

# Sexually Transmissible Infections & Blood Borne Viruses

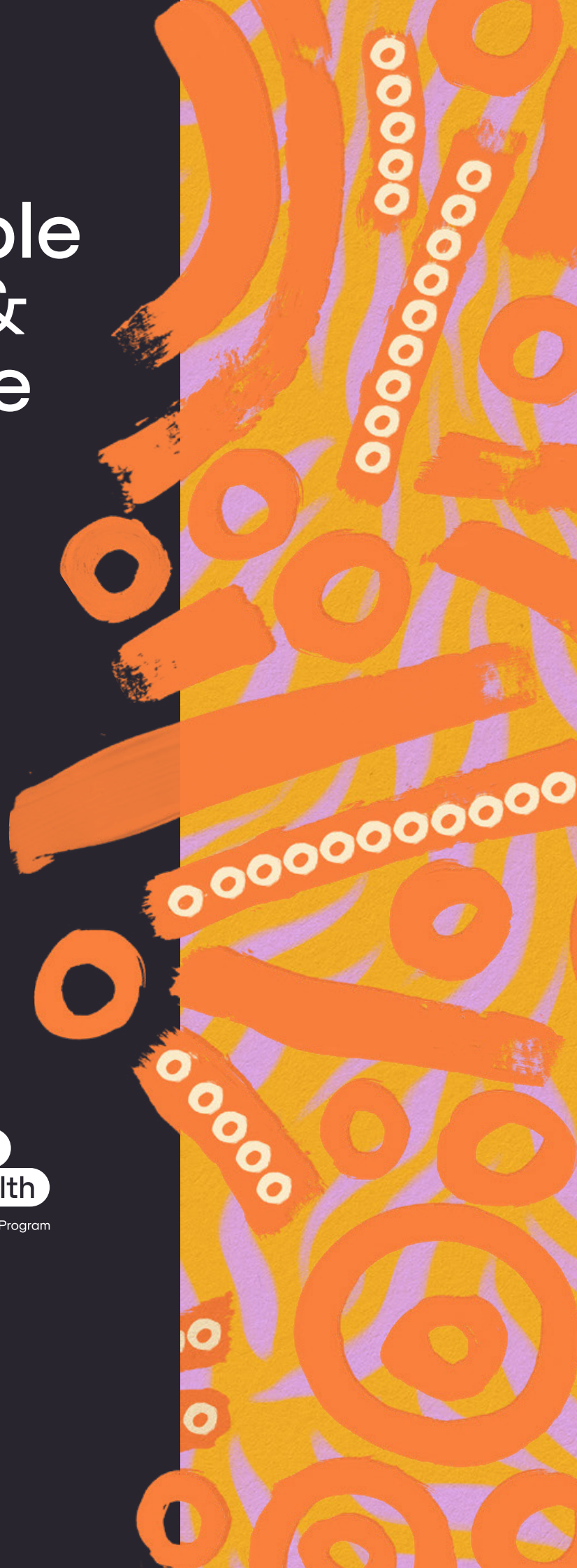


**Aboriginal  
Health  
Council**  
of South Australia Ltd.

**Sexual  
Health  
& BBV** Program

Handbook for South Australian  
Aboriginal Community Controlled  
Health Services

January 2026





# Acknowledgements

AHCSA would like to acknowledge the following individuals and teams for their contribution to this update:

- > Dr Alison Ward, Adelaide Sexual Health Centre, Central Adelaide Local Health Network
- > Dr Mahesh Ratnayake, Adelaide Sexual Health Centre, Central Adelaide Local Health Network
- > Jamie Hermanson, Adelaide Sexual Health Centre, Central Adelaide Local Health Network
- > AHCSA staff in the following teams:
  - > Public Health Medicine
  - > Digital Health and Innovation
  - > Sexual and Reproductive Health

AHCSA acknowledges the Kurna people as the traditional custodians of the Adelaide region, where the organisation is located, and we recognise the Kurna peoples cultural, spiritual, physical and emotional connection with their land. We honour and pay our respects to Kurna Elders, both past and present, and all generations of Kurna people, now and into the future.

Title: Sexually Transmissible Infections & Blood Borne Viruses Handbook for South Australian Aboriginal Community Controlled Services.

Date Issued: 28/01/2026

Revision Date: 28/01/2027

Author: Aboriginal Health Council of South Australia

Approved By: Dr Katina D'Onise & Tanya McGregor

Contact: [ahcsa@ahcsa.org.au](mailto:ahcsa@ahcsa.org.au)

Copyright © 2026 Aboriginal Health Council of South Australia Ltd.

The contents and design of this report, images and logos used in it, are and remain the intellectual property of AHCSA Ltd. or other authors and content providers are noted. No title or ownership rights are transferred by virtue of their inclusion in this document. Unless specifically authorized you may not copy, reproduce, modify, transmit, transfer or sell, create derivative works from, perform or display any of the content contained in this document, whether whole or in part.

This work is licensed under a Creative Commons Attribution-Non Commercial 4.0 International License, which allows you to copy, redistribute, remix, transform, and build upon the material in any medium or format, provided you give appropriate credit, include a link to the license, indicate if changes were made, and do not use the material for commercial purposes.

For any commercial or other use beyond the scope of this license, please contact AHCSA for permission.

# Contents

<b>Acknowledgements</b>	<b>2</b>
<b>Abbreviations</b>	<b>6</b>
<b>Background</b>	<b>9</b>
<b>Section 1: Clinical features and risk factors for STIs and BBVs</b>	<b>11</b>
<b>Sexually transmissible infections (STI)</b>	<b>11</b>
Chlamydia and gonorrhoea	11
Trichomoniasis	12
Genital herpes	12
Genital warts	13
Syphilis	13
Donovanosis	15
Mycoplasma genitalium	15
<b>Blood-borne viruses (BBV)</b>	<b>17</b>
HIV	17
Hepatitis B	18
Hepatitis C	18
Human T-cell Lymphotropic Virus Type-1 (HTLV-1)	19
<b>Section 2: Testing for STIs and BBVs</b>	<b>21</b>
<b>Asymptomatic STI testing</b>	<b>21</b>
Additional notes on specimen collection and generating pathology request forms	21
<b>Point of care tests (POCT)</b>	<b>23</b>
<b>STI testing and pregnancy</b>	<b>23</b>
<b>HIV, viral hepatitis and syphilis testing</b>	<b>26</b>
Hepatitis B	26
Hepatitis C	28
HIV	31
Syphilis	31
<b>Section 3: Management of STIs and BBVs</b>	<b>35</b>
<b>Management of positive chlamydia, gonorrhoea or trichomonas result from screening</b>	<b>35</b>
Chlamydia	36
Gonorrhoea	36
Trichomoniasis	37
<b>Management of situations outside of asymptomatic screening</b>	<b>38</b>
<b>Management of STIs detected from non-genital sites</b>	<b>38</b>
<b>Additional notes on STI management</b>	<b>40</b>
<b>Legal issues when treating minors</b>	<b>41</b>

<b>Mandatory reporting</b>	<b>41</b>
<b>Management of syphilis, HIV and viral hepatitis</b>	<b>42</b>
Syphilis	42
HIV	45
Viral Hepatitis	46
<b>Viral Hepatitis Support Nurses</b>	<b>46</b>
<b>Disease notifications</b>	<b>48</b>
<b>Section 4: Contact tracing (partner notification)</b>	<b>51</b>
Chlamydia/gonorrhoea/trichomoniasis	51
Syphilis	51
HIV	51
At consultation for treatment of STI	51
<b>Section 5: Enhanced STI community screening programs</b>	<b>55</b>
ACCHS preparations and community engagement checklist	57
<b>Section 6: How can data be used to improve delivery of sexual health care in Aboriginal community controlled health services?</b>	<b>59</b>
Aims and objectives of the AHCSA STI Data Program	59
Sources of data & reporting	59
Using data for CQI activities	60
<b>Appendix 1: Entering information on Communicare (step-by-step screenshots)</b>	<b>63</b>
1. STI screening test is done. “Check up; sexually transmitted infections”	63
2. Documentation of a positive STI result	70
3. Documentation of a client presentation for STI treatment	73
4. Contact tracing in the contact’s clinical record	80
5. Completion of “Follow up; sexually transmitted infections” recalls	81
<b>Appendix 2: Checklist for equipment and medication for STI screening activities</b>	<b>84</b>
<b>Appendix 3: Standing drug orders for STIs</b>	<b>85</b>
<b>Appendix 4: Administration of ceftriaxone</b>	<b>89</b>
<b>Appendix 5: Approach to discussing sensitive topics</b>	<b>91</b>
Example script for initiating conversation about STI screening:	91
Tips on taking a sexual history	92
Notifying the Department of Health (CDCB)	94
Additional resources	94
<b>Appendix 6: Culturally competent sexual health consultation with LGBTIQ+ clients</b>	<b>95</b>
<b>Appendix 7: Condoms</b>	<b>103</b>
<b>Appendix 8: Post-exposure prophylaxis for HIV for people 16 years and above</b>	<b>107</b>
<b>Post-exposure prophylaxis (PEP) is a treatment for people who may have been exposed to HIV</b>	<b>107</b>
HIV PEP Hotline – 1800 022 226	107

Access point locations	108
Further information	108
Children under 16 years old	108
<b>Pre-exposure prophylaxis for HIV</b>	<b>108</b>
Pre-exposure prophylaxis (PrEP) is preventative medication that people who may be at increased risk of HIV can take to prevent transmission	108
<b>Appendix 9: Forms for reporting notifiable diseases to the Communicable Diseases Control Branch, SA Health</b>	<b>109</b>
<b>Appendix 10: Cervical cancer prevention and screening</b>	<b>113</b>
Background	113
Who should have cervical screening?	113
Is my client due for a test?	114
How to collect?	114
<b>Appendix 11: Emergency contraception</b>	<b>117</b>
<b>Appendix 12: Termination of pregnancy/abortion</b>	<b>121</b>
What do I do if a patient is requesting for an abortion?	121
Where to find services	122
Offer counselling	122
Clinical Care for abortion	123
How are the different types of abortion provided?	123
Care following abortion	123
<b>Appendix 13: Key resources</b>	<b>125</b>

# Abbreviations

**ACCHS**

Aboriginal Community  
Controlled Health Service

**AHCSA**

Aboriginal Health Council of South Australia

**AHP**

Aboriginal Health Practitioner

**AHW**

Aboriginal Health Worker

**AIDS**

Acquired Immunodeficiency Syndrome

**APY lands**

Anangu Pitjantjatjara Yankunytjatjara lands

**ASHM**

Australasian Society for HIV, Viral  
Hepatitis and Sexual Health Medicine

**BBV**

Blood Borne Virus

**BMI**

Body Mass Index

**BV**

Bacterial Vaginosis

**CARL**

Child Abuse Report Line

**CARPA STM / CARPA WBM**

Central Australian Rural Practitioners  
Association Standard Treatment  
Manual, Women's Business Manual

**CDCB**

Communicable Disease Control Branch

**CHB**

Chronic Hepatitis B

**CQI**

Continuous Quality Improvement

**CST**

Cervical Screening Test

**DAA**

Direct-Acting Antiviral

**DNA**

Deoxyribonucleic Acid

**EC**

Emergency Contraception

**ECP**

Emergency Contraceptive Pill

**EMA**

Early Medical Abortion

**GESA**

Gastroenterology Society of Australia

**GP**

General Practitioner

**HAV**

Hepatitis A virus

**HBV**

Hepatitis B virus

**HCC**

Hepatocellular Carcinoma

**HCV**

Hepatitis C Virus

**HepBcAb/Anti-HBc**

Hepatitis B Core Antibody

**HepBsAb/Anti-HBs**

Hepatitis B Surface Antibody

**HepBsAg/HBsAg**

Hepatitis B Surface Antigen

**HIV**

Human Immunodeficiency Virus

**HPV**

Human Papillomavirus

**HSV**

Herpes Simplex Virus

**HTLV-1**

Human T-Lymphotropic Virus

IgM - Immunoglobulin M

**IM**

Intramuscular

**IMI**

Intramuscular Injection

**IUD**

Intrauterine Device

**LGBTIQA+**

Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Asexual and any other Gender and Sexual Identities and Orientations

**LVS**

Low Vaginal Swab

**MBS**

Medicare Benefits Scheme

**MCS**

Microscopy, Culture, Sensitivity

**MSM**

Men Who Have Sex With Men

**NAAT**

Nucleic Acid Amplification Test

**NADA**

Network of Alcohol and other Drugs Agencies

**NT**

Northern Territory

**PAC**

Pregnancy Advisory Centre

**PATS**

Patient Assistance Transport Scheme

**PATSIN**

Positive Aboriginal and Torres Strait Islander Network

**PCR**

Polymerase Chain Reaction

**PEP**

Post-Exposure Prophylaxis

**PID**

Pelvic Inflammatory Disease

**POCT**

Point Of Care Test

**PPG**

Perinatal Practice Guideline

**PrEP**

Pre-Exposure Prophylaxis

**RASA**

Relationships Australia SA

**RN**

Registered Nurse

**RNA**

Ribonucleic Acid

**RPR**

Rapid Plasma Reagin

**SA**

South Australia

**SAMESH**

South Australia Mobilisation +  
Empowerment for Sexual Health

**SARA**

Sexually Acquired Reactive Arthritis

**SDO**

Standing Drug Order

**SHINE SA**

Sexual Health Information Networking  
& Education (South Australia)

**SIN**

Sex Industry Network

**SMS**

Short Message Service

**STI**

Sexually Transmitted Infection

**TasP**

Treatment as Prevention

**TOP**

Termination of Pregnancy

**TTANGO**

Test Treat and Go

**U=U**

Undetectable = Untransmittable

**UAP**

Ulipristal Acetate

**UV**

Ultraviolet

**VPD**

Vaccine-Preventable Disease

**WSW**

Women Who Have Sex With Women

**ZAP Pack**

Azithromycin, Amoxicillin, Probenecid

# Background



The Aboriginal Health Council of South Australia (AHCSA) is a membership-based peak body with a leadership, advocacy and sector support role, and a commitment to Aboriginal\* self-determination. AHCSA is the health voice for Aboriginal people across South Australia, representing 11 Aboriginal Community Controlled Health Services (ACCHSs) and 1 Substance Misuse Service at a state and national level.

The AHCSA Sexual Health and Blood Borne Virus Program works with Aboriginal health services and the broader health sector across South Australia, supporting the prevention and treatment of Sexually Transmitted Infections (STIs) and Blood Borne Viruses (BBVs).

Beginning in 2009, the program supports ACCHSs and other services working with young Aboriginal people in the promotion of, and improved access to, opportunistic and voluntary STI screening for people aged between 16 and 35 years.

The program is supported by a skilled and dedicated team spanning various activities such as health promotion, clinical support, STI data reporting and support, ACCHSs workforce training and education, advocacy and policy development. The team works closely with the public health medical officers at AHCSA.

