



## CLINICAL SERVICES

### SCREENING OF WELL WOMEN BY SHN's FOR STI's AND BBV's: PROCEDURE

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Approval: November 2006  
Next Review: November 2008

## 1. Purpose

The purpose of this procedure is to outline the processes involved for Sexual Health Nurses undertaking screening of Well Women for Sexually Transmitted Infection (STI's) and Blood Borne Viruses (BBV's).

## 2. Definition of terms

Well Women: Asymptomatic women who present to MSHC with identified risks for STI's and or BBV's. This may include women with a history unprotected intercourse, partner change or contact of known infection.

## 3. Responsibility

- Nursing Services Manager
- Clinical Nursing Coordinator
- Sexual Health Nurses (SHN's)
- Medical Officers

## 4. Equipment

- Adjustable light source
- Examination couch/chair
- Disposable gloves
- Speculum and Pap Test Equipment (see MSHC Pap Test Policy and Procedure)
- Urine collection container
- BDProbeTec (pink and blue) swab's
- Wooden and metal shaft cotton swabs
- Gonococcal Culture Plates
- Trichomoniasis Culture Medium
- Glass Microscopy Slides and glass cover slips/ Normal Saline
- pH Strips
- Viral Transport Medium (VTM)
- Clinical Practice Management System (CPMS)
- HIV Antibody Test Request Form
- Victorian Infectious Diseases Reference Laboratory (VIDRL) Pathology Request Form

## 5. Process

Prior to testing for STI's and BBV's women must have a thorough history and risk assessment performed and documented in the medical record.

### **Presenting History**

Reason for their visit on this occasion, if asymptomatic, why the client requests screening

- This may include asymptomatic contact of known infection

### **Presence of Symptoms**

If it is elicited that the woman is symptomatic then ascertain the duration and nature of symptoms, which may include;

- Discharge (that is different to the woman's usual normal physiological discharge)
- Odour
- Dysuria
- Dyspareunia
- Pelvic pain or discomfort
- Intra-menstrual bleeding
- Post-coital bleeding
- Dysmenorrhoea
- Ano-genital lesions/altered skin integrity

NB. If the woman is found to be symptomatic, consultation with a Medical Officer is required.

### **Past Medical History**

- Previous or concurrent medical conditions and treatments undertaken, including psychiatric/mental health issues.
- Known allergies
- Current medications
- Recent antibiotics

### **Vaccination History**

- Hepatitis A
- Hepatitis B

### **STI and/or BBV History**

Previous STI and BBV's screening, if not at MSHC, then ascertain and document;

- When the tests were performed
- Who provided the tests
- If known, what tests were taken, swab tests, urine tests and/or blood tests?
- Previous HIV and/or Hepatitis C tests (where appropriate)

Previous STI and BBV Diagnosis

- What infection was diagnosed?
- When was the diagnosis made?
- Did the woman receive appropriate treatment, follow up and/or referral?

### **Gynaecological/Reproductive Health History**

Menstrual history

- Last normal menstrual period
- Cycle regularity
- Intra-menstrual bleeding
- Post-coital bleeding
- Dyspareunia

Pregnancy History: If any include

- The number of pregnancies
- Outcomes of those pregnancies (Live birth, Termination, Miscarriage)

### Pap Test History

- See MSHC Pap Test Policy and Procedure

### Contraception:

- If any, method used (eg. barrier, hormonal, inter uterine device)
- Duration of use and acceptability of the method

### Sexual Assault History

All women should be routinely asked whether they have been the victim of sexual assault. This is to enable women to have the opportunity to address any issues relating to their experience of sexual assault in a safe and supportive environment. Assessment relating to sexual assault may include:

- Time of assault: recent/past, in childhood or adulthood
- Has the woman received appropriate counselling/support?

While it is beyond the scope of the Women's Clinic to address such complex issues in detail, the women should be offered referral to MSHC counsellors or another agency such as CASA (Centre Against Sexual Assault). If the woman declines referral then this should be documented clearly in the woman's medical record.

### Sex Work History

- Current or past work in the sex industry.

