

SCREENING OF ASYMPTOMATIC WOMEN BY SHN FOR STIs AND BBVs: PROCEDURE

PURPOSE

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

TARGET AUDIENCE

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

GUIDELINE

Background

Asymptomatic Women:

Eligibility criteria

Women who present to MSHC with no self reported signs or symptoms (genital, gynaecological, abdominal or systemic) with identified risks for STI's and/or BBV's. This may include women with a history of unprotected intercourse with casual partners, recent partner change or contact of known STI.

Procedures

Prior to testing for STI's and BBV's CASI data (if provided) should be checked for accuracy and a further sexual history and risk assessment performed and documented in the client's electronic (CPMS) medical record.

Note for clients under the age of 16 years, or those who may be intellectually impaired, consider triage to MO. This can be helpful if a medical report is required, for example in cases coercion or mistreatment of a minor or impaired vulnerable person,

Take history

Presenting History

Reason for their presentation and why the client requests screening.

- STI screen
- 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

- 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

Please note: If the client has symptoms consistent with uncomplicated vaginal discharge/odour, and the nurse has completed the symptomatic learning package, they may continue the consultation. Refer to "symptomatic women policy and procedure".

Otherwise re-triage the client to see a Doctor or Nurse Practitioner.

Past Medical History

- Previous or concurrent medical conditions and treatments
- Psychiatric or mental health issues
- Known allergies
- Current medications including recent antibiotics
- Gynaecological/reproductive health history
- Menstrual history including last normal period and cycle regularity
- Pregnancy history - number of pregnancies and outcome of those pregnancies (live birth, termination or miscarriage)
- Pap test history - specifically any previous abnormal pap test results
- Contraception - method used and duration of use. If taking the OCP - any missed doses.
- Vaccination history - Hepatitis B, HPV and MMR vaccination

STI and BBV History

- Previous STI and BBV screening if not at MSHC, making particular note of PMH of syphilis.
- When and where the tests were performed
- What tests were taken: swabs, urine and/or blood tests
- Previous blood donation
- Any previous diagnosis with an STI - what infection and did the woman receive appropriate treatment, follow up and/or referral

Sexual Assault and Domestic Violence History

All women should be provided 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 Asymptomatic Women's Clinic to address such complex issues in detail, the woman 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 medical record. **If the assault occurred within the past 72 hours, consider referring the client to a Medical Officer.**

Sex Work History

- Any current or past work in the sex industry
- Does the client require a certificate for sex work?
- If yes, refer to Screening of Sex Workers for Sexually Transmitted Infections and Blood Borne Viruses

BBV Risk Assessment

- History of injecting drug use
- When last injected/used
- History of needle/equipment sharing
- History of tattoos/body piercing or acupuncture and the context in which they were undertaken eg professional studio, non-professional tattooist, overseas etc.
- Recipient of blood products - when and where
- History of surgical or dental procedures in high prevalence countries
- History of sexual practices that involve blood

Sexual History

- Time of last sexual contact
- Regular/casual contacts
- Gender of the contacts
- Type of sex (oral, vaginal and/or anal intercourse)
- Safer sexual practices ie condom use
- Other specific episodes of concern
- Sexual contact overseas or with someone from a country with high HIV/STI prevalence

Recommended screening tests including genital examination

The decision to perform a genital examination (including speculum) and the choice of tests for screening is based on a number of factors.

- Most women who present for an asymptomatic STI screen do not require a genital examination. Eligible women can be triaged as NETS for chlamydia and/or gonorrhoea testing, as well as HIV and syphilis if requested. Refer to NETS policy and procedure
- Asymptomatic Contacts of Chlamydia: Women who present as a contact of chlamydia ideally should be tested for Chlamydia and gonorrhoea by a FVU or a high vaginal swab specimen or anal swab if indicated.

The woman should also be offered presumptive treatment for chlamydia infection in consultation with a Medical Officer.