This handbook has been developed and updated by AHCSA to facilitate a standardised evidence-based approach to control programs for STIs and BBVs at the comprehensive primary health care level within ACCHSS in South Australia (SA). The contents have been drawn from various resources aimed at clinicians and community, which are listed in a separate section. The handbook is not intended to replace other resources used by the sector, but rather as a quick reference guide primarily focussing on standard STI check and screening of asymptomatic members of the community.

---

\* *The use of the term Aboriginal in this handbook is inclusive of Aboriginal and Torres Strait Islander people.*



# Section 1: Clinical features and risk factors for STIs and BBVs

## Introduction

**Sexually Transmissible Infections (STIs)** can be caused by bacteria, viruses or parasites, and are spread mainly through unprotected sexual contact. Sexual contact may involve any part of one person's body, or a shared sex toy, entering the partner's body through the vaginal, anal or oral route.

It may be possible for some STIs to spread through skin-to-skin contact from touching infectious rashes or sores, as can be seen for example in syphilis, genital warts and herpes. Some STIs can also be transmitted from mother to baby during pregnancy or childbirth.

**Blood-Borne Viruses (BBVs)** such as human immunodeficiency virus (HIV), hepatitis B virus (HBV) and hepatitis C virus (HCV) can be transmitted when an individual's broken skin, mucous membranes or blood is exposed to another person's infected blood or body fluid. While this can occur through sexual contact, other important routes of transmission include:

- > Use of non-sterile equipment for procedures involving skin piercing, for example drug injecting equipment, tattooing and ceremony.
- > Needlestick injuries in occupational groups such as healthcare workers.
- > Blood transfusions before 1990.
- > Mother to foetus during pregnancy or birth.
- > Breastfeeding (HIV).

## Sexually transmissible infections (STI)

### Chlamydia and gonorrhoea

- > **Cause:** *Chlamydia trachomatis* (bacteria) or *Neisseria gonorrhoeae* (bacteria).
- > Chlamydia is the most commonly reported STI in Australia.
- > **Transmission** through:
  - > Vaginal, anal or oral sex
  - > Mother to baby during childbirth (gonococcal infection).
- > Often associated with no symptoms (asymptomatic).
- > When **symptoms** present, can include:
  - > Abnormal vaginal discharge.
  - > Abnormal vaginal bleeding (bleeding in between periods, or after sex).
  - > Discharge from penis.
  - > Scrotal pain.
  - > Epididymo-orchitis (painful, red swollen testicle(s)) or very rarely prostatitis (inflammation of prostate gland).
  - > Lower abdominal pain.
  - > Dysuria (pain or discomfort on passing urine).
  - > Anorectal discharge and pain.
  - > Sore throat and exudate (although gonococcal throat infections are usually asymptomatic).
  - > Eye problems including gonococcal conjunctivitis (red eye with discharge) that can lead to blindness, in adults or newborns.

**Pelvic Inflammatory Disease (PID)** is an important condition that can cause ongoing complications if missed or not adequately treated.

- > Untreated sexually transmitted infections like chlamydia or gonorrhoea spreading to the uterus and fallopian tubes are a common cause of PID.
- > PID can also occur as a result of bacteria entering the reproductive tract after childbirth, miscarriage or abortion, or during insertion of an intrauterine device.
- > May be asymptomatic or cause mild or severe symptoms.
- > **Symptoms** may include lower abdominal or pelvic pain, vaginal discharge, deep dyspareunia (pelvic pain during sex), abnormal vaginal bleeding and fever.
- > Complications include infertility (difficulties in becoming pregnant), ectopic pregnancy and chronic pelvic pain.

**i** For more information about PID please refer to the **CARPA WBM 7th edition**, p. 272-275<sup>1</sup>.

- > **Disseminated (widespread) gonococcal disease** is an emergency requiring urgent treatment.
  - > Caused by spread of the gonorrhoea bacteria into the bloodstream.
  - > **Symptoms** and complications may include:
    - > Septic arthritis (bacteria infecting joint causing joint pain/swelling).
    - > Petechial rash (tiny red, purple, brown spots on the skin that does not disappear when pressed) that may include necrotic pustules (pus filled blisters).

- > Meningitis (infection of lining of brain and spinal cord) – rare.
- > Endocarditis (infection of inner lining of heart and heart valves) – rare.

- > Chlamydia can cause **Sexually Acquired Reactive Arthritis (SARA)**, manifested by:
  - > Urethritis (inflammation of urethra).
  - > Conjunctivitis (red eyes).
  - > Arthritis.

### Trichomoniasis

- > **Cause:** *Trichomonas vaginalis* (protozoa) which infects vagina, urethra and paraurethral glands.
- > More common in regional and remote communities.
- > Infection can last for a long time if not treated, but is cleared more quickly from the penis than the vagina.
- > Up to half of those with vaginal trichomoniasis will be asymptomatic, but can still pass infection on to others.
- > If **symptoms** occur, these include:
  - > Abnormal vaginal discharge.
  - > Vulval itch or soreness.
  - > Dysuria.
  - > Cervicitis (inflammation of cervix/end of the uterus) seen on speculum exam (“strawberry cervix”).
  - > Urethral discharge from penis.
- > Uncommonly associated with prostatitis.
- > May be associated with **complications in pregnancy** such as:
  - > Premature rupture of membranes.
  - > Preterm delivery and low birth weight of baby.
  - > Postpartum sepsis.

### Genital herpes

- > **Cause:** herpes simplex virus (HSV) types 1 and 2.
- > **Transmission** primarily through genital sexual contact (usually HSV-2), and oral sex (usually HSV-1).

- > **Symptoms** include:
  - > Tingling, itching or pain in infected area (usually genitals, anus or mouth) followed by blisters that break and become painful ulcers.
  - > Recurrent ulcers, blisters or fissures.
  - > Cervicitis and urethritis.

## Genital warts

- > **Cause:** Human Papillomavirus (HPV), most commonly type 6 and 11.
- > Commonly develops in ano-genital region with **symptoms** of:
  - > Painless, skin coloured lumps or growths – usually small and multiple.
  - > Occasionally itching.
  - > Occasionally anal bleeding with anal or rectal lesions.
  - > Distorted urinary stream with urethral lesions.
- > HPV infection may also cause **oral and ano-genital cancers (including cervical cancer)**. HPV subtypes that cause warts are different from the subtypes that cause cervical cancer.
- > Rates of genital warts and HPV-related pre-cancerous lesions have reduced significantly in Australia since national HPV vaccination program commenced in 2007.
  - > In 2013, program was expanded to include boys aged 12-13 years.
- > Avoiding cigarette smoking also decreases the risk of viral warts and HPV related cancers.

**i** **CARPA STM 8th edition**, p. 322<sup>2</sup> and **CARPA WBM 7th edition**, p. 271<sup>1</sup> for more details of diagnosis and treatment.

- > Both genital herpes and genital warts can:
  - > Be **transmitted** through skin-to-skin contact and during vaginal, anal or oral sex. **Condoms do not necessarily prevent transmission** as viruses are present on skin or mucous membranes beyond the coverage of condoms

(genitals, anus, urethra or mouth) and HPV infection may be present without symptoms.

- > Cause significant psychological distress.

## Syphilis

- > **Cause:** *Treponema pallidum* (bacteria).
- > **Transmission** through:
  - > Vaginal, anal and oral sex.
  - > Skin-to-skin contact with infectious lesions (in the primary and secondary stage, see below).
  - > Mother to baby, resulting in congenital syphilis.

The **public health significance of syphilis** lies in its impact on:

- > The developing foetus (baby) in utero.
  - > Enhancing both transmission and acquisition of HIV.
  - > Permanent damage caused by infection in adults or babies, such as blindness, hearing loss, neurological or cardiovascular damage.
- > Highly infectious in the first two years of infection (during primary, secondary and early latent stages), if left untreated.
  - > For **infectious syphilis in pregnancy**, risk of transmission from mother to foetus is very high (70-100%) and pregnancies may result in:
    - > High rates of premature delivery.
    - > Perinatal death.
    - > Congenital abnormalities in surviving infants.
  - > **Symptoms** depend on stage of infection, (see **Figure 1: Stages of syphilis, Section 1, p. 14**). Syphilis can also be asymptomatic (“latent”).

## Figure 1: Stages of syphilis

### PRIMARY SYPHILIS

**Chancre** (genital, anal or oral ulcer) appears 9-90 days after contact.  
Lesion usually firm and round; usually painless and go unnoticed.  
Sore lasts 3 to 6 weeks and heals regardless of whether treatment given.  
**Highly infectious** at this stage.

### SECONDARY SYPHILIS

May produce **maculopapular rash** (raised, rough, red or brown rash)  
Typically involves palms of hands and/or soles of feet  
Lesions appear 4-10 weeks after chancre.  
**Condylomata lata** (wart-like lesions) may occur in genital or perianal area.  
**Non-specific symptoms** include:  
Fever, fatigue, headaches, occasionally muscle aches.  
Swollen lymph glands.  
Patchy hair loss.  
Mucous membrane lesions in mouth and lips, which are **highly infectious**.  
Neurological signs (early neurosyphilis): Visual disturbances, tinnitus, hearing loss (occasionally), cranial nerve palsies, meningitis.  
Symptoms will resolve regardless of treatment.

### LATENT SYPHILIS

All signs and symptoms subside.  
Infection remain inactive in the body.  
Can reactivate.  
Early latent: Less than 2 years since initial infection.  
Potentially very infectious to sexual contacts and foetus/baby in pregnancy.  
Late latent: More than 2 years since initial infection, or infection of unknown duration.  
May still be transmitted to the foetus/baby in pregnancy.

### TERTIARY SYPHILIS

One third of those not treated will progress to this stage, after 10-30 years.  
Characterised by potentially **serious cardiac and neurological complications**, such as inflammation of heart vessels, progressive problems with thinking, walking (gait) difficulties and eye and vision abnormalities.

- > **Outbreak of infectious syphilis** declared in Eyre, West and Far North regions of South Australia (SA) in early 2017.
  - > Outbreak area extended to include Adelaide in November 2018.
  - > Part of larger multi-jurisdictional outbreak of syphilis in Aboriginal and Torres Strait Islander people living in Northern and Central Australia which began in 2011.
  - > Associated with a number of deaths from congenital syphilis.
  - > At the time of writing of this handbook, the syphilis outbreak area includes both urban and rural South Australia.

### Donovanosis

- > **Cause:** *Klebsiella granulomatis* (bacteria).
- > **Transmission through:**
  - > Primarily through sexual contact.
  - > From mother to baby during vaginal delivery.
- > Results in painless pinkish-red ulcer, usually in genital area, which might be raised and beefy, and might emit an unpleasant odour.
- > While previously more common especially in remote communities, donovanosis is now a rare condition.
- > If suspected, specialist advice should be sought, for example from Adelaide Sexual Health Centre.

**i** See **CARPA STM 8th edition**, p. 312<sup>2</sup> and **CARPA WBM 7th edition**, p. 257<sup>1</sup> for more information.

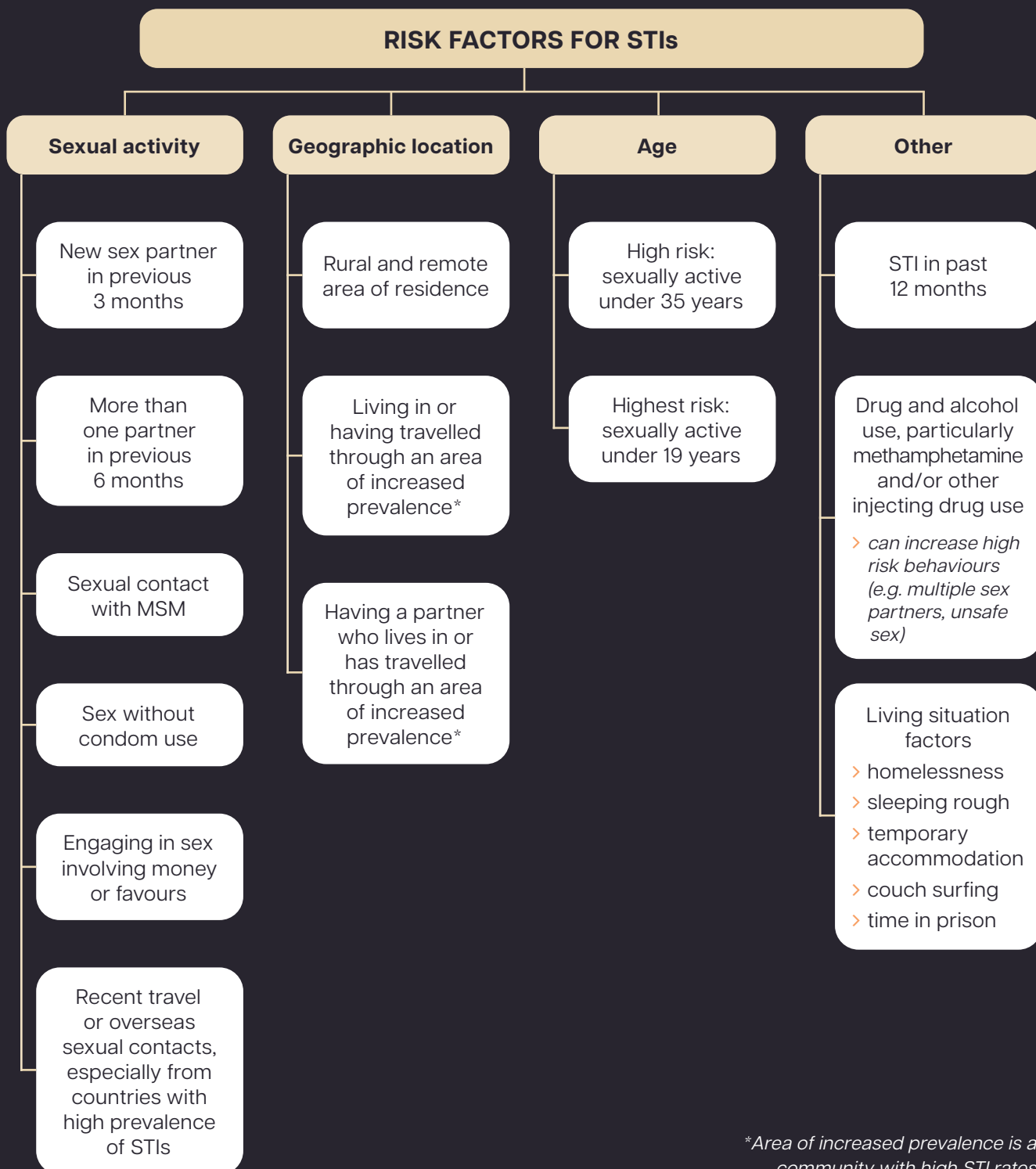
### Mycoplasma genitalium

- > **Cause:** *Mycoplasma genitalium* (bacteria).
- > Infection often asymptomatic.
- > If **symptoms** occur, can include:
  - > Pain when passing urine.
  - > Penile urethral discharge.
  - > Anorectal discharge and pain.
  - > Vaginal discharge.
  - > Pelvic pain.
- > **Complications** include:
  - > PID.
  - > Spontaneous abortion .
  - > Pre-term delivery.