### BBV Risk Assessment

#### History of Injecting Drug Use

- When last injected/used
- History of needle/equipment sharing

History of tattoos/body piercing/accupuncture and the context in which they were undertaken (e.g. professional studio, non professional context, overseas etc)

#### Recipient of blood transfusion/products

- The year when the blood or blood products were received
- The location (i.e. in Australia or overseas)

### Sexual History

#### Time of last sexual contact

- Regular/casual contact
- Gender of the contact
- Type of sex (oral, vaginal and/or anal intercourse)
- Safer sexual Practices (i.e. condom use)
- Other specific episodes of concern
- Number of different sexual contacts in the last 3 and 12 months including, gender, type of sex and safer sexual practices)
- Sexual contact overseas or sexual contact with someone from overseas (eg a person from a country with high HIV/STI prevalence) in the last 12 months
  - Country/s and time of sexual contact.

### Need for Genital Examination and Choice of Tests for Bacterial STI's

The decision to perform a genital examination (including speculum) and the choice of tests is based on a number of factors. Not all women who attend the Well Women's Clinic need to have a genital/speculum examination.

#### Indications for Genital/Speculum Examination.

- Symptoms consistent with an STI's elicited by history taking and assessment
- Asymptomatic contact of chlamydia/Mycoplasma genitalium (MG)
- The women requires a Pap Test
- The women fits the criteria for a high risk\*\*\* group which include;
  - Contacts of gonorrhoea/trichomonas
  - Intravenous Drug Use
  - Sex workers (For specific requirements for sex worker working in legal brothels please see MSHC CS. Screening of Sex Worker for STI and BBV)
  - Women who have experienced a recent sexual assault and have not sought sexual health care relating to the assault. (Please refer to specific policy regarding care following sexual assault)
  - Overseas sexual contact, including visiting travellers
- The SHN believes there are clinical circumstances that warrant a physical examination
- The consultation is occurring on a Wednesday morning.
  - For quality control and surveillance purposes, all women seen in the Well Womens Clinic on Wednesday morning should undergo a genital examination and be screened for chlamydia, gonorrhoea and trichomonas by practitioner collected specimens.

#### Asymptomatic Women

- Women who are deemed to be asymptomatic (i.e. are not a contact of chlamydia, do not require a pap test and do not fit the high risk\*\*\* criteria listed above) need not be examined and only be screened for chlamydia either by self collected First Pass Urine (FPU) or High Vaginal Swab (HVgS). (NB. High vaginal swab is generally only applicable for monthly screening of sex workers as per relevant policy). However if a genital examination is indicated (eg for Pap Testing) then practitioner collected endocervical swab for chlamydia should be collected.

#### Asymptomatic Contacts of Chlamydia

- Women who present as a contact of chlamydia ideally should undergo genital/speculum examination and an endocervical swab for chlamydia. (+ or - microscopy, dependent on local signs of cervicitis).
- The women should also receive presumptive treatment for chlamydia infection in consultation with a Medical Officer.

#### Asymptomatic Contacts of MG

- Women who present as a contact of MG ideally should have a genital/speculum examination and an endocervical swab (as for swab chlamydia) for MG testing. (+ or - microscopy, dependent on local signs of cervicitis).
- If chlamydia testing is also undertaken then a separate specimen should be collected.
- The women should also receive presumptive treatment for MG infection in consultation with a Medical Officer.

#### Symptomatic and High Risk\*\*\* Women

- Women who are symptomatic or fall into a high risk\*\*\* category must undergo genital examination and practitioner collected endocervical swabs for chlamydia/gonorrhoea and vaginal swab for trichomoniasis. (+or-) Pap test and microscopy.

Within the context of the woman's history, consideration should also be given to

- Pharyngeal Swab for gonorrhoea culture and sensitivities
- Anal Swab for gonorrhoea culture and sensitivities
- Anal Swab for chlamydia SDA
- If the woman's cervix has been surgically removed then;
  - Specimen for chlamydia can be undertaken by either collecting a swab from the urethra or self collected FPU.
  - If gonorrhoea testing is indicated then a swab from the urethral meatus can be collected for culture and sensitivities. Alternatively, a portion of the FPU can be decanted into a separate urine specimen container and be sent to VIDRL for gonorrhoea PCR testing.

