Purpose

In accordance with the Health Act 1958 and the Sex Work Act 1994, (previously known as Prostitution Control Act) and enacted 1 November 2010) In addition to changes to the Prostitution Control Act, the Department of Health also consolidated public health regulations into a single piece of legislation, the Public Health and Wellbeing Act 2008. Under a gazette dated October 5th 2012 the determined time period for screening for people working in the sex industry for the purposes of subsections 19(2)(a)(ii) and 20(2)(a)(ii) of the SEX work Act 1994 is three months. This policy seeks to provide a sexual health service framework for practitioners in the provision of services to persons working in the sex industry.

Definition of terms

For the purpose of the definition of Sexually Transmitted Infections (STI’s) in the Sex Work Act 1994 (s.3. The following diseases or conditions are prescribed Sex Work Regulations 2006 SR64/2006):

- Acquired Immune Deficiency Syndrome
- Chancroid
- Donovanosis
- Genital Chlamydia
- Genital herpes (when lesions are visible)
- Genital warts (when lesions are visible)
- Gonorrhoea
- Lymphogranuloma venereum
- Syphilis.
- HIV as defined by section 3 of the Health Act 1958

Responsibility

- Sexual Health Nurses / Nurse Practitioners
- Medical Officers
- Sex workers.
- Partner Notification Officers

Criteria

To comply with the requirements of the Sex Work Act 1994 [s.20.(2)(a)], sex workers working in legal brothels are required to have,

- Regular blood tests, on at least a quarterly basis for HIV and other STIs (syphilis) for which blood tests are appropriate.
- Medicare should not be used for tests or visits for those attending for certificates for sex work.
- Regular swab tests, on at least quarterly basis, for the purpose of determining whether he or she is infected with any other STIs.
- Genital examination is mandatory to check for any genital skin STIs to exclude the presence of genital warts or genital herpes.
Collection Process
While the client is still clothed and working from the top down, sit them on the bed to take the throat swab, then the blood test. Stand behind the curtain to allow the client to undress in private and offer enough paper-towel to cover their genital area.

Full Asymptomatic Screen
The practitioner is advised to offer the client the opportunity to have all available tests for the detection of “Sexually Transmitted Infections” as indicated under the Sex Work Act 1994. The practitioner must note the offer &/or refusal in the clients’ history. A full screen every 3 months includes:

Obtaining consent
All procedures should be explained and consent for examination and testing obtained, and documented.

Infection control and personal protective eyewear
Ensure to wear Protective eyewear and adhere to infection control principles for all specimen collection procedures.

Blood Tests
- Syphilis Antibody
- HIV Antigen/Antibody
- Hepatitis B core antibody and surface antibody
- Hepatitis A antibody (where appropriate)

Swabs: (Women)
- Chlamydia (High Vaginal Swab)
- Gonorrhoea (High Vaginal Swab and pharynx)
- Trichomoniasis (High Vaginal Swab) (only at first presentation or if the woman is a contact of infection)
- Cervical Screening when required as per policy

Genital Examination (Women)
- Vulval examination is performed at each visit to exclude visible lesions of genital wart or genital herpes
- A speculum examination is not routinely performed on asymptomatic women, unless they require a cervical screening or they have a retained sponge/tampon/condom/foreign body.
- A speculum examination should be considered if the woman is symptomatic, has experienced a condom break/slip to check for retained products

Gonorrhoea and chlamydia testing for Male Sex Workers:
- As per the policy, Screening of Asymptomatic Men for Sexually Transmitted Infections by Sexual Health Nurses.
- Men must also undergo a genital examination to exclude visible lesions of genital warts and genital herpes.
Provide vaccinations: vaccinations should be advised, when appropriate against:

- Hepatitis B
- Hepatitis A (Please refer to Vaccination Policy for eligible groups)

Providing Certificates

- The pre-printed Certificate of Attendance will be issued to sex-worker clients. These can be found on MSHC intranet, under “forms and letters”.

Certificates are dated on the day they attended for testing, and may be worded as follows: “(Insert working name) attended for “STI screen including blood tests” and it is unnecessary to write what swabs were done

- Ensure the certificate is dated correctly with a practitioner name and signature and that client knows the certificate is valid for three months from that date
- Please remind them that the certificates issued are for their personal use, and are not to be shared, sold or passed on to another sex worker.
- If the client has an STI, document this clearly in the sex worker/clients medical record. A certificate of attendance should not be issued if the client has any diagnosed sexually transmitted conditions as listed above. They should be asked to attend for a reassessment and have a certificate issued at a later date.

Results

Obtain results

- With client permission, we will send their HIV negative result via SMS within seven days. If they decide to opt out of this service they may be asked to call to check the status of their HIV test.
- We will call with other test results only if they need further treatment or follow up. No news is good news after 7 days

For positive results

If an STI (including HIV), as defined under the Sex Work Act 1994, is detected, the practitioner will inform the sex worker of the result and discuss sex worker’s obligation according the Sex Work Act 1994[s. 20(1)]: “A person must not work as a prostitute during any period in which he or she knows that he or she is infected with a sexually transmitted disease.”

- The sex worker needs to be informed not work and a brothel manager must not permit a worker to work if they are “known to be infected with a sexually transmitted disease (STD)”.
- The sex worker needs to be informed that the certificate does not provide them with any legal protection if they work when they know they have an STI and that the certificate is primarily required for the legal protection of the brothel.
- The sex worker needs to be informed to attend clinic for treatment, further follow up and not work for a certain period time according MSHC treatment and follow up guideline.
- If a sex worker is diagnosed with gonorrhoea the PNOs would like to be notified, by filling out a notification form found on the intranet. This is an opt-out process. The PNOs will contact the SW to ensure they know about the diagnosis, have been treated and understand the legislation. The offer contact tracing if the sex worker would like. They do not contact or notify the brothel.
• If a HIV result is ‘positive’ the client will be contacted and asked to attend the clinic to discuss the result. The sex worker must be advised not work. If we are unable to contact them, we will refer the matter to the Partner Notification Officers.
• If a HIV result is ‘inconclusive’ the client will be contacted asked to attend. Ideally, we will inform them in person of the indeterminate result in person. If we are unable to contact them, we will refer the matter to the Partner Notification Officers. The sex worker will be informed they should not work until they have been retested at the intervals stipulated by the Victorian Infectious Diseases Reference Laboratory, and they have been judged to be HIV negative.
• Inconclusive HIV results should be managed and interpreted for each individual.

Reference documents
MSHC policy and procedure:

http://carlton/Portals/1/Corporate/PolicyProcedure/ClinicalServices/01SerologyNPEP/CS_HIVTestingpolicyandProcedure.pdf

http://carlton/Portals/1/Corporate/PolicyProcedure/ClinicalServices/02ImmunisationInjectables/CS_Vaccine_Provision_by_SHNs_Procedure_HepA.pdf

http://mshc.org.au/HealthProfessional/SexualHealthNurse/ScreeningofAsymptomaticmenbySHNSforSTIsandBBVProcedure#.V9IBok1--M8

http://carlton/Portals/1/Corporate/PolicyProcedure/ClinicalServices/04PAPTestSmears/CS_PapTestPandP.pdf

Key Legislation, Acts and Standards

• Health Act 1958
• Public Health and Wellbeing Act 2008:

Author

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<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>Ria Fortune / David Lee / Anthony</td>
<td>Sexual Health Nurse / Nurse Practitioner</td>
<td>Melbourne Sexual Health Centre</td>
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