**i** See **Australian STI Management Guidelines: Mycoplasma genitalium**<sup>3</sup> for more details.

Infection with any STI, including chlamydia, gonorrhoea, trichomoniasis and donovanosis may increase the risk of transmission of HIV.

## Figure 2: Risk factors for STIs

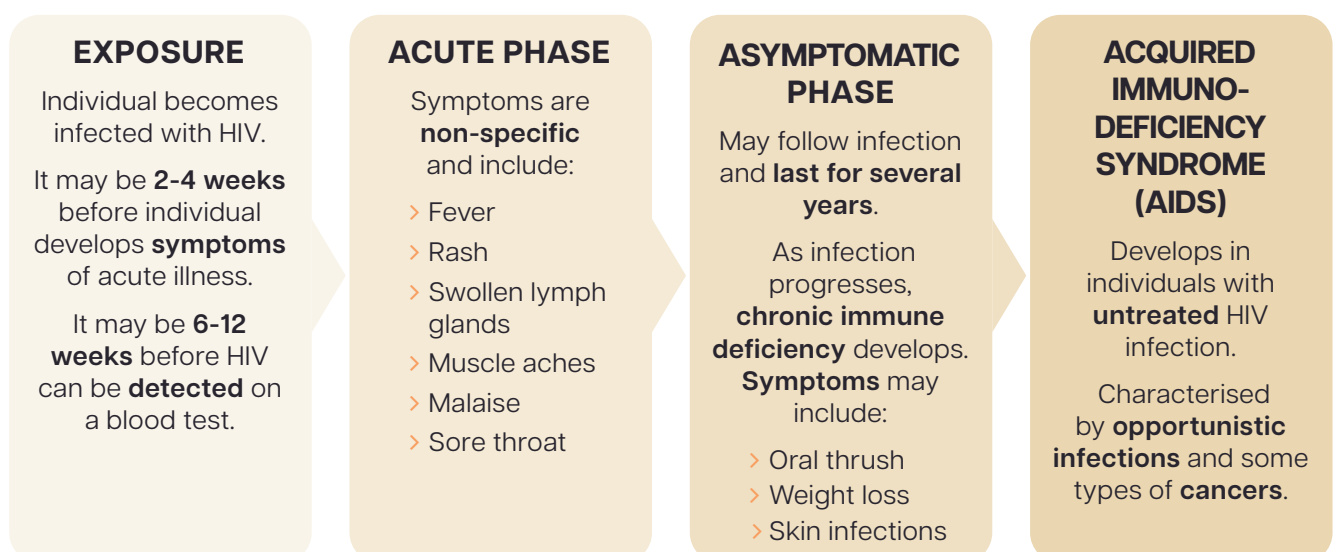


## Blood-borne viruses (BBV)

### HIV

- > **Cause:** Human Immunodeficiency Virus (HIV).
  - > Aboriginal people are more likely than Australian-born non-Indigenous population to have acquired HIV through:
    - > Heterosexual sex.
    - > Sharing injecting drug use equipment.
  - > Access to newer medication prevention strategies, such as post-exposure prophylaxis (PEP) and pre-exposure prophylaxis (PrEP), as well as treatment services, is important to reduce risk of transmission.
  - > Other risk factors for HIV include:
    - > If a person or their partner is a man who has sex with men (MSM).
    - > Being trans or gender diverse (including sisters/girls).
  - > If person or their partner is a migrant or refugee living in Australia from countries with high prevalence of STIs.
  - > Injecting drug use.
  - > Presence of other STIs.
  - > **Figure 3: Stages of HIV (Section 1, p. 17)** shows the features of different phases of HIV infection.
  - > Early identification of HIV is important to:
    - > Enable all infected people to go on treatment as quickly as possible.
    - > Keep people well and improve the long-term health of people living with HIV.
    - > Prevent onward transmission of HIV.
      - > HIV cannot be transmitted when someone has an undetectable viral load, even through unprotected sex (treatment as prevention–TasP).
      - > HIV Undetectable = Untransmittable (U=U).
- i** See the **Australian STI Management Guidelines: HIV4** and other resources listed at back of this manual for more information.

## Figure 3: Stages of HIV



## Hepatitis B

- > **Cause:** hepatitis B virus.
- > Asymptomatic infection with hepatitis B is common.
- > **Symptoms** may include:
  - > Feeling unwell.
  - > Loss of appetite.
  - > Jaundice.
  - > Nausea and vomiting.
  - > Upper abdominal pain.
  - > Confusion or drowsiness.
  - > Dark urine and pale faeces.
- > If symptoms occur, these could be in the context of:
  - > New acute infection, or
  - > Flare of chronic hepatitis, or
  - > Progression to advanced liver disease.
- > **Chronic hepatitis B (CHB)**
  - > Occurs more commonly in Aboriginal people compared to non-Aboriginal people, particularly those who grew up in remote Aboriginal communities where hepatitis B is thought to have been endemic for many generations.
  - > For Aboriginal people, majority of hepatitis B cases is due to infection acquired at birth or in early childhood.
  - > With hepatitis B vaccine included in childhood vaccination programs since the 1990s, there is hope that hepatitis B can be eradicated within a generation.

Acquired hepatitis B infection at a young age is associated with higher risk of:

- > Developing **chronic** infection, and
- > Complications of **cirrhosis** (permanent scar tissue on liver), followed by
- > **Liver failure** and **liver cancer or hepatocellular carcinoma (HCC)**.

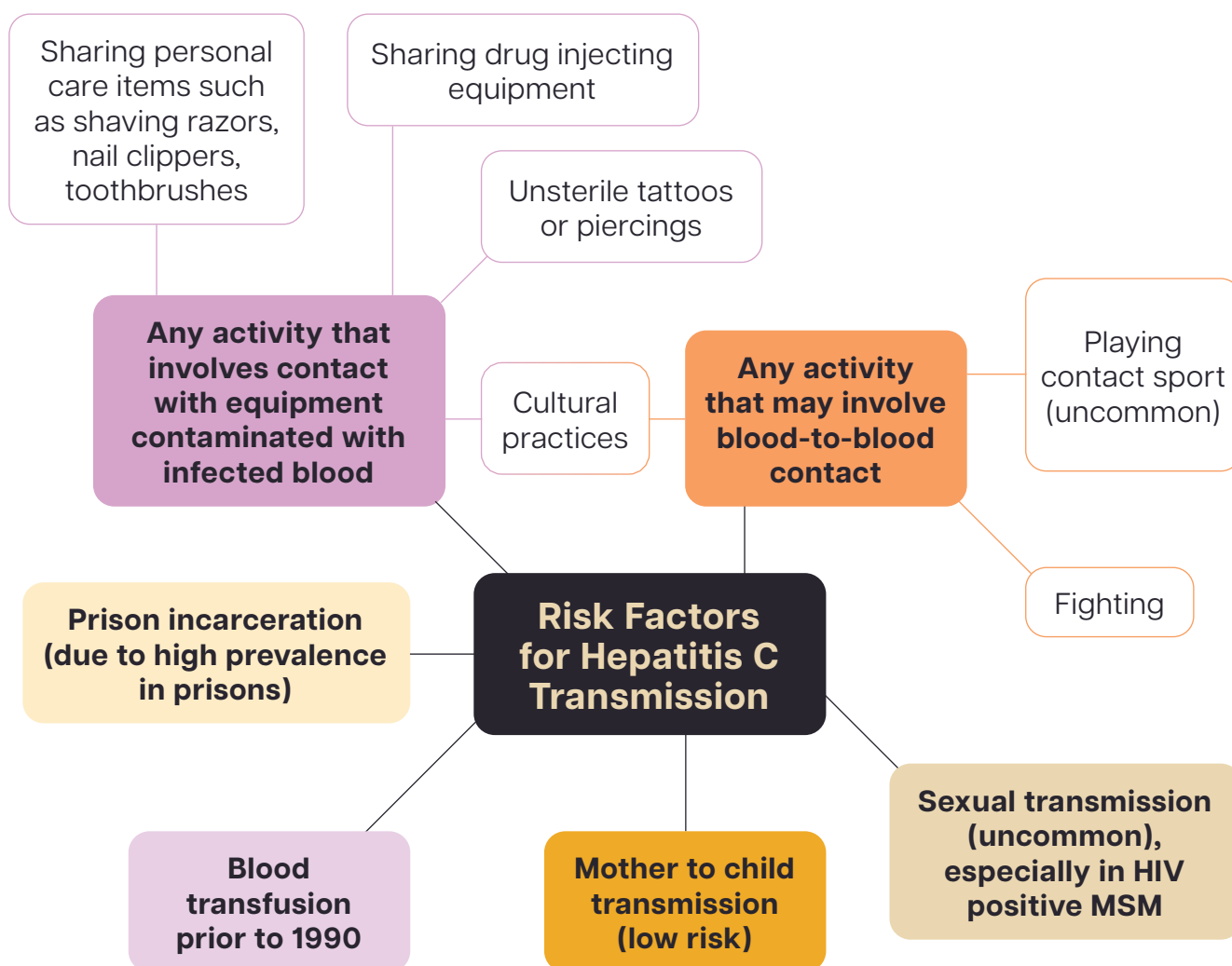
than if infection is acquired as an adult.

- > It is important to determine hepatitis B status of all Aboriginal people to ensure:
  - > People without immunity are offered vaccination.
  - > People living with chronic hepatitis B are identified and engaged in care, including a clinical review every 6-12 months.

## Hepatitis C

- > **Cause:** hepatitis C Virus.
- > Majority of new and existing infections result from unsafe sharing of injecting equipment.
- > There is evidence that Aboriginal people are at higher risk of acquiring infection due to being:
  - > A younger, mobile and marginalised population who are more likely to participate in risk-taking behaviour.
  - > More likely to be exposed to unsafe injecting practices.
  - > Less likely to access needle and syringe programs.
- > Other important routes of transmission are listed in **Figure 4: Risk factors for hepatitis C transmission (Section 1, p. 19)**.
- > Newly acquired hepatitis C infection is usually associated with no symptoms.
- > When **signs and symptoms** are present, they include:
  - > Mild abdominal discomfort and lethargy.
  - > Jaundice and abnormal liver function tests in a minority of cases.
- > High proportion of those with acute infection will develop chronic hepatitis C infection which, if left untreated, can cause similar complications as chronic hepatitis B.
- > Additionally, excessive alcohol consumption, obesity and diabetes can all increase liver damage.

**Figure 4: Risk factors for hepatitis C transmission**



**Human T-cell Lymphotropic Virus Type-1 (HTLV-1)**

- > Found in many communities around the world, and present among Aboriginal people in Central Australia for thousands of years. Type of virus found in Central Australia, type C, is unique to Australia and nearby Melanesia.
- > True burden of HTLV-1 disease in Aboriginal communities not currently known. Preliminary data suggests high rates of this virus in some Central Australian communities.

- > **Transmission** through:
  - > Sexual contact.
  - > Sharing needles/ blood contact.
  - > Transmission from mother to child for example via breastmilk (see the Australian Clinical Guidelines on HTLV-1 for Aboriginal Primary Health Care Settings<sup>5</sup> for further information, and you should always check if there are any policies being followed by your health service).
- > Once acquired, HTLV-1 is present for life. Current evidence shows that infection is not likely to cause disease in the majority of people.

- › However, after many decades of infection, a small proportion (approximately 5%) of people may develop a rare form of leukaemia and/or spinal cord disease. There are also some associated eye and skin conditions.
  - › Studies have suggested associations with other diseases, such as lung disease and arthritis, but it is not yet known whether HTLV-1 causes those diseases.
  - › Management options exist for conditions associated with HTLV-1 infection, while treatment and prevention options specifically for HTLV-1 are being investigated.
  - › As of 2023, The HTLV-1 Longitudinal Study researchers are working with communities in Central Australia and Western Australia to learn more about how many people in communities have the HTLV-1 virus.
- ❗ The **CARPA Standard Treatment Manual, 8th edition**, p. 414<sup>2</sup>, and the **Australian Clinical Guidelines on HTLV-1 for Aboriginal Primary Health Care Settings**<sup>5</sup> provide further information.

## Reference List

- 1 Remote Primary Health Care Manuals. *Women's Business Manual (7th edition)*. Alice Springs, NT: Flinders University; 2022
- 2 Remote Primary Health Care Manuals. *CARPA Standard Treatment Manual (8th edition)*. Alice Springs, NT: Flinders University; 2022
- 3 ASRHA/ASHM. *Australian STI management guidelines for use in primary care: Mycoplasma genitalium*. Australia: ASHM; 2024. Accessed 8 October 2025. <https://sti.guidelines.org.au/sexually-transmissible-infections/mycoplasma-genitalium/>
- 4 ASRHA/ASHM. *Australian STI management guidelines for use in primary care: HIV*. Australia: ASHM; 2024. Accessed 8 October 2025. <https://sti.guidelines.org.au/sexually-transmissible-infections/hiv/>
- 5 NACCHO/ASHM. *Australian clinical guidelines for HTLV-1 in Aboriginal primary health care settings*. Australia: ASHM; 2025. Accessed 8 October 2025. <https://htlv1.guidelines.org.au/>

# Section 2: Testing for STIs and BBVs



## Asymptomatic STI testing

- › It is recommended that the Standard STI Check (*CARPA STM, 8th edition*, p. 306<sup>1</sup> and *CARPA WBM, 7th edition*, p. 246<sup>2</sup>) is followed when offering asymptomatic STI testing.
  - › This avoids the need for obtaining detailed sexual history, which is often a barrier to staff undertaking STI testing.
- › Ideally, an opt-out approach for testing should be used.

Routinely offer testing for chlamydia, gonorrhoea, trichomonas and HIV and syphilis serology +/- hepatitis B status to all people aged **16-35 years**, at least annually.

\*If **symptomatic** – do a full STI check as per CARPA STM and WBM

If someone tests positive for 1 STI or BBV, screening should be done for other STIs and BBVs.

- › Refer to Appendix 5 for tips on discussing sensitive topics during an STI check.
- › Refer to Appendix 1 which outlines the steps in asymptomatic STI screening, with examples of what the health practitioner could say and steps in Communicare.

## Additional notes on specimen collection and generating pathology request forms

- › **When a urine** specimen is requested, be mindful of sensitivities around urine. Any talk about urine, and handling of the specimen, should be discreet, with gender separation maintained, as much as possible.
- › First-catch specimen (not a mid-stream specimen) required – approximately first 20ml of urine stream. Once container is 1/3 filled, pass rest of urine in toilet.
- › A low vaginal swab for chlamydia, gonorrhoea and trichomonas nucleic acid amplification test (NAAT) is more likely to detect an STI than a first pass urine specimen.
  - › A low vaginal swab can be self-collected in the toilet or behind the curtain in the consult room.
  - › Anyone reluctant to provide a vaginal swab should be asked to provide a urine specimen.
- › Swabs and first pass urine specimens should be kept at less than 25 degrees. This may require refrigeration in hot weather.
- › All specimens should be sent to SA Pathology.