#### | Specimen Labelling

- Prior to being collected, all specimens should be labelled with the woman's name code sticker with the specimen site clearly documented.
- Pap Tests see MSHC Pap Test Policy and Procedure

#### | Self Collected Specimens

##### Self Collected Chlamydia Specimens for Strand Displacement Amplification (SDA)

- First Pass Urine (FPU): Preferably the women should have not passed urine for at least 1 hour. Provide the women with a urine specimen container and instruct her to collect the first part urine when the stream commences, filling the container about ½ full. Replace the lid securely place in a plastic bag and return it to the practitioner.
- High Vaginal Swab (HVgS): Using a BD ProbeTec (pink) Swab, instruct the women to insert the swab approximately 3-4 cm into the vaginal canal and rotate, then remove the swab and replace it into its cover sleeve.

#### Physical and Speculum Examination (including Pap Test)

- Please refer to MSHC Pap Test Policy and Procedure

#### Practitioner Collected Specimens and Sequence of Tests

##### Pharyngeal Swab for Gonorrhoea Culture and Sensitivities

- Using a metal or wooden shaft cotton wool swab
- Instruct the women to open her mouth (use a tongue depressor if necessary) and swab the posterior pharynx and the tonsillar crypts.
- Inoculate the culture plate by streaking the swab firstly onto the side of the plate not impregnated with antimicrobials (this is the side without expiry date sticker) and then inoculate the impregnated side of the plate and dispose of the swab.

##### Vaginal Swab for Trichomonas Culture

- Insert cotton tipped wooden swab and collect pooled vaginal secretions from the posterior fornix and lateral vaginal wall.
- Remove swab and immediately place the swab into the trichomonas medium, snap off the swab stick and replace the lid onto the bottle.

##### Endocervical Swab for Chlamydia SDA and/or MG PCR

- Remove excess mucus from the cervical os with a large tip swab
- Insert the BD ProbeTec (pink) swab into the cervical os and rotate for 15-30 seconds and carefully remove the swab avoiding contact with the vaginal wall
- Immediately replace swab into the transport tube.

#### | Pap Test (if required)

##### Endocervical Swab for Gonorrhoea Culture and Sensitivity

- Insert cotton tipped wooden swab into the cervical os and rotate for 15-30 sec and carefully remove the swab.
- Immediately inoculate the culture plate as above

#### Anal Swab for Chlamydia SDA

- Use a BDProbeTec (blue) swab
- Leave the women positioned in the stirrups or alternatively if the anus is difficult to access instruct the woman to lie in the lateral position.
- Blind swabbing of the rectum is undertaken by inserting the swab 2-3cm into the anal canal pressing laterally to avoid faecal matter. The swab is then removed and placed back into its transport tube.

#### Anal Swab for Gonorrhoea Culture and Sensitivity

- Use metal shaft cotton tipped swab, repeat specimen collection as above and inoculate culture plate.

NB. Collection of urethral specimens for women with surgically removed cervix can be undertaken using a thin swab with a flexible-wire shaft which is inserted approximately 1 cm into the urethra and rotated and removed.

- For Chlamydia SDA use a BDProbeTec (blue) swab
- For gonorrhoea Culture and Sensitivity use a plain wire swab and inoculate the culture plate as above.
- Alternatively a FPU for chlamydia and Gonorrhoea PCR can be sent to VIDRL for testing.

#### Specimens for Vaginal pH and Microscopy

Vaginal pH and Microscopy can be utilised in the immediate clinical setting to make a definitive or at least presumptive diagnosis. As with all cases of women who are found to be symptomatic, abnormal microscopy findings necessitate review of the client by a Medical Officer. (For interpretation of microscopy results please refer to MSHC Treatment Guidelines: Gram Stains and Laboratory.). Extra swabs need not be taken, as specimens obtained for screening tests can also be used for microscopy and Vg pH purposes.

#### Vaginal pH

- If undertaking microscopy then it is useful to also determine the Vg pH as it may heighten clinical suspicion of various infections and in some cases (such as bacterial vaginosis) forms part of the diagnostic criteria for infection.
- Normal Vaginal pH= 4-4.5. However, vaginal pH may be increased (pH > 4.5) in postmenopausal women. Alterations in pH may also be apparent with various infections such as bacterial vaginosis (pH > 4.5), candidiasis (pH < 4.5) or trichomoniasis (pH > 5.0).
- To assess the vaginal pH, blot the Vg swab on a pH indicator strip, leave for 1 to 10 minutes and observe for colour change. To determine the pH match the colour change on the indicator stick with corresponding pH on the manufactures container.

