



PURPOSE

This guideline is intended to outline the testing process for people attending MSHC who work in the sex industry and require a certificate of attendance for their employer.

TARGET AUDIENCE

Clinical Staff at MSHC providing sexual health checks for those working in the sex industry.

Partner Notification Officers

GUIDELINE

Background

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.

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.

This guideline seeks to provide a sexual health service framework for practitioners in the provision of services to people working in the sex industry.

Definition of terms

The Sex Work Act 1994 and Sex Work Regulations 2006 prescribe and define Sexually Transmitted Infections (STIs) as,

- 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)

Eligibility criteria

- People who work in the sex industry and present asking for a certificate for sex work.
- Women who present for testing for commercial sex work can be offered the **option** to self-collect the vaginal swab and forgo a genital examination, provided they are asymptomatic.
 - Eligible women can choose to have a genital examination and clinician collected vaginal swab
 - Clinicians should be mindful that self-collection may not suit all women and clinical discretion should be used in situations where there are language barriers and/or barriers to comprehension.
- To be deemed asymptomatic the woman must meet the following triage criteria. This is documented by the triage nurse using the following template.
Eligible women will have the following acronym (Sex Work Self-Collection) **SWSC** documented in the message bar.

- If YES to any of the following, then not suitable for self-collected swab (yes or no is added to each category)
- Genital lumps or sores or rash
- Altered vaginal discharge
- Vulval/vaginal itch or odour
- Dysuria
- Pelvic pain
- Abnormal bleeding
- Contact of Infection
- Language other than English or limited comprehension (use clinical discretion)
- Does the woman require a longer consultation?
- Declines self-collection and/or wants examination

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- The client understands they are being offered the option of self-collected swab because they have denied the presence of symptoms. Yes/No
 - Given 'Testing Without Examination' fact sheet

Procedures

1. Obtaining consent

- All procedures should be explained and consent for examination and testing obtained, and documented.
- All specimens should be labelled as per the labelling policy.

2. Testing for Women Undergoing a Genital Examination

- Vulval examination is performed to assess for the presence visible lesions of genital warts or genital herpes. People who work in the sex industry cannot work if they have any STIs as defined above, This includes visible lesions *genital warts and 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 offered if the woman is symptomatic, has experienced a condom break/slip to check for retained products

3. Collection Process for Clinician Collected Swabs for female Sex Workers

- Request client to sit on the examination bed fully clothed.
- Take throat swab and then take required blood tests.
- Provide client with enough Versa towel to cover their genital area. Move outside the curtain to allow client to undress in private, and request that the client undresses from the waist down.

Infection control and personal protective eyewear

- For all specimen collection procedures, ensure that protective eyewear is worn and infection control principles are followed.

Swabs:

- Pharyngeal swab for gonorrhoea and chlamydia
- High vaginal swab for gonorrhoea and chlamydia
- A separate high vaginal swab for *Trichomonas* should be collected on first presentation (for surveillance)
- Cervical Screening when required as per policy

Blood Tests

- Syphilis Antibody
- HIV Antigen/Antibody
- Hepatitis B core antibody and surface antibody (if indicated) and offer Hepatitis B vaccine if indicated
- Hepatitis A antibody (where appropriate)

4. Collection Process for Self-Collected High Vaginal Swab

Infection control and personal protective eyewear

- For all specimen collection procedures, ensure that protective eyewear is worn and infection control principles are followed..
- Collect throat swab and demonstrate to the client how to place and snap the swab in the test vial. Place the throat swab in a specimen bag.
- Open a specimen (swab) kit and instruct the client about the process for collecting a high vaginal swab and placing it in the test vial (visual instruction are also on the wall of each toilet).
- Instruct the client to place it in the specimen bag and then place it in a drop box. .
- If it is woman's first visit to MSHC they will also need a second swab for Trichomonas, for surveillance purpose. It may be better for the client to have both swabs collected by the clinician Clinical discretion and consultation with the client can be used as a basis for this decision-making.
- FPU can be offered as a secondary option

Blood Tests

- Syphilis Antibody
- HIV Antigen/Antibody

Ensure the client understands MSHC provide the tests and that it is their responsibility not to provide sex work service if they have any infections outlined in the legislation above.

Consultation Template

- *Attends for CSW work testing and certificate*
- *Symptoms (document)*
- *Condom Use (document)*
- *Menstruation/abnormal bleeding (Document)*
- *HIV PTD*
- *Has read and understands 'Testing without examination' fact sheet*
- *Consented to self-collected vaginal swab*
- *Dx: Asymptomatic Screen*
- *CSW certs insert names*

5. 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.

6. Provide vaccinations: vaccinations should be advised, when appropriate against:

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

7. 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 tests, blood tests and swabs”. 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 the client 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

1. Obtaining 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

2. 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. They 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/ScreeningofAsymptomaticWomenbySHNSforSTIs-BBVPolicyandProcedure/tabid/350/Default.aspx#.V9IBXU1--M8>

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

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

Key Legislation, Acts and Standards

- *Health Act 1958*
- *Sex Work Act 1994*: http://www.austlii.edu.au/au/legis/vic/consol_act/swa1994129/
- *Public Health and Wellbeing Act 2008*: http://www.austlii.edu.au/au/legis/vic/consol_act/phawa2008222/
http://www.austlii.edu.au/au/legis/vic/consol_act/swa1994129/

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