## Figure 5: Steps in standard STI Check

### 1. Ask if experiencing symptoms

such as discharge, pain on passing urine, genital sores/ulcers, vaginal bleeding between periods or after sex

If **no** symptoms, detailed sexual history and physical examination **not** required.

If **symptoms present**--refer to CARPA STM or CARPA WBM for relevant protocols for each symptom.

### 2. Collect samples

If information is disclosed indicating sexual involvement of other sites (e.g. anal, oral), offer self-collected swabs accordingly (e.g. anorectal swab, throat swab).

*Refer to Table 1 on page 24 to assist with selection of appropriate specimen collection container.*

#### Chlamydia, gonorrhoea and trichomonas

- > Vaginal swabs OR first-pass urine (FPU) for NAAT.

#### HIV and syphilis (+/- hepatitis B)

- > Blood-test for HIV and syphilis serology (at least 4 ml of blood required).
- > If hepatitis B status is unknown, or client not immune (no evidence of previous infection or immunisation on record), ADD HepBsAg, HepBsAb and HepBcAb to blood test request form.

### 3. Arrange follow up for results

Check **contact details are up-to-date.**

Make appointment to come back for results.

### 4. If any positive results

Do full STI check (see **CARPA STM, 8th edition**, p.3071 and **CARPA WBM, 7th edition**, p. 2482).

**Provide results** of STI check--be clear about what was tested for and what conditions the results relate to.

Do **urine pregnancy testing** because **doxycycline**, the recommended first-line treatment for chlamydia, is **not** recommended in pregnancy.

## Point of care tests (POCT)

- > POCTs are useful because they can provide results while the client is waiting, to facilitate early treatment and contact tracing.
- > They may also be suitable alternative testing for those unwilling or unable to have venepuncture performed.
- > They have been developed for:
  - > Chlamydia, gonorrhoea and trichomonas NAAT.
  - > Syphilis antibodies.
  - > Hepatitis C virus ribonucleic acid (RNA), and hepatitis C antibodies.
- > Currently offered at some health services as part of routine care, with an aim to implement POCT on a wider scale in the future.
- > If POCT is available at the health service, testing can only be undertaken by staff who have undergone special training. For more information, visit websites:
  - > TTANGO<sup>3</sup> for chlamydia, gonorrhoea and trichomonas.
  - > Syphilis POCT program<sup>4</sup>.
  - > Hepatitis C POCT<sup>5</sup>.







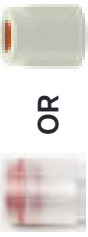

## STI testing and pregnancy

- > If an STI or BBV is diagnosed, it is important to determine if the person is pregnant, because:
  - > Some STIs/BBV can cause problems in pregnancy for the infected individual or the foetus/baby.
  - > Treatment and follow up may be different than if not pregnant.
  - > Sexual partners of pregnant women should also be tested to prevent reinfection of the mother and baby during pregnancy.
- > Antenatal screening and timely treatment are beneficial for the health of mother and baby.
- > It is important to know what guidelines your service uses for pregnancy care.
  - > This may be the CARPA WBM or the South Australian Perinatal Practice Guidelines (PPGs). The reference documents include the Perinatal Practice Guideline 'Antenatal Care Routine Care in Normal Pregnancy'<sup>6</sup> version 2, 2024.
  - > Guidelines for syphilis testing during pregnancy have been updated. Current recommendations are described in the Perinatal Practice Guideline 'Syphilis in Pregnancy and the Neonate'<sup>7</sup> version 5, 2025.
  - > The Australian STI Management Guidelines also provide information about testing and treatment in pregnancy<sup>8</sup>.
- > There are other situations in which additional testing may also be recommended, for example in preterm labour.



**Table 1: Guide to specimen collection for each STI and BBV - send to SA Pathology**

TEST	COLLECT WITH	WHAT TO COLLECT	STORAGE & TRANSPORT
<b>CHLAMYDIA / GONORRHOEA / TRICHOMONAS / MYCOPLASMA GENITALIUM</b>	Urine NAAT Client to hold urine at least for 20 mins prior to collection 	First pass urine (minimum 10ml)	Transport at <25°C
Genital, rectal or throat NAAT	Aptima transfer tube 	Swab (state site, eg vaginal, endocervical, penile)	Transport at <25°C
Genital microscopy, culture, and sensitivity (MCS) for gonorrhoea	Amies liquid/gel transport media  Swab (urethra)      Swab (other sites)	Swab (state site, eg vaginal, endocervical, throat or rectal)	Transport at a25°C Culture for <i>Neisseria gonorrhoea</i> is unreliable if specimen transport time exceeds 48 hours
Point of care test (POCT): GeneXpert	Xpert® Vaginal/Endocervical Specimen Collection Kit 	Swab (vaginal, endocervical)	

TEST	COLLECT WITH	WHAT TO COLLECT	STORAGE & TRANSPORT
<b>SYPHILIS</b>	<p>Skin DNA PCR</p> <p>Dry Swab (preferred)  OR Amies liquid/gel transport media </p> <p>OR</p> <p>Viral Transport media </p>	Swab of skin lesion	Transport at <25°C
Serology	Serum gold top 	Venous blood (minimum 2ml)	Transport at <25°C
<b>DONOVANOSIS</b>	Skin NAAAT	Discuss with SA Pathology	Discuss with SA Pathology
<b>HSV/HPV (VIRAL WARTS)</b>	Histopathology	Swab of skin lesions	Transport at <25°C
<b>HIV / HEPATITIS B / HEPATITIS C</b>	<p>Serology</p> <p>Serum gold top (preferred)  <i>*if serum gold top not available, can use plasma lithium heparin (light green top) or blood K-EDTA (lavender top)</i></p> <p>OR</p> <p>Viral transport media </p> <p>OR</p> <p>K-EDTA with gel pearl top </p>	Venous blood (minimum 1 ml for a viral test)	Transport at <25°C
NAAAT viral load	K-EDTA with gel pearl top 	Separate tube for each virus tested	Transport at <25°C

## HIV, viral hepatitis and syphilis testing

- > Asymptomatic STI testing offers a good opportunity to undertake HIV, viral hepatitis and syphilis testing.
- > However, there are also other times testing should be offered as detailed below.

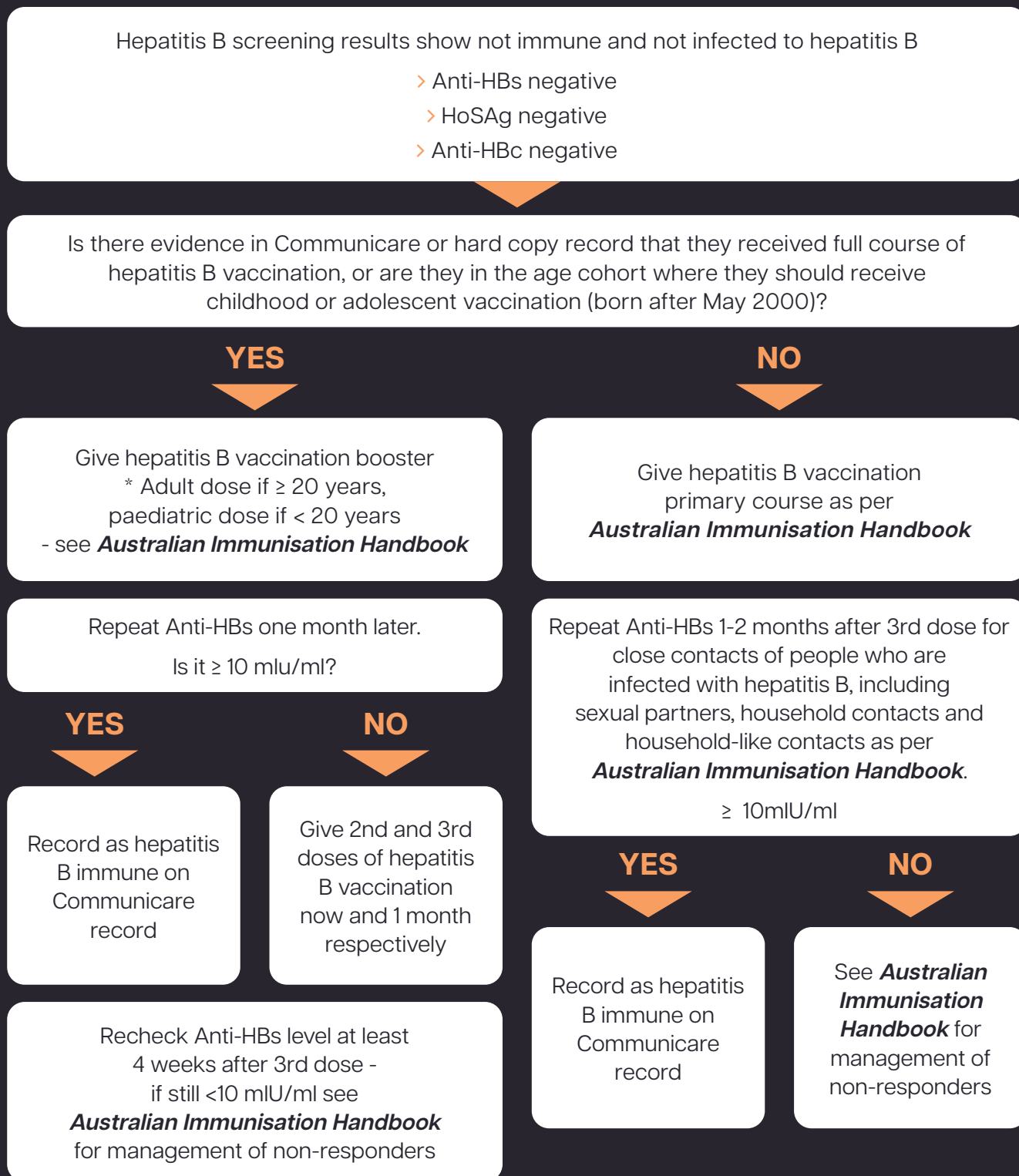
### Hepatitis B

All Aboriginal adults should be tested at least once in adulthood for hepatitis B to establish whether they:

- > Have an existing chronic hepatitis B infection, or
  - > Are immune, from past infection or previous immunisation, or
  - > Are susceptible to infection (non-immune).
- > Check Communicare for record of any previous hepatitis B testing to determine immunity status. If not done, testing can be opportunistically added during blood testing for other reasons and during adult health checks (eg MBS item 715).
  - > Full panel of tests to be ordered on the request form:
    - > HBsAg (hepatitis B surface antigen, the marker of CURRENT infection).
    - > HepBsAb or anti-HBs (hepatitis B surface antibody, the marker of IMMUNITY).
    - > HepBcAb or anti-HBc (hepatitis B core antibody, a marker of CURRENT or PAST infection).

- > Interpretation of test results is outlined in **Table 2: Interpretation of hepatitis B and C serology results (Section 2, p. 30)**.
  - > Isolated positive anti-HBc may occur and might in a small number of patients indicate occult HBV infection (among other possibilities). This can be verified by HBV DNA testing, however the test is not Medicare rebatable in the absence of HBsAg. Refer to B Positive<sup>9</sup> for further information on interpretation of hepatitis B testing.
- > In clients for whom immunosuppressive therapy is planned (eg cancer treatment, organ transplant), workup should include further investigation for occult HBV infection.
  - > Immunosuppressive treatment may lead to viral reactivation, with associated hepatitis flares that can be fatal.
- > Vaccination should be discussed with those without immunity. **Figure 6: Vaccination for clients not immune and not infected following hepatitis B screening (Section 2, p. 27)** illustrates vaccination recommendations for those found to be not immune and not infected, following hepatitis B screening.

## Figure 6: Vaccination for clients not immune and not infected following hepatitis B screening



\* If a person is assessed to be at low risk for exposure to hepatitis B both now and in the future then a decision whether to boost or not should be made on a case by case basis.

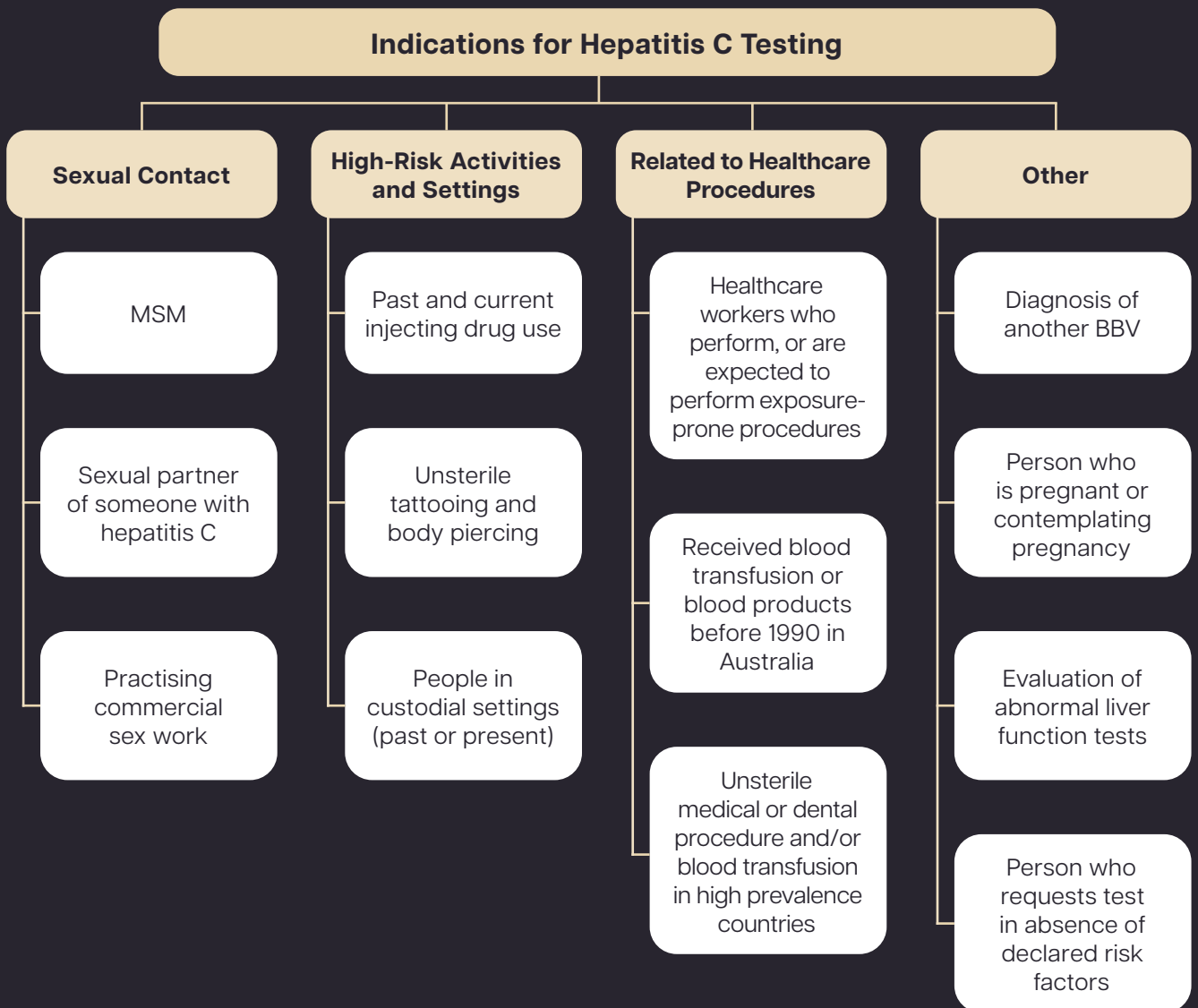
(Adapted from Communicare User Manual Viral Hepatitis, ASHM & AHCSA 2015)

## Hepatitis C

- › Testing should be offered to all Aboriginal people with risks (See **Figure 7: Indications for hepatitis C testing, Section 2, p. 29**).
- › However, barriers to enquiring or answering questions about risk factors may result in missing a diagnosis of hepatitis C.
- › Given availability of highly effective and well tolerated direct acting antiviral agents, there is an argument for offering universal screening to all Aboriginal people aged 16-59 years once, in absence of any identified risk factors listed below.
- › Regular testing should be offered for any person who injects drugs.
- › Hepatitis C virus (HCV) antibody testing is done to screen for chronic hepatitis C.
  - › If anti-HCV test positive, do HCV RNA testing
  - › Anti-HCV and HCV RNA tests can be ordered together
    - › Submit two separate specimen tubes (See **Table 1: Guide to specimen collection for each STI and BBV - send to SA Pathology, Section 2, p. 24**)
    - › Indicate on request form 'perform HCV RNA if anti-HCV positive'.
    - › If your service is remote, check if there is a procedure to spin the specimen tubes prior to sending to the lab.
  - › Ideally, 2 HCV RNA results 6 months apart should be negative before confirming that infection has been cleared.