#### Indications for microscopy

- Contacts of gonorrhoea
- Abnormal vaginal discharge and/or odour
- Local signs of cervicitis

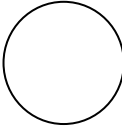
#### Cervical (Cx), Vaginal (Vg) and Vulval (Vul) Smears for Gram Stained Microscopy

- Using cotton tipped wooden swabs, specimens are collected from various sites, as described above, and then rolled onto the glass slide and allowed to air dry and transported to the laboratory.

UR DOB or initials Cx Vg Vul	
	Cx                      Vg                      Vul

**Wet Preparation of Vaginal Discharge**

- Add one drop of normal saline to the centre of the glass slide
- Using the cotton tipped wooden swab collect a sample of pooled vaginal secretions and add one drop of the discharge to the drop of normal saline on the glass slide.
- Cover the fluid with a glass cover slip and then transport to the laboratory.

UR DOB or initials Vg	
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NB. Laboratory staff will undertake the process of gram staining, microscopy and amine/whiff test.

**Test Request Forms**

- Test request forms for the tests outlined above are in electronic format and may be accessed and submitted via CPMS. Following submission of the electronic request form, transport the specimens to the laboratory.

**Requesting Pathology Test for Medical Diagnostis Unit (MDU: on-site lab)**

- All request for pathology tests (with the exception of Pap Test's) outlined above should be made and submitted via the electronic form available on the Clinical Practice Management System (CPMS) prior to the specimens being transported to the laboratory.
  - NB. Specifically requesting tests for MG requires the practitioner to choose the "Test for MG" in the diagnosis section of the CPMS 'Epi Data', where the program will prompt the user to answer a series of questions, once complete print the request form and transport this along with specimen to laboratory for processing.

**Special Note for Herpes Simplex Virus (HSV)**

Classic presentations/symptoms (painful ulcers/vesicles, dysuria, constitutional symptoms) of genital herpes represent approximately 20% of people infected with HSV. The remaining 80% of people infected with HSV, are either asymptomatic or have unrecognised symptoms of genital herpes such as recurrent skin splits/fissures/irritation.

- Testing for HSV is not recommended in the asymptomatic well woman. HSV Type Specific Serology is not considered a screening test and should not be routinely offered to women in the Well Women's Clinic.

Clients presenting with identifiable symptoms of genital herpes will normally be triaged to see a doctor, however occasionally clients with unrecognised symptoms may be identified in the Well Women's Clinic through history taking and/or examination. If a woman is found to be symptomatic or has signs that are consistent with either classic or possible atypical/unrecognised HSV infection then consult with a MO and swab for HSV Polymerase Chain Reaction (PCR) should be collected, by;

- Using cotton tipped wooden swab and a VTM.
- If vesical are present then collect fluid from the vesical which may require the vesical to be broken.
- If there are scabs or overlying debris are present then gently debride the lesion and collect any underlying exudate by firmly rubbing the tip of the swab on the lesion.
- Place the swab in the viral transport medium, snap off the end of the swab and seal the vial. Attach a name code sticker the specimen including the site (eg Vul, labia etc)
- Complete a VIDRL Pathology Request Form and place together with the specimen in a specimen bag. Place this in the refrigerator in the clean utility room on the male side of the clinic and record the specimen in the specimen log provided. Specimens are collected daily by a courier.

