Sexual Health Check

MANAGEMENT SUMMARY

Recommended tests – Females

Symptomatic

Speculum examination is required for clinical assessment if symptoms of vaginal discharge, abnormal bleeding or pelvic pain are present, or is a contact of gonorrhoea

- Vulvovaginal swab for chlamydia and gonorrhoea testing by NAAT (e.g. PCR or SDA) prior to speculum insertion
- Endocervical culture swab for gonorrhoea.
- High vaginal culture swab for trichomoniasis/ candida/BV
- Anorectal swab for chlamydia and gonorrhoea testing by NAAT as indicated based on sexual history

Asymptomatic, opportunistic testing or declines examination

- Self-collected vulvovaginal swab for chlamydia and gonorrhoea testing by NAAT

Plus serology: HIV, syphilis, hepatitis B. Hepatitis C if history of injecting drug use or incarceration.

Note: Most laboratories are automatically performing dual NAAT testing for chlamydia and gonorrhoea – false positives for gonorrhoea possible in low prevalence populations.

Recommended tests – Males

Symptomatic

Urethritis symptoms or a contact of gonorrhoea

- Urethral swab for gonorrhoea culture followed by:
- First void urine for chlamydia and gonorrhoea testing by NAAT (e.g. PCR or SDA)

Asymptomatic or opportunistic testing

- First void urine for chlamydia testing by NAAT

Plus serology: HIV, syphilis, hepatitis B. Hepatitis C if history of injecting drug use or incarceration

Note: Most laboratories are automatically performing dual NAAT testing for chlamydia and gonorrhoea – false positives for gonorrhoea possible in low prevalence populations.

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

As for male testing +/-

- Pharyngeal swab for chlamydia and gonorrhoea testing by NAAT (e.g. PCR or SDA)
- Anorectal swab for chlamydia and gonorrhoea testing by NAAT
- If anorectal symptoms refer or discuss with a specialist sexual health clinic

Plus serology: HIV, syphilis, hepatitis A and B. Hepatitis C if HIV positive or history of injecting drug use.

- All MSM should be tested at least once a year
- All 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 partners in 6 months
  - Participate in group sex
  - Are HIV positive
  - Use recreational drugs during sex

Further guideline information – www.nzshs.org or phone local sexual health service.

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 (February 2015).

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:

- Whether or not there has been a risk of exposure to an STI or HIV.
- If it is the appropriate time to take the tests.
- Who else is at risk and who else needs testing and/or treating?

A sexual health history should be taken when seeing patients:

- As part of a well check in primary care settings.
- As part of asymptomatic opportunistic screening for STIs, particularly in those aged < 25 years.
- Who are sexual contacts of someone with an STI, pelvic inflammatory disease (PID) or epididymo-orchitis.
- Who have had a recent partner change or multiple partners.
- For routine contraceptive or smear visits.
- For antenatal testing.
- Pre-termination of pregnancy (TOP) or intrauterine device (IUD) insertion.
- With specific ano-genital symptoms.
- Who have had non-consenting sexual encounters.
- Who request a sexual health check.

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

If the patient is unlikely to return and has not been previously tested then test opportunistically at the time of presentation and offer a re-check in 2 weeks time.

The sexual history

Asking about sexual activity can be embarrassing or appear intrusive for both patient and practitioner but an initial framing explanation as to why you need to ask these questions will usually result in the patient being more forthcoming. 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 unless they have symptoms as this may increase the uptake for testing.

- e.g. "As part of a general health check I ask my patients about their sexual health, and I offer testing for infection. Do you have any sexual health concerns that you would like to discuss?"
- "I offer all my patients aged 25 and under the opportunity to have a test for chlamydia, which is a very common sexually transmitted disease. Would you be interested in testing?"
- "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

- Presenting complaints or symptoms
- Are you sexually active at present? Are you in a sexual relationship?
- When was the last time you had sex?
- Was this with a regular or casual sexual partner/contact?
- Was this sexual contact/partner male or female or transgendered? Any same-sex contact?
- Did this sexual encounter include vaginal / oral or anal sex / any sex toys / fingering or rimming?
- Did you use a condom? / Do you generally use condoms or not?
- How many sexual partners have you had in the past 3 months? 12 months? Are these people contactable? – Check the questions for each sexual contact.
- Have you ever had any STIs before?