- Women who present as contacts of gonorrhoea should be tested gonorrhoea by PCR and culture, presumptive treatment for contact of gonorrhoea is recommended in consultation with a Medical Officer because of the risk for PID
- **Asymptomatic Contacts of MG:** Women who present as a contact of MG should have a MG test either as a high vaginal swab or a FVU. 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. Contact syphilis: From Monday the 17th, December 2018, for all clients reporting sexual contact with syphilis should provide additional e-swab for TP PCR screening tests in addition to the routine STI screening tests.
 - Triage nurses provide client who contacts syphilis with information sheet explaining the additional e-swab for TP PCR testing involved. If patients choose not to have these additional swabs by opting out.
 - The **pink-topped** e-swabs for oral TP PCR test should be collected by clinician, which covering the buccal mucosa on sides, tongue, roof of mouth and pharynx, and then collect routine pharyngeal swab for gonorrhoea and chlamydia if indicated. After collecting oral e-swab for TP PCR test and any other pharyngeal swab for chlamydia/gonorrhoea test, client is provided the oral rinse with 10mL of 'water for injection' (not saline), which the client swishes and gargles for 15 seconds and expectorating into a urine collection container with label "oral rinse".
 - An additional pink vaginal e-swab from women who report vaginal sex
 - An additional pink anal e-swab from MSM and women reporting anal sex
 - The anal and vaginal e-swab can be self-collected if the patient is asymptomatic at these sites and prefers self-collection.
 - In addition to the above, any contacts with lesions suspected of being syphilis should have the usual **red-topped** UTN swab collected for TP PCR and these clients are triaged to the NPs or doctors as symptomatic contacts.
 - A yellow box is placed in each clinic with the **pink-topped** e-swabs and 10mL of 'water for injection' for additional TP PCR e-swab and syphilis contact tool is available on the intranet that illustrates what specimens to obtain
 - The e-swab specimens should be requested in the VIDRL tab of CPMS with a clinical note indicating "syphilis contact".
 - All pink topped e-swab specimens and red-topped UTN swab are placed in the usual VIDRL specimens box in the fridge located in the male side utility room. Results
 - Positive TP PCR results from screening will be reported in Medical Director same as positive TP PCR results from lesions. All asymptomatic TP PCR positive result will be notified to the Department of Health as early latent syphilis, including any who are sero-negative.
 - These clients reporting contact of syphilis should be treated for early syphilis on the same day without await the TP PCR results

Genital and/or speculum examination

Indications for a genital and/or speculum examination.

- The woman requires a Pap Test - see eligibility for Pap Tests at MSHC - *Pap Test Policy and Procedure*
- The woman requests a speculum examination and believes there are clinical circumstances that warrant a physical examination
- Asymptomatic contact of chlamydia/*Mycoplasma genitalium* (MG) / Gonorrhoea / *Trichomonas* (may be considered by not always necessary - FPU/HVS can be obtained for these tests also)
- Sex workers - sex workers require an external genital examination, but not necessarily a speculum examination - see *Screening Sex Workers for STIs and BBVs Policy and Procedure* for guidelines.

Procedure for external genital examination

Obtaining consent

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

Infection control and personal protective eyewear

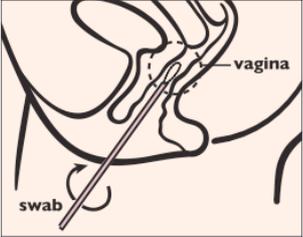
Ensure to wear Protective eyewear, and adhere to infection control principles for all specimen collection procedures.

- To enable the client to have a sense of control throughout the physical examination, it is important to continually provide her with anticipatory guidance. In addition to this, the client should understand that she can request the procedure to halt at any point.
- Ask the client to remove their underwear and position themselves on the examination table covered by a versatowel sheet.

- Using the examination light, inspect the skin and genitalia: noting the appearance and the presence of any lesions or rashes. Also access for introital bleeding and/or discharge.

Procedure of Speculum examination: refer to MSHC Pap Test Policy and Procedure for details

Procedure for STI screening - test collection

	<p>First Pass Urine (FPU):</p> <p>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.</p>
 	<p>Clinician collected High Vaginal Swabs (HVS):</p> <p>Carefully insert the swab into the vagina about 2 inches (5 cm) past the introitus and gently rotate the swab for 10 to 30 seconds. Make sure the swab touches the walls of the vagina so that moisture is absorbed by the swab and then withdraw the swab without touching the skin. Immediately place the swab into the transport tube.</p> <p>Patient self-collected vaginal swabs:</p> <ol style="list-style-type: none"> 1. Ensure that patients read EX2915 Patient Collection Instructions before providing them with a collection kit. 2. Explain the procedure using these instructions. These instructions are also placed in collection areas for patients to reference. 3. Label each swab with three unique forms of patient identification; the UR number and name code, and date of birth. 4. Label each swab with the type and/or site of the specimen.
 	<p>Clinician collected Endocervical swabs with speculum:</p> <p>Use the cleaning swab provided (white shaft swab) or the jumbo swab to remove excess mucus from cervical os if necessary. Discard this swab.</p> <p>Insert collection swab (blue shaft swab) into endocervical canal. Gently rotate swab clockwise for 10 to 30 seconds to ensure adequate sampling. Withdraw swab carefully; avoid any contact with vaginal mucosa. Immediately place the swab into the transport tube.</p> <p>Vaginal swab for trichomonas culture with speculum</p> <p>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.</p> <p>High vaginal swab for trichomonas culture can be collected without speculum</p>
	<p>Other considerations if indicated</p> <p>Within the context of the woman's history consideration should also be given to</p> <ul style="list-style-type: none"> • <u>Pharyngeal Swab</u> for gonorrhoea • <u>Anal Swab</u> for gonorrhoea and chlamydia <p>Refer to NAAT specimen collection instructions</p>

