
Tinidazole	oral	Trichomonas	2 grams	single dose
Benzathine penicillin	IM	Donovanosis	1.8 gram (2.4 million units)	single dose
Benzathine penicillin		Syphilis	1.8 gram (2.4 million units)	Single dose if primary or secondary and weekly for 3 weeks if late latent or for > 2 years
Valaciclovir (Acyclovir)	oral	Herpes (first episode)	500 mg b.d.	5-10 days
Valaciclovir (Acyclovir)	oral	Herpes (recurrent episode)	500 mg b.d..................................	3 days
Famciclovir	oral	Herpes (recurrent episode) alternative	500 mg once then 250 mg 12 hourly for 3 doses	

Table 6: Follow up guidelines*

STI	Follow up guidelines
Gonorrhoea	Follow up considered after one week and three months for retesting of gonorrhoea, chlamydia and repeat tests for syphilis, HIV and HBV
Chlamydia	Follow up considered after one week and three months for retesting of chlamydia and repeat tests for syphilis, HIV and HBV
Syphilis	Follow up after three months, six months and 12 months
Chancroid	Follow up till ulcers heal
Donovanosis	Follow up at three and six months preferred
Lymphogranuloma venereum	Follow up after four weeks after antibiotics completed

*Based on Silver Book WA. Guidelines may vary in other states/territories

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