**Figure 7: Indications for testing for hepatitis C**



## Table 2: Interpretation of hepatitis B and C serology results

HBsAg anti-HBc anti-HBs	Positive Positive Negative	<b>Chronic HBV infection</b>
HBsAg anti-HBc IgM Anti-HBc *  Anti-HBs	Positive Positive Positive  Negative	<b>Acute HBV infection*</b> (high titre) If acute HBV is suspected (through recent risk, presentation, or both) IgM Hepatitis B core Ab is ordered to support clinical suspicion.
HBsAg anti-HBc anti-HBs	Negative Negative Negative	<b>Probably susceptible to infection</b> May be very low undetectable levels of antibodies (recommend vaccination or booster if previously vaccinated).
HBsAg anti-HBc anti-HBs	Negative Positive Positive	<b>Immune due to resolved infection</b> Record result and consider family screening.
HBsAg anti-HBc anti-HBs	Negative Negative Positive	<b>Immune due to vaccination</b> No action required.
HBsAg anti-HBc anti-HBs	Negative Positive Negative	<b>Various possibilities including:</b> Distant resolved infection, recovering from acute HBV, false positive, passive transfer of maternal anti-HBc in children up to 3 years old, occasionally 'occult' HBV (Order hepatitis B DNA).*

### Hepatitis B

\*HBV DNA tests are not Medicare rebatable in the absence of HBsAg.

### Hepatitis C

anti-HCV	Positive	<b>Current or previous infection</b> Order 'hepatitis C further tests' to determine if current infection.
anti-HCV	Negative	<b>No infection detected</b> If risk factors present during window period, repeat screening after 3 months.

See **AHCSA Communicare Viral Hepatitis Manual** for further information on the identification and management of people with hepatitis B and C and how Communicare can be adapted to facilitate the provision of best practice care.

## HIV

- › As well as during asymptomatic STI screening, consider adding **HIV serology** opportunistically during blood testing for other reasons as well as during adult health checks (eg MBS item 715).
- › While written, signed consent is no longer required for HIV testing, verbal consent should be obtained. Aspects of consent to consider include:
  - › Normalising testing.
  - › Confidentiality.
  - › Discussing 12 week window period between being exposed to HIV and when the infection can be detected on the blood test; if there has been a more recent risk exposure within the last 12 weeks, retesting should be offered.
  - › Providing education about the availability of highly effective treatment which offers normal life expectancy, and, when used effectively, negates the need for condom use, for people living with HIV.
  - › Providing information about the natural history of HIV infection and the difference between HIV infection and acquired immunodeficiency syndrome (AIDS).
  - › Raising awareness of HIV PrEP and PEP as effective HIV prevention.
  - › Having a plan for returning results.

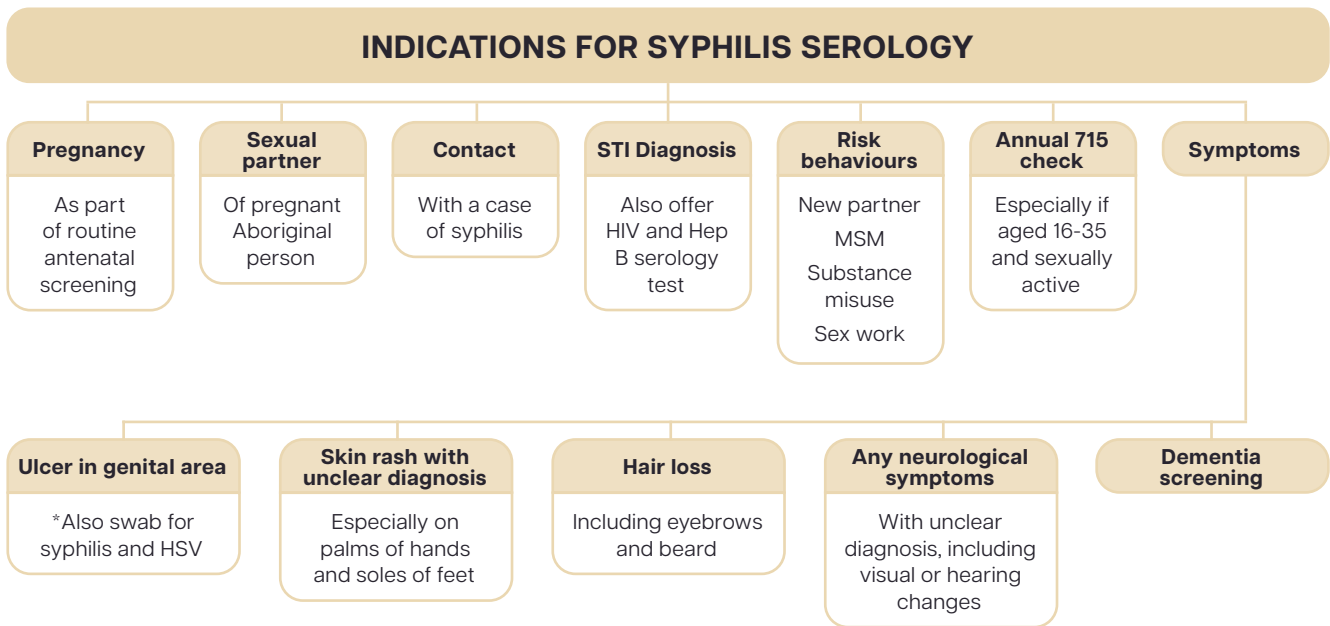
Contact Communicable Disease Control Branch (CDCB) on 7425 7101 or the Viral Hepatitis Nursing Support (see **Figure 14: Viral hepatitis nursing support contacts, Section 3, p. 46**) for additional assistance in interpreting hepatitis B, hepatitis C and HIV serology results if required.

## Syphilis

Screening for syphilis should be considered in all adults in Aboriginal communities, given the current syphilis outbreak.

- › Women of reproductive age who are diagnosed with syphilis, or are contacts of individuals diagnosed with syphilis, should have pregnancy testing.
- › A blood test for syphilis serology should also be offered in the situations shown in **Figure 8: Indications for syphilis serology testing (Section 2, p. 32)**.
- › Screening can also be done opportunistically, when taking blood for other reasons.

## Figure 8: Indications for syphilis serology testing



- > Due to the current statewide outbreak, **all pregnant people** who identify as Aboriginal and/or Torres Strait Islander or whose partners identify as Aboriginal and/or Torres Strait Islander should be offered syphilis screening at:
  - > First antenatal visit,
  - > 26-28 weeks,
  - > 36 weeks,
  - > At birth,
  - > 6 week postnatal check.
- > A guide to interpreting syphilis serology can be accessed on the ASHM website<sup>10</sup>. However, syphilis serology results may be difficult to interpret. For assistance establishing the stage of syphilis and interpreting test results, contact the **Adelaide Sexual Health Centre on 7117 2800 or CDCB on 7425 7101.**
- > For assistance with accessing past results or treatments for Aboriginal people, obtain client consent to contact:
  - > Previous GP, or
  - > Aboriginal Community Controlled Health Service, or
  - > SA Syphilis Register at [health.sasyphilisregister@sa.gov.au](mailto:health.sasyphilisregister@sa.gov.au) or 1300 232 272.

## Reference List

- 1 Remote Primary Health Care Manuals. *CARPA Standard Treatment Manual (8th edition)*. Alice Springs, NT: Flinders University; 2022
- 2 Remote Primary Health Care Manuals. *Women's Business Manual (7th edition)*. Alice Springs, NT: Flinders University; 2022
- 3 TTANGO. Accessed 14 August 2025. <https://www.ttango.com.au/>
- 4 Flinders University. Infectious Syphilis POCT Program. Accessed 14 August 2025. <https://www.flinders.edu.au/fhmri/research/international-centre-for-point-of-care-testing/infectious-syphilis-poct-program>
- 5 National Australian Hepatitis C Point-of-Care Testing Program. Accessed 14 August 2025. <https://hepcpoct.com.au/>
- 6 Smith R. *Antenatal care: routine care in normal pregnancy. South Australian Perinatal Practice Guideline*. SA Health, Government of South Australia. 2024 [Updated 20 Dec 2024, version 2]. Accessed 8 October 2025. <http://www.sahealth.sa.gov.au/perinatal>
- 7 Bell C, Spagnoletti B, Flood L, Rees T. *Syphilis in pregnancy and the neonate PPG015 [Internet]. South Australian Perinatal Practice Guideline*. SA Health, Government of South Australia. 2025 [Updated 3 Jan 2025, version 5]. Access 14 August 2025. <http://www.sahealth.sa.gov.au/perinatal>.
- 8 ASRHA/ASHM. *Australian STI management guidelines for use in primary care: Pregnant people*. Australia:ASHM; 2024. Accessed 8 October 2025. <https://sti.guidelines.org.au/populations-and-situations/pregnant-people/>
- 9 ASHM. Hepatitis B virus testing and interpreting test results. In: *B Positive Hepatitis B for primary care: ASHM*; 2022. Accessed 14 August 2025. <https://hepatitisb.org.au/hepatitis-b-virus-testing-and-interpreting-test-results/>
- 10 ASHM. *Decision making in syphilis*. Accessed 14 August 2025. [https://ashm.org.au/wp-content/uploads/2023/08/FINALSCREENDecision-makinginsyphilis\\_V2.2\\_Nov21-1.pdf](https://ashm.org.au/wp-content/uploads/2023/08/FINALSCREENDecision-makinginsyphilis_V2.2_Nov21-1.pdf)

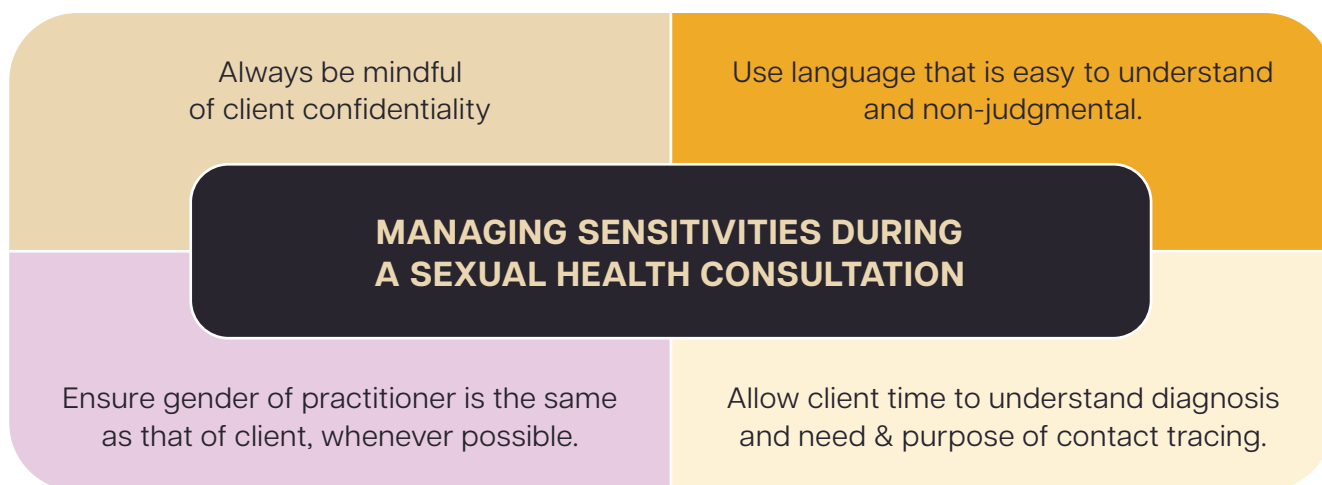


# Section 3: Management of STIs and BBVs



The sensitivities in a sexual health consultation should be managed by adhering to the principles outlined in **Figure 9: Managing sensitivities during a sexual health consultation** below, particularly if the person has been diagnosed with an STI or BBV.

## Figure 9: Managing sensitivities during a sexual health consultation



### Management of positive chlamydia, gonorrhoea or trichomonas result from screening

- > The management described in this section relates to the treatment of:
  - > **Genital** chlamydia, gonorrhoea, or trichomonas detected from screening (by urine or vaginal swabs) of
  - > **Asymptomatic** clients who are
  - > **Not pregnant**

- > **Figure 11: AHCSA asymptomatic STI screening: A step by step guide (Section 3, p. 42)** has further information about treatment of uncomplicated gonorrhoea, chlamydia and trichomonas. Note that in order to use a standing drug order (SDO) it must be formally endorsed by the health service.

## Chlamydia

**Doxycycline 100mg  
oral twice daily for 7 days**  
(Pregnancy category D)

OR

**Azithromycin 1g  
oral as a single dose**  
(Pregnancy category B1)

- > **Doxycycline** is now recommended as first line treatment for uncomplicated genital chlamydia (STI Management Guidelines: Chlamydia<sup>1</sup>). This is because:
  - > Doxycycline also treats an unrecognized rectal chlamydia infection, and
  - > Using doxycycline means there is less chance of further azithromycin resistance developing in gonorrhoea.