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 offered to women in the Asymptomatic 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 Asymptomatic 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 viral transport medium tube (VTM)
 - If vesical are present then collect fluids 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 VTM, snap off the end of the swab and seal the vial. Label the specimen and complete a VIDRL Pathology Request Form on CPMS.
 - Place the specimen in the fridge in the male side of the clinic for collection by the courier

Specimen Labelling

- All specimens should be labelled with the woman's name code sticker with the specimen site clearly documented.
- For labelling of CSTs Tests see MSHC CST Policy and Procedure

Requesting Pathology Test for Microbiological Diagnostic Unit (MDU: on-site lab)

- All requests for pathology tests 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. If taking an MG test from a client with Medicare, please ask the sessional clinical supervisor to request the test, through "the test" only function, which allows for Medicare billing of this test.

Serological Tests:5.8.1 Serological tests should be offered to the woman according to actual or perceived risk

- HIV (For specific requirements refer to MSHC CS. HIV Antibody Testing Policy and Procedure)
- Syphilis screening
- Hepatitis A antibody test - 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 Straight Islanders

Serological Screening for Hepatitis B not recommended:

- 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 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.

For Hepatitis B vaccine: refer to CS.Vaccine Provision by Sexual Health Nurses (Hepatitis B):

- Hepatitis C ab - please refer to MSHC CS. Hepatitis C Screening and Management Policy and Procedure

Requesting Serology tests for VIDRL

Serology tests are ordered via the VIDRL tab in the client's CPMS consultation notes.

- If serology is performed by the clinician in the clinic room - select clinic room on CPMS VIDRL form and print the request form. Include the request form with the labelled blood tubes and place in the utility room on the male side of the clinic for collection by the courier.

- If serology is being ordered for the nurse to collect in the serology room - select blood room on CPMS VIDRL and order the tests using the submit icon.

Obtaining Results

- HIV and syphilis result:
 - With client permission, we will send their negative HIV result via SMS to an Australian mobile number within seven days. If the client indicates that they would not be able to receive a phone call, asking them to call or return to discuss their result. If they decide to opt out of this service, or do not have an Australian mobile number, they should be asked to call to check their results.
 - If their HIV result is either positive or inconclusive, we will call them and ask them to attend the clinic to discuss their result.
 - 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.
- Other test result: If HIV testing is not undertaken then advise the woman that “No News Is Good News” and the clinic will phone them up within 7 days of testing only if they require follow up intervention.
- **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.

Documentation

For each client, the SHN should commence a new consultation under the consultation tag on CPMS and complete with the clinic notes. Epidemiological data and diagnose should be entered under the Epi tag in CPMS as well and then the clients is marked as completed.

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

REFERENCES

- CS.Pap Test Policy and Procedure
http://carlton/Portals/1/Corporate/PolicyProcedure/ClinicalServices/PAPTestSmears/CS_PapTestPandP.pdf
- CS.HIV Antibody Testing Policy and Procedure
http://carlton/Portals/1/Corporate/PolicyProcedure/ClinicalServices/SerologyNPEP/CS_HIVTestingPandP.pdf
- CS.Hepatitis C Screening and Management Policy and Procedure
http://carlton/Portals/1/Corporate/PolicyProcedure/ClinicalServices/SerologyNPEP/CS_SerologyHepCScreeningPolicy.pdf
- CS.Vaccine Provision By Sexual Health Nurses (Hepatitis B) Policy and Procedure
http://intranet.mshc.internal/Portals/1/Corporate/PolicyProcedure/ClinicalServices/ImmunisationInjectables/CS_Vaccine_Provision_by_SHNs_Procedure_HepB_140214.pdf
- The role of triage
http://intranet.mshc.internal/Portals/1/Corporate/PolicyProcedure/ClinicalServices/MainClinic/CS_Role_of_The_Triage_Nurse.pdf
- NETS policy and procedure
http://carlton/Portals/1/Corporate/PolicyProcedure/ClinicalServices/MainClinic/CS_NETSPolicyandProcedure.pdf
- Screening Sex Workers for STIs and BBVs Policy and Procedure
http://carlton/Portals/1/Corporate/PolicyProcedure/ClinicalServices/ScreeningOfAsymptomaticClientsSHN/CS_ScreeningSexWorkersSTIsBBVsPolicyProcedure.pdf
- Collection of specimens at MSHC for testing at the MDU on site laboratory
- [carlton/Portals/1/Clinical/LaboratoryGuidelines/NAAT_TESTING_SPECIMEN_COLLECTION_FM2599-1.0 extract.pdf](http://carlton/Portals/1/Clinical/LaboratoryGuidelines/NAAT_TESTING_SPECIMEN_COLLECTION_FM2599-1.0_extract.pdf)

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