### Serological Tests

Serological tests should be offered to the woman according to actual or perceived risk

- HIV antibody (ab) (For specific requirements refer to MSHC CS. HIV Antibody Testing Policy and Procedure)
- Hepatitis A ab
  - Ideally should only be requested where the woman has a history of IDU or is known to be or likely to be hepatitis B, C or HIV positive.
- Hepatitis B (cab/sab/sag) Testing and Vaccination
  - Serological Screening for Hepatitis B should be performed on
    - Women with family members with hepatitis B
    - Women from high prevalence countries
    - Women with high risk exposure, including IDU
    - Women with Hepatitis C
    - Women who are Aboriginal and Torres Strait Islanders
    - NB. In addition to serologic screening these women should be offered a course of hepatitis B vaccine at first presentation (NB. Hepatitis B vaccine produces neither therapeutic effects nor adverse events in hepatitis B Carriers)
  - For women who don't fit one of the risk categories listed above then testing for hepatitis B is generally not recommended;
    - If the woman has previous documented immunity (either natural or vaccination immunity) or gives a history of a complete course of vaccination then there is no need to retest for Hepatitis B (NB. Testing for post Vaccination immunity is only recommended if the woman is at significant occupational risk, is immuno-compromised, or have pre-existing liver disease.)
    - If the women gives a history of partial or incomplete vaccine course then, don't retest and plan a hepatitis B 'catch up' schedule (please refer to CS.Vaccine Provision by Sexual Health Nurses (Hepatitis B): Procedure).
    - If the woman has no known history of Hepatitis B infection or vaccination then serology is not indicated and the women should be offered a course hepatitis B vaccination at first presentation.
- Hepatitis C ab (For specific requirements see MSHC CS. Hepatitis C Screening and Management Policy and Procedure)
- Syphilis Screening

### Serology Request Forms

- HIV: (see MSHC CS. HIV Antibody Testing Policy and Procedure)
- All other serology test should be requested using VIDRL Pathology Test Request Form.
- Once the request forms have been completed, transport them along with a separate name code sticker with the clients Christian name written on the back to the serology

room and place in the serology room cue system. Instruct the client to wait to be called for blood tests.

### **Obtaining Results**

All women seen in the Well Women's Clinic should be given a results access slip which includes the test taken and information on how to access results.

- All women undertaking HIV testing should have their HIV acquisition risk assessed as per the CS. HIV testing Policy and Procedure.
  - Women who are deemed to be 'high risk' must be advised to collect their HIV result along with their other result in person by returning to MSHC in 7 days. Alternatively it may be more convenient for some women to make an appointment for results during the Thursday evening clinic.
  - Women who are deemed 'low risk' can be offered the opportunity to obtain their HIV and other results via the Results and Information Line in 7 days.
- If HIV testing is not undertaken then advise the woman to obtain their results via the Results and Information Line in 7 days.

NB. If the SHN believes there are circumstances (e.g. significant risk) which warrant an appointment for results then this should be indicated on the results access slip. The woman should then be instructed to take this slip to reception where the PSO can book an appointment.

### **CPMS Epidemiological Data**

At the end of each consultation a consultation should be created on CPMS and the clients' epidemiological data must be entered and the clients marked as completed.

### **Positive Test Results**

The follow up of all positive results falls within the domain of MSHC Follow-Up Nurse (FUN) who ensures all positive results are adequately followed up according to predetermined guidelines.

### **Referral to MSHC Sexual Health Counsellors**

Referral to the counselling unit should be considered (but not limited to) and offered if;

- The woman is experiencing excessive anxiety relating to testing that is disproportionate to the actual risk exposure.
- There is concurrent or exacerbated mental health issues particularly if there is a risk of self harm.
- There is a likelihood that a positive result may be returned further and intervention is required to modify risk behaviour
- The woman has experienced sexual assault.

All offers of referral to counselling should be clearly documented in the woman's medical record.

- Referral to counsellors requires the completion of a 'Counselling Referral Form' available on the MSHC intranet.
- If the woman declines the referral then this should be clearly documented.

## **6. Reference documents**

- CS.Pap Test Policy and Procedure
- CS.HIV Antibody Testing Policy
- CS.HIV Antibody Testing Procedure
- CS.Hepatitis C Screening and Management Policy

- CS.Hepatitis C Screening and Management Procedure
- CS.Vaccine Provision By Sexual Health Nurses: Policy
- CS.Vaccine Provision By Sexual Health Nurses (Hepatitis A): Procedure
- CS.Vaccine Provision By Sexual Health Nurses (Hepatitis B): Procedure
- CS.Vaccine Provision By Sexual Health Nurses (Twinrix): Procedure
- CS.Walk-In Triage System Policy
- CS.Walk-In Triage System Procedure