### Before treating with doxycycline:

- > **Pregnancy must be excluded.** Doxycycline may cause health issues for a pregnant person and the baby, so should not be used while pregnant or breastfeeding.
- > The **importance of completing the 7 day course** should be discussed. If full treatment is unlikely, see alternative treatment with azithromycin below.
- > Advise clients to take doxycycline tablets with food or a full glass of water to decrease the chance of **gastric upset**.
- > Advise on other potential side effects, including the **risk of increased skin sensitivity to UV or sunlight** which could result in severe sunburn. This medication should not be taken concurrently with oral retinoid medications.

- > **Azithromycin** can be used as an alternative treatment for chlamydia if:
  - > There is concern about client not completing doxycycline course for full 7 days (eg privacy, safety or social concerns for client), or
  - > Pregnancy cannot be excluded, or
  - > Treatment is required immediately, and doxycycline is not available
- > Check gonorrhoea results before treating with azithromycin.
  - > If **positive for gonorrhoea**, treatment should include **ceftriaxone** as well (treating unrecognised gonorrhoea with only azithromycin increases the possibility of drug resistance).

**NOTE:** AHCSA Sexual Health and BBV Team is aware that many services follow the CARPA Standard Treatment Manual and the Minymaku Kutju Tjukurpa (Women's Business Manual). In these circumstances, it is appropriate to follow these protocols, which advise use of azithromycin for uncomplicated genital chlamydia. However, use of doxycycline may be indicated if prescribed by a doctor taking into account the situations discussed above.

## Gonorrhoea

**Ceftriaxone 500mg  
(mixed with 2ml of lignocaine 1%),  
as an intramuscular injection**  
(Pregnancy category B1)

OR

**Azithromycin 1g oral single dose**  
(Pregnancy category B1)

- > **Before** treatment, a swab for gonococcal culture and sensitivity should be done.
  - > Check if this was already done at the time of screening (or if only urine or swabs for NAAT were taken at that time). If available, check antibiotic sensitivities on culture results before giving treatment.

- › Use Amies liquid/gel transport media swab for gonorrhoea culture – can be self-collected vaginal, penile, throat or rectal swab.
- › **These two antibiotics together** are recommended due to emerging ceftriaxone resistance (STI Management Guidelines: Gonorrhoea<sup>2</sup>). The old azithromycin, amoxicillin, probenecid (ZAP pack) treatment cannot be used for STI treatment in most parts of Australia due to emergence of penicillin resistance in gonorrhoea in most areas.
- › If a client **has positive gonorrhoea and chlamydia result, treat as above** (the treatment for gonorrhoea will also treat co-existing chlamydia infection).
- › **Follow up and test of cure:**
  - › National guidelines recommend review in **1 week** and test of cure at 2 weeks after completion of treatment, and test for reinfection and other STIs at 3 months.
  - › Review at 1 week after treatment provides an opportunity to:
    - › Confirm all treatment was completed and check that any symptoms are resolved.
    - › Confirm contact tracing has been undertaken or offer more contact tracing support.
    - › Provide information about condom use, contraception, HIV PrEP/PEP, safe injecting practices, consent, cervical screening test (CST) and vaccinations for hepatitis A virus (HAV), HBV and HPV as indicated.
  - › National guidelines recommend test of cure is done using a swab for NAAT 2 weeks after treatment completion if throat, anal or cervical swab was positive for gonorrhoea infection, especially if:
    - › Swab for gonorrhoea culture was not collected before treatment.
    - › Culture result indicated antimicrobial resistance.
    - › Treatment was with non-standard regime, for example ZAP pack.

However, to reduce the risk of false positives from detection of non-viable gonococcal DNA when tested early following treatment, services may consider performing a gonorrhoea NAAT at least 4 weeks after the end of treatment. If later follow up is unlikely to be possible, gonococcal culture swabs can be used for test of cure at 1 week after treatment.

- › Reinfection is common so repeat testing with NAAT swabs is recommended at 3 months after a gonorrhoea infection. Screening for all STIs is recommended at the same time.
- › For gonorrhoea infection found on anorectal and/or throat swab - refer to **Table 3: Treatment of non-genital infections (Section 3, p. 39)** for information on treatment. Ensure culture tests performed at NAAT positive site before giving treatment.

**Metronidazole 2g oral single dose**

*(Pregnancy category B2)*

**OR**

**Metronidazole 400mg twice daily for 7 days**

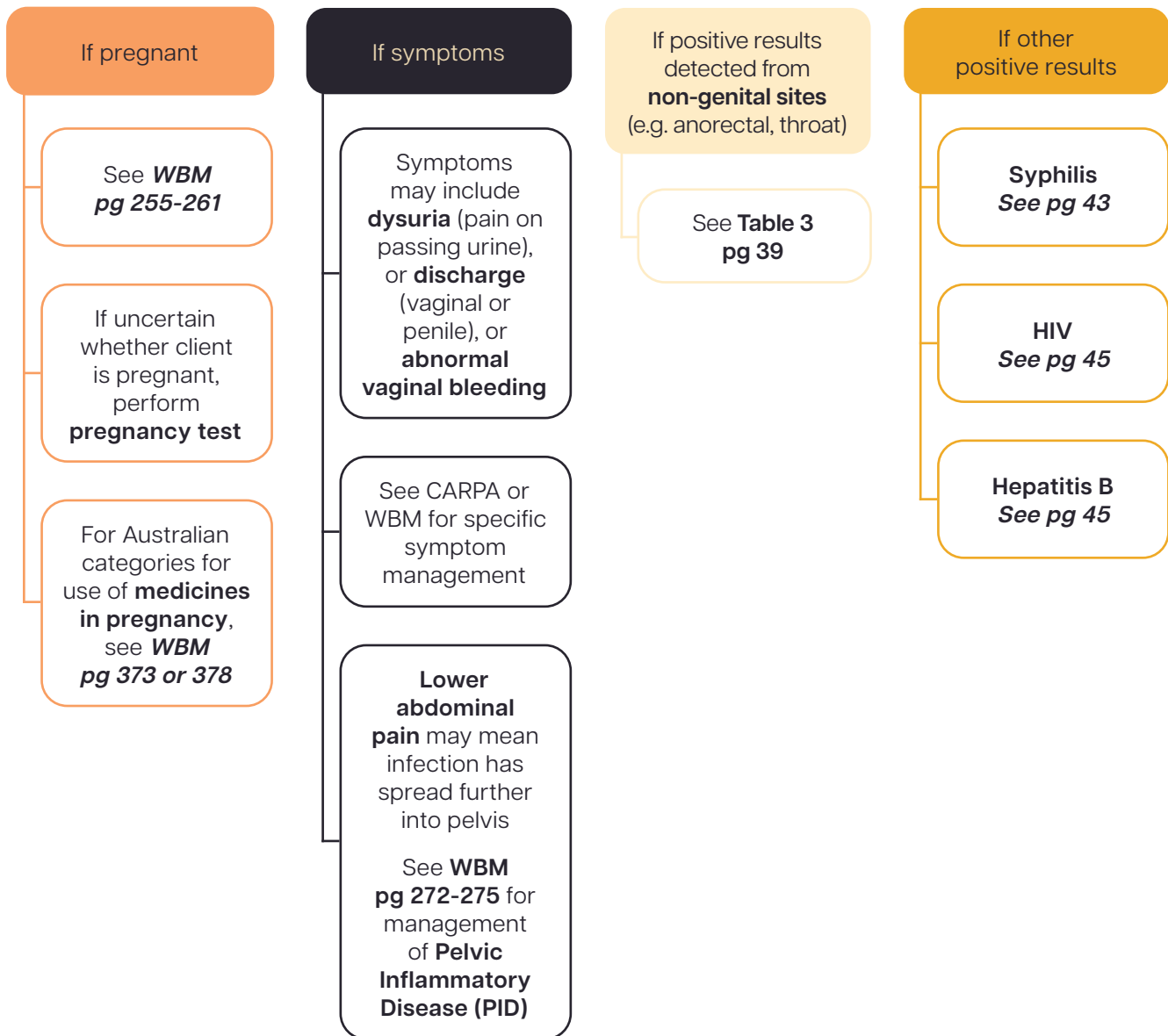
*(best for breast feeding)*

**Trichomoniasis**

- › A single dose can cause nausea and vomiting, especially if taken on an empty stomach. If client vomits within 1 hour of taking dose, another course should be considered.
- › Clients should be counselled not to drink alcohol for at least 24 hours after single dose of metronidazole, or during 7 day course and for 24 hours after completing course of metronidazole.

If client has positive trichomonas result, ensure that you have checked the results for the tests done already for gonorrhoea and chlamydia.

## Figure 10: Management of situations outside of asymptomatic screening



### Management of STIs detected from non-genital sites

- > **Swabbing of rectum, throat and eyes is offered if client:**
  - > Reports symptoms.
  - > Requests testing.
  - > Had a positive genital screening test result and risk of exposure at extragenital sites.
- > Is coming in for check-up after having been identified as a contact.
- > Is a man who has sex with men (MSM), sistergirl or brotherboy.
- > Therefore, these additional swabs would occur in the context of a full STI check.
- > Rectal and throat swabs can be self-collected.
- > Gonococcal eye infection can be invasive and can lead to visual loss – close follow-up is advised.

**Table 3: Treatment of non-genital infections**  
(see *Australian STI Management Guidelines*<sup>3</sup>)

INFECTION	TREATMENT (IMI: intramuscular injection; Stat: immediately)
<b>Chlamydia</b>	
Anorectal infection	Doxycycline 100mg oral twice daily for 7 days if asymptomatic (or 21 days if symptomatic), <b>or</b> Azithromycin 1g oral stat and repeat in 12-24 hours.
Pharyngeal infection	Doxycycline 100mg oral twice daily for 7 days, <b>or</b> Azithromycin 1g oral as a single dose.
<b>Gonorrhoea</b>	
Anorectal infection	Ceftriaxone 500mg IMI stat in 2ml 1% lignocaine, and Azithromycin 1 g oral stat.
Pharyngeal infection	Ceftriaxone 500 mg IMI stat in 2 ml 1% lignocaine, and Azithromycin <b>2g</b> oral stat (or 1g stat then 1g 6 hours later to reduce gastrointestinal side effects). <i>If a patient has had the recommended treatment for genital or anorectal gonorrhoea at the time of testing and found to also have pharyngeal gonorrhoea, they <b>do not</b> need to be retreated with the higher dose of azithromycin, but a test of cure is recommended.</i>
Adult Conjunctivitis	Ceftriaxone <b>1g</b> IMI stat in 2ml 1% lignocaine, and Azithromycin 1g oral stat. <i>For treatment of children with suspected or confirmed gonococcal conjunctivitis, refer to appropriate local guidelines and seek urgent medical consultation.</i>

- **For clinical advice and support**, please contact the AHSC **on (08) 7117 2800**. Identify that you are from an Aboriginal Health Service and ask to speak to the duty doctor for a quick response. Check opening hours on website.

## Additional notes on STI management

### > Treatment:

- > Explain **results** from all screening done; and explain **recommended treatment and follow-up**.
- > Discuss and plan sexual **partner notification (contact tracing), testing and treatment**.
- > Advise **no sex for 7 days after treatment** completed by client AND partner(s).

### > Further testing:

- > Complete **full STI check** including HIV and syphilis serology if not done (*see CARPA STM, 8th edition*, p. 307<sup>4</sup> or *CARPA WBM, 7th edition*, p. 248<sup>5</sup>).
- > Offer **testing of other sites** (eg anorectal, throat) if indicated.

### > Notification:

- > Notify **gonorrhoea** infections,
  - > By phone to **SA Health Communicable Disease Control Branch (CDCB) 1300 232 272**, or
  - > Download, complete and fax the orange form Report of Notifiable Conditions: Sexually Transmissible Infections or Related Death<sup>6</sup> to **(08) 7425 6696**.
- > **Chlamydia** is no longer required to be notified by clinicians unless the client is 16 years or younger, they suspect a person has died from the condition, or if infection was diagnosed on POCT and there was no system in place for a pathology service to transmit a notification.
- > **Trichomoniasis** is not notifiable in SA.
- > Advise **safer sex and offer condoms**.
- > **Follow-up:**
  - > **Complete Communicare recall for “STI Treatment.”**
  - > Offer **review in 1 week** – especially if treatment was doxycycline or metronidazole course. This is an opportunity to check treatment was completed, check symptoms have resolved, answer further questions and check partner notification.
  - > Advise **Test of Cure for gonorrhoea** by performing a gonorrhoea NAAT swab from positive sites at least 4 weeks after treatment the end of treatment is completed.
  - > **Test for reinfection at 3 months** (check automated recall is in notes).

## Legal issues when treating minors

- › Age of consent/legal age for having sex in SA is **17 years unless legally married** (or **18 years** if older person is in position of power/authority over the younger person eg teacher, youth worker, step-parent, boss, sports coach, religious leader etc).
- › Sex is considered **non-consensual** if a person is **under the age of consent**.
- › It is **against the law** to have sexual activities with someone under the age of consent **even if they agree** to the sexual activity.