Risk assessment for blood-borne infections – HIV, Hepatitis B and C

This helps identify those patients at higher risk who are likely to need to attend in person for their results.

- Injecting drug use – past/present.
- Men who have sex with men.
- Sex with a contact from or in a high-prevalence country.
- Medical treatment overseas.
- Non-professional tattoos or piercing.
- Paid or been paid for sex.
- Last HIV test – why done/result.
- Hepatitis B vaccination history.
- Sexual assault/intimate partner abuse history.

The sexual health examination and tests

Females

- Physical examination of the vulval and perianal skin, inguinal nodes, vestibule, introitus, cervix and vagina.
- If symptomatic (vaginal discharge, abnormal bleeding, pelvic pain) or if a contact of gonorrhoea a speculum examination is required for proper clinical assessment:
  - Take a vulvovaginal swab for chlamydia and gonorrhoea testing by NAAT* (e.g. PCR or SDA) prior to speculum insertion (see Chlamydia guideline www.nzshs.org/guidelines) plus
  - An endocervical swab for gonorrhoea culture (see Gonorrhoea guideline www.nzshs.org/guidelines) plus
  - A high vaginal culture swab for bacterial vaginosis, candida, and trichomoniasis.
- If asymptomatic, or declines a genital examination – a self-collected vulvovaginal swab for chlamydia and gonorrhoea testing by NAAT* 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.
- Serology as appropriate for hepatitis B, syphilis, and HIV.
- A first void urine (first 30ml stream) is not the specimen of choice as it has lower sensitivity than vaginal swabs, but is useful if the patient declines examination or to do a self-collected vaginal swab.

Males

A routine check should ideally be performed when the patient has not passed urine for at least 1 hour and consists of:

- Physical examination of the genital and perianal skin, inguinal lymph nodes, penis, scrotum, and testes.
- If symptomatic (urethral discharge or dysuria) or a contact of gonorrhoea:
  - Take a urethral swab for gonorrhoea culture, using the smallest possible bacterial culture swab (per-nasal swab inserted approximately 1cm into the urethral canal) followed by
  - A first void urine (first 30ml stream) for chlamydia and gonorrhoea testing by NAAT*.
- If asymptomatic:
  - A first void urine for chlamydia and gonorrhoea testing by NAAT *. Note: Early morning urine not required.
- Serology as appropriate for hepatitis B, syphilis, and HIV.

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 and additional tests to include the following, regardless of stated sexual practices.
- Pharyngeal swab for gonorrhoea testing by NAAT* (see Gonorrhoea guideline www.nzshs.org/guidelines).
- Anorectal swab for chlamydia and gonorrhoea testing by NAAT* (see Chlamydia guideline www.nzshs.org/guidelines).
  - Anorectal swabs should be collected by gently inserting swab 4cm into the anal canal, rotating and replacing in swab container.
- Serology for hepatitis B, syphilis, and HIV.
- Hepatitis A serology and offer vaccination if susceptible (not funded).

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, seeking anonymous contacts via the internet, HIV positive.

Additional tests

- Hepatitis C serology if indicated by a risk history of injecting drug use, imprisonment, or medical intervention in a developing country.
- MSM are at higher risk of hepatitis C, particularly if HIV positive or have multiple sexual partners.

* Most laboratories are now automatically performing dual NAAT (nucleic acid amplification test) testing for chlamydia and gonorrhoea. **Patients with symptoms suggestive of gonorrhoea, or contacts of gonorrhoea, should still have a gonorrhoea culture swab taken in addition to gonorrhoea NAAT to enable antimicrobial susceptibility testing.**

Further guideline information – www.nzshs.org or phone local sexual health service.

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 (February 2015).

NZSHS THE NEW ZEALAND SEXUAL HEALTH SOCIETY SEXUAL HEALTH FOR ALL