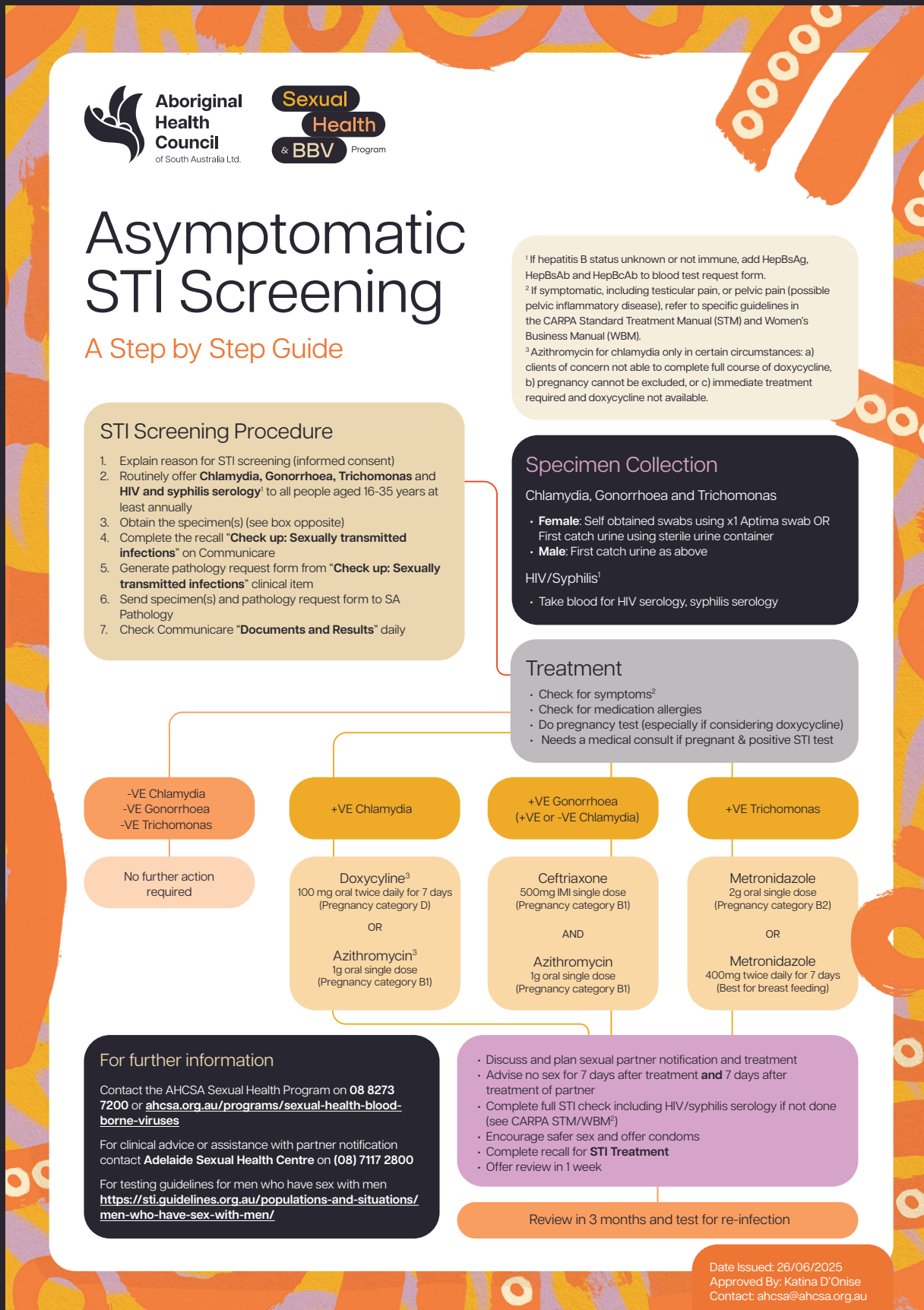
Any sexual behaviour between a young person under 18 years and a family member or a person in a position of power/authority is sexual abuse and therefore must be mandatorily reported.

## Mandatory reporting

- › In SA, all health staff are mandated reporters.
- › If you suspect on reasonable grounds that a child or young person has been, or is being, sexually abused you are mandatorily required to notify the Department for Child Protection via the **Child Abuse Report Line (CARL) 13 14 78**. See Report Child Abuse or Neglect<sup>7</sup> for more details.
  - › Serious cases must be reported by phone.

If a child under age 17 years has a positive STI test, discuss the case with a senior clinician to plan the next steps for follow-up and considerations for mandatory reporting.

Figure 11: AHCSA asymptomatic STI screening: A step by step guide



## Management of syphilis, HIV and viral hepatitis

### Syphilis

- > Arrange a medical consult. Interpreting blood test results is complicated and may need a review of old results, obtaining previous testing and treatment history from the SA Syphilis Register<sup>8</sup> (1300 232 272), and discussion with a specialist.
- > It is important to determine the stage of infection in the individual because stage determines which treatment is required (See **Figure 12 Disease stages in syphilis**, right).

  - > Refer to the **CARPA STM 8th edition**, p. 312<sup>4</sup> or **CARPA WBM, 7th edition**, p. 258<sup>5</sup> or Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) Decision Making in Syphilis<sup>9</sup> resource.
  - > The SA Syphilis Register may contain information about past results or treatments for syphilis in Aboriginal people. Obtain client's consent to contact the register at health.syphilisregister@sa.gov.au or 1300 232 272.
  - > The individual may not live in SA, or may have been previously diagnosed with syphilis in another state. As such, the syphilis register for another jurisdiction may be contacted, with client's consent.
    - > NT Syphilis Register: (08) 8922 7818 (Darwin) or (08) 8951 7552 (Alice Springs)
    - > Queensland Syphilis Surveillance Service 1800 032 238
- > **Adelaide Sexual Health Centre (phone (08) 7117 2800)** can give advice on management but in general, some actions should be taken immediately in the ACCHS (See **Figure 13: Management of syphilis, Section 3**, p. 44).
- > If there is clinical suspicion that a person has syphilis, treatment should be started without waiting for results of testing.
- > Obtain syphilis **serology** on the day treatment is commenced as baseline for monitoring response.

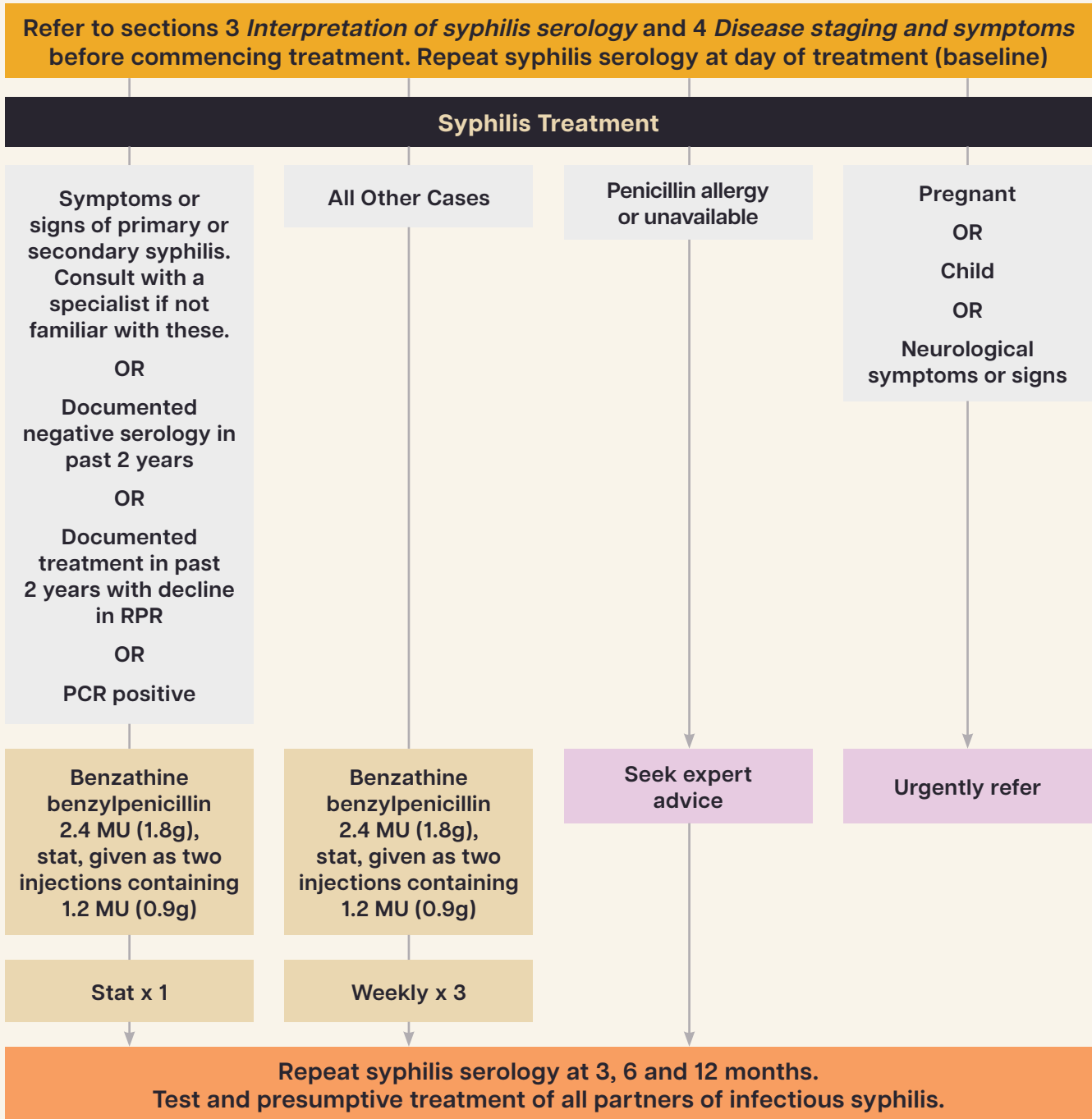
## Figure 12: Disease stages in syphilis

	Disease Stage (often not distinct)	Symptoms and signs (most patients do not have all or most of these)
Infectious	Primary syphilis	Genital, anal or oral ulcer. Inguinal lymph enlarged.
	Secondary syphilis	Fever, malaise, headache, lymphadenopathy, rash, alopecia, oral, anal or genital lesions.
	Neurosyphilis	May arise in context of secondary or less commonly tertiary syphilis. <b>Neurological symptoms or signs:</b> visual changes, tinnitus, deafness, cranial nerve palsies, severe headache or meningitis.
	Early Latent (<2 years) syphilis	Positive syphilis serology no clinical symptoms or signs no evidence of adequate past treatment. Negative test or a 4-fold increase in RPR within past 2 years.
Non-Infectious	Late latent (>2 years) syphilis	Positive syphilis serology no clinical symptoms or signs no evidence of adequate past treatment. No negative test within 2 years.
	Tertiary syphilis	Destructive skin, cardiovascular or neurological disease.
Congenital syphilis		Severe multi-organ disease with very high mortality and morbidity in both in-utero and in neonatal periods.
These stages are often not distinct, most patients do not develop all or most of these symptoms and signs.		

Reproduced with permission from ASHM (March 2024)

**Syphilis** in pregnancy requires an **urgent** response to prevent complications of congenital syphilis. Discuss with the Adelaide Sexual Health Centre, and refer to SA Health's Syphilis in Pregnancy Perinatal Practice Guideline<sup>10</sup>.

# Figure 13: Management of syphilis



**Consult with a specialist:**

- > Before commencing on treatment. Interpretation of syphilis serology is complex.
- > Diagnosed during pregnancy. Seek urgent specialist advice for congenital syphilis.
- > Positive syphilis results in a child. Additionally, discuss results urgently with child protective services.
- > Unable to obtain Benzathine benzylpenicillin which is supplied as 1.2MU pre-filled syringes.

- > Allergy to principal treatment choice and seeking alternative treatment option.
- > Complicated syphilis. Refer those with acute neurological signs, symptoms or suspected tertiary disease to local sexual health or infectious diseases clinic.
- > HIV co-infection.
- > RPR is rising or a 4-fold drop is not achieved by 12 months.
- > Contact tracing is unclear.

## HIV

- › Arrange a medical consult.
- › Follow local procedures – contact **Adelaide Sexual Health Centre on (08) 7117 2800** and the **AHCSA Sexual Health and BBV team on (08) 8273 7200** for further advice.
- › Benefits of early initiation of treatment are:
  - › Improved health outcomes for individual with infection.
  - › Viral suppression and therefore prevention of transmission of HIV to others (treatment as prevention – TasP, and undetectable viral load = untransmissible).
- › Treatment should be conducted under care of specialist (shared care best) or GP specialising in HIV care (with s100 prescriber rights).
- › Refer to SA Health’s HIV website<sup>11</sup> for more information about treatment and prevention.
- › An individual who has been diagnosed with HIV may experience fear, shame, stigma, or may have questions or concerns. It is important to refer HIV positive individuals to support networks in the community. Some examples include:
  - › SHINE SA<sup>12</sup> – *offers counselling by professional sexual health counsellors.*
  - › SAMESH<sup>13</sup> – *offers peer support, counselling, workshops and information for people newly diagnosed or living with HIV, including men who have sex with men and the broader LGBTIQA community.*
  - › Relationships Australia South Australia (RASA) Mosaic Blood Borne Viruses Support Services<sup>14</sup> – *offers support for health and emotional wellbeing in people living with HIV and viral hepatitis, and their family, friends and carers.*
  - › PATSIN<sup>15</sup> – *national membership-based group for Indigenous people living with HIV.*
  - › Local social and emotional wellbeing teams in the community.

## Viral Hepatitis

Refer to the AHCSA Communicare User Manual for Viral Hepatitis<sup>16</sup> which was developed to guide Aboriginal health services in screening and managing chronic hepatitis B and C (*under review 2025*).

### Hepatitis B

- › Once diagnosis of chronic hepatitis B is established, further workup is required to determine:
  - › Client’s disease phase.
  - › Presence of any complications.
  - › Indications for starting treatment or for referral to specialist care.
- › Refer to ASHM’s guide Decision Making in Hepatitis B<sup>17</sup> for more details and the Viral Hepatitis Communicare Manual.
- › **Treatment:**
  - › Options have greatly improved in recent years with availability of antiviral medication.
  - › Goal is to suppress viral replication, reducing risk of progression to advanced liver disease.
  - › Although many people with chronic hepatitis B do not need treatment with antiviral medication, it is estimated that only a small proportion of Aboriginal people who do need treatment are accessing it.
  - › Clinical review recommended every 6-12 months, which can help identify which clients with hepatitis B require antiviral treatment and can support early detection of hepatocellular carcinoma (HCC).

## Hepatitis C

- > **Figure 15: Hep C in 4** (Section 3, p. 47) right outlines the management of hepatitis C.
- > All people diagnosed with chronic hepatitis C should be offered treatment.
- > Direct-acting antiviral (DAA) agents are highly effective oral medications with few side effects:
  - > GPs in primary care are able to prescribe these medications.
- > Most up-to-date treatment protocols for hepatitis C<sup>18</sup> can be found through the Gastroenterological Society of Australia (GESA).
- > While many clients with hepatitis C can be treated in primary care, some will still require specialist management. If client presents with co-morbidities/features outside scope of clinician's expertise, then clinician should:
  - > Seek specialist support to assist in management.
    - > Submit GESA's Remote Consultation Request for Initiation of Hepatitis C Treatment<sup>19</sup>, or
    - > Refer for specialist management.
  - > Specialists include gastroenterologist, hepatologist, infectious diseases physician or authorised Nurse Practitioner experienced in the treatment of chronic hepatitis C.

## Viral Hepatitis Support Nurses

- > Provide link between public hospital specialist services and general practice, and give specialised support to GPs in management of clients with hepatitis B or C.
- > Work with clients in community, general practice or hospital setting.
- > Are located across Adelaide metropolitan area; support can also be arranged for people in country areas.
- > Can be contacted directly by clients or GP.
- > See **Figure 14: Viral hepatitis nursing support contacts** (below) for location and contact details or visit SA Health: Viral Hepatitis Nursing Support<sup>20</sup>.

## Figure 14: Viral Hepatitis nursing support contacts

### Central Adelaide Local Health Network

#### Queen Elizabeth Hospital

Phone: 0423 782 415,  
0466 851 759 or  
0401 717 953

Fax: (08) 8240 9609

#### Royal Adelaide Hospital

Phone: (08) 7074 2194 or  
0401 125 361

Fax: (08) 7074 6247

### Northern Adelaide Local Health Network

Phone: 0401 717 971 or  
0413 285 476

Fax: (08) 7485 4011

### Southern Adelaide Local Health Network

Phone: 0466 777 876 or  
0466 777 873

Office: (08) 8204 6324  
Fax: (08) 8204 6420

Figure 15: Hep C in 4



**Aboriginal Health Council**  
of South Australia Ltd.

**Sexual Health & BBV Program**

Content from: August 2021  
Visuals Updated: August 2025  
Approved By: Katina D'Onise  
Contact: ahaso@ahesa.org.au

# Hep C in 4

## 1 Assess

**Risky behaviour and environment**  
Chat about risks...  
Review Communicare/other health record

### Risk Factors

 Injecting drug use – current or past	 Not practising safe sex	 Blood transfusion or blood products before 1990
 Unsterile/backyard tattoos, piercing, or scarification	 Fights or contact sports incidents where blood was present	 Communicare/health record: jaundice? previous tests?
 Shared razor blades, toothbrushes	 Unsterile medical, dental or cosmetic procedures	 Been in prison

## 2 Inform

**It is a blood test**  
Explain hep C risk factors  
Hep C cure – simple, very effective

## 3 Refer

**Viral Hepatitis Nurses**  
GP or Specialist (ID or Liver) if available  
Hepatitis SA: 1800 437 222

### Key Facts

 There is a cure for hep C – close to 100%	 Results can take up to 1 week	 It takes about 3 months before infections can be detected. If infection is recent, may need a second test
 No symptoms – can be a long time before you even notice	 For most people – no injections. Just tablets daily for 8 or 12 weeks	 Hep C can cause liver scars, liver failure or liver cancer
 Blood needs to be taken for the test		

## 4 Follow-up

**Appointment for review**  
Medication delivery & reminders  
Recent exposures – date for re-testing  
Audit & recall diagnosed clients

### Actions

 Appointment for follow up on progress	 Recall diagnosed people who were not referred for treatment	 Recall those who have started treatment but had no follow up
 Regular reminders – calls or text	 Need support to fill up scripts and/or pick up meds?	 If exposure was recent, make date for another test in 3 months

Sexually Transmissible Infections & Blood Borne Viruses

47

## Disease notifications

Health practitioners are required to notify SA Health of cases of syphilis, HIV, hepatitis B and C. This can be done by contacting the **Communicable Disease Control Branch on 1300 232 272**, or by sending the appropriate form<sup>21</sup> (see right) to **fax number (08) 7425 6696**.

- > Syphilis: Maroon form
- > Hepatitis B: Green form
- > Hepatitis C: Blue form
- > HIV-by phone only

## Reference List

- 1 ASRHA/ASHM. *Australian STI management guidelines for use in primary care: Chlamydia*. Australia: ASHM; 2024. Accessed 8 October 2025. <https://sti.guidelines.org.au/sexually-transmissible-infections/chlamydia/>
- 2 ASRHA/ASHM. *Australian STI management guidelines for use in primary care: Gonorrhoea*. Australia: ASHM; 2024. Accessed 8 October 2025. <https://sti.guidelines.org.au/sexually-transmissible-infections/gonorrhoea/>
- 3 ASRHA/ASHM. *Australian STI management guidelines for use in primary care: STIs*. Australia: ASHM; 2024. Accessed 8 October 2025. <https://sti.guidelines.org.au/sexually-transmissible-infections/>
- 4 Remote Primary Health Care Manuals. *CARPA Standard Treatment Manual (8th edition)*. Alice Springs, NT: Flinders University; 2022
- 5 Remote Primary Health Care Manuals. *Women's Business Manual (7th edition)*. Alice Springs, NT: Flinders University; 2022
- 6 SA Health. Report of Notifiable Conditions Sexually Transmissible Infections or Related Death. Accessed 8 October 2025. [https://www.sahealth.sa.gov.au/wps/wcm/connect/56b38f004077468493a2bb222b2948cf/CDCB\\_RNC\\_STI\\_April2022.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-5b38f004077468493a2bb222b2948cf-o1Pylql](https://www.sahealth.sa.gov.au/wps/wcm/connect/56b38f004077468493a2bb222b2948cf/CDCB_RNC_STI_April2022.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-5b38f004077468493a2bb222b2948cf-o1Pylql)
- 7 Government of South Australia Department for Child Protection. Process for mandated reporters. Accessed 8 October 2025. <https://www.childprotection.sa.gov.au/report-suspected-harm/process-for-mandated-reporters>
- 8 SA Health. SA Syphilis Register. Accessed 14 August 2025. <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/clinical+programs+and+practice+guidelines/infectious+disease+control/syphilis/syphilis+register>
- 9 ASHM. *Decision making in syphilis*. Accessed 14 August 2025. [https://ashm.org.au/wp-content/uploads/2023/08/FINALSCREENDecision-makinginsyphilis\\_V2.2\\_Nov21-1.pdf](https://ashm.org.au/wp-content/uploads/2023/08/FINALSCREENDecision-makinginsyphilis_V2.2_Nov21-1.pdf)
- 10 Bell C, Spagnoletti B, Flood L, Rees T. *Syphilis in pregnancy and the neonate PPG015 [Internet]*. *South Australian Perinatal Practice Guideline*. SA Health, Government of South Australia. 2025 [Updated 3 Jan 2025, version 5]. Accessed 14 August 2025. <http://www.sahealth.sa.gov.au/perinatal>

- 11 SA Health. HIV. Accessed 14 August 2025. <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/conditions/infectious+diseases/human+immunodeficiency+virus+infection+hiv+and+aids/hiv>
- 12 SHINE SA. Sexual Health Counselling. Accessed 14 August 2025. <https://shinesa.org.au/counselling/>
- 13 SAMESH. Newly Diagnosed. Accessed 14 August 2025. <https://samesh.org.au/hiv-health/newly-diagnosed/>
- 14 Relationships Australia SA. Mosaic Blood Borne Viruses Support Services. Accessed 14 August 2025. <https://www.rasa.org.au/support/services/mosaic/>
- 15 National Association of People with HIV Australia. PATSIN. Accessed 8 September 2025. <https://napwha.org.au/patsin/>
- 16 ASHM and AHCSA. *Communicare user manual viral hepatitis. 2015*. Accessed 8 September 2025. <https://ashm.org.au/resources/communicare-user-manual-viral-hepatitis/>
- 17 ASHM. *Decision making in hepatitis B. July 2024*. Accessed 8 September 2025. <https://ashm.org.au/resources/decision-making-in-hepatitis-b/>
- 18 Gastroenterological Society of Australia. *Clinical guidance for treating hepatitis C virus infection: a summary*. October 2022. Accessed 18 September 2025. <https://www.hepcguidelines.org.au/wp-content/uploads/2022/11/GP-algorithm-2022.pdf>
- 19 Gastroenterological Society of Australia. *Remote consultation request for initiation of hepatitis C treatment*. October 2022. Accessed 18 September 2025. <https://www.gesa.org.au/public/13/files/Education%20%26%20Resources/Clinical%20Practice%20Resources/Hep%20C/Remote%20consultation%20form%202022.pdf>
- 20 SA Health. Viral hepatitis nursing support. Accessed 18 September 2025. <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/clinical+and+practice+guidelines/infectious+disease+control/viral+hepatitis+nursing+support/viral+hepatitis+nursing+support>
- 21 SA Health. Notifiable disease reporting. Accessed 18 September 2025. <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/health+notifications/notifiable+disease+reporting/notifiable+disease+reporting>



# Section 4: Contact tracing (partner notification)

Contact tracing is an important part of follow-up when an STI or BBV is diagnosed. Confidentiality is essential and it requires culturally competent knowledge of local community.

Do not name the case in the contacts' clinical record

Do not name the contact(s) in the case's clinical record

## Chlamydia/gonorrhoea/ trichomoniasis

- > Partner notification is the primary responsibility of the diagnosing clinician.
- > Doctor/RN/AHW or AHP from health service to ensure partner notification.

## Syphilis

- > Partner notification will be done by the SA Syphilis Register for individuals with positive syphilis test who identify as Aboriginal and/or Torres Strait Islander.
- > Doctor/registered nurse (RN)/Aboriginal Health Worker (AHW) or Aboriginal Health Practitioner (AHP) from health service to ensure notification to the SA Health Communicable Disease Control Branch (CDCB) on 1300 232 272. The CDCB then refers the individual with a positive syphilis test to the SA Syphilis Register.

## HIV

- > Partner notification will be done by the Partner Notification Service at the Adelaide Sexual Health Centre.
- > Doctor/RN/AHW or AHP from health service to ensure notification to the CDCB on 1300 232 272. The CDCB then refers the individual with a positive HIV test to the Adelaide Sexual Health Centre.

## At consultation for treatment of STI

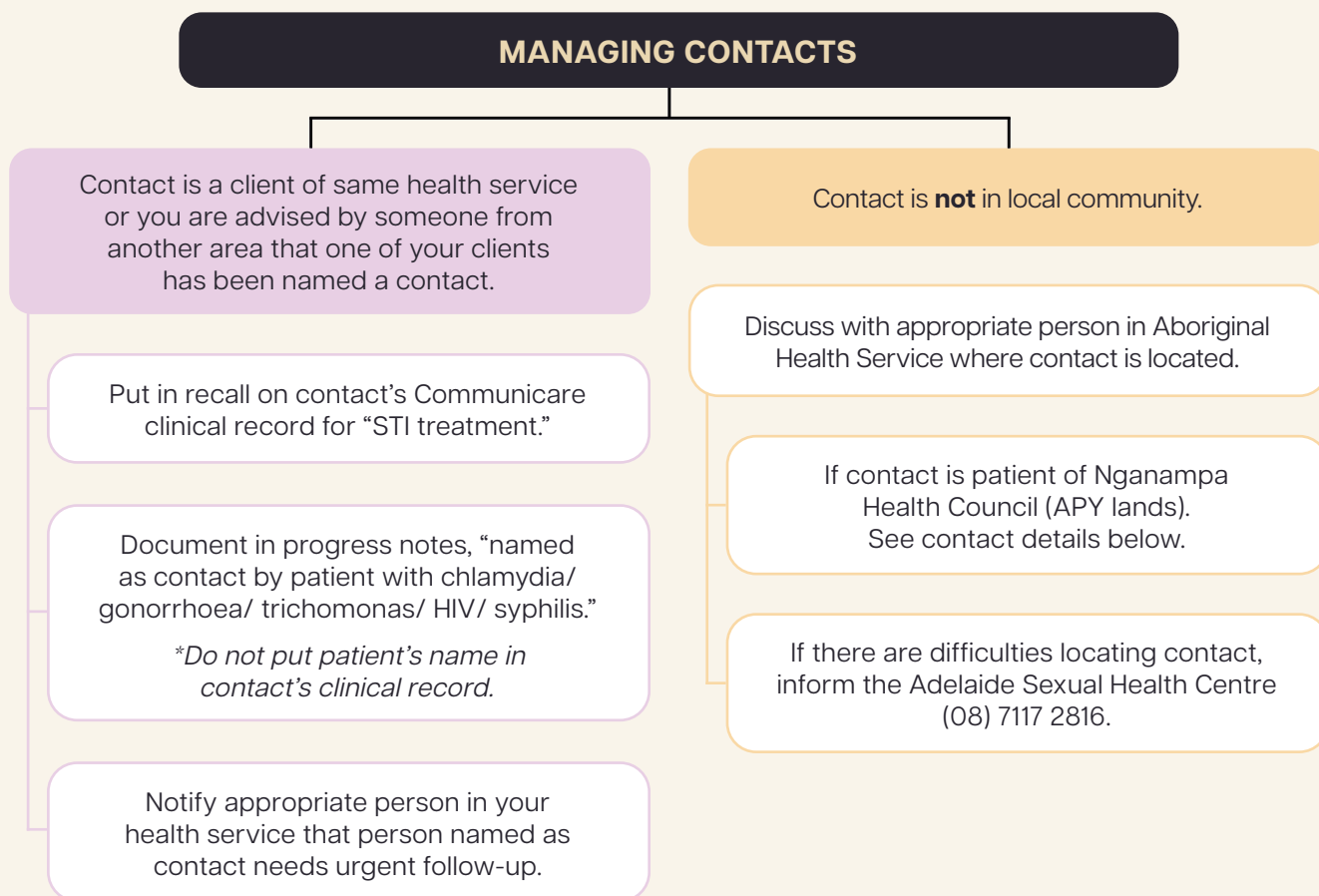
- > Sensitivities should be managed during the sexual health consultation (see **Figure 9: Managing sensitivities during a sexual health consultation**, Section 3, p. 35).
- > Explain to client diagnosed with STI (index case) that contacts (sexual partner(s) have a right to STI check and treatment.

If contacts are not treated, risk for re-infection of index case is very high. It is crucial to treat contacts as soon as possible.

- › Advise no sex for 7 days after index case and contact(s) treated.
- › If index case is male, it may be useful to explain that most of the serious consequences of STIs occur in women, and to children born to mothers with STIs. This explanation may prompt index case to name contacts.
- › Discuss methods to inform contact(s) and offer choice:
  - › Index case can inform sexual partners.
  - › ACCHS staff can contact trace in person, by telephone, email, or SMS.
  - › Contact tracing websites can also be used as an alternative:
    - › Better to Know<sup>1</sup> – *for Aboriginal and Torres Strait Islander people (this website helps people to write a message to send to their contacts; it does not have an online notification facility).*
    - › The Drama Downunder<sup>2</sup> – *for gay, bisexual and queer men.*
    - › Let Them Know<sup>3</sup> – *for general population.*
- › Emphasise **confidentiality**:
  - › It should be stressed that name of index case will not be passed on to contacts or staff who are not involved in partner notification. **Make sure that you do not write the name of the index case in the contact's clinical records.**
  - › Contacts are not given the name of the person who is positive for STI; they are only informed that an STI check-up and treatment is advisable at this time.
- › Record the name and address of the contacts on a piece of paper. **Names of contacts should not be recorded in the index case's clinical records.**
  - › Ask for contacts' approximate age, nicknames, aliases and other contact details if possible.
- › If there are complex social or safety concerns:
  - › Consult with a senior clinician.
  - › Contact the Adelaide Sexual Health Centre on (08) 7117 2800 or SA Syphilis Register on 1300 232 272 for specialist support in contact tracing.
  - › Consider involving other support services, eg counselling or family violence services.



# Figure 16: Managing contacts



If the contact is a patient at Nganampa Health Council, contact Dr Rae-Lin Huang, Public Health Physician, STI Control and HIV Prevention Program (Fax (08) 8953 3252) and the clinic via their individual clinic fax numbers, along with a follow up telephone call to the clinic. Clinic fax numbers are listed below:

Amata	(08) 8956 7825
Pukatja (Ernabella)	(08) 8956 7528
Fregon	(08) 8956 7816
Iwantja (Indulkana)	(08) 8670 7967
Mimili	(08) 8956 7801
Pipalyatjara	(08) 8956 7836
Nyapari	(08) 8956 7441

**Be innovative:**

If conventional methods of contact tracing are proving unsuccessful, identify areas where client frequents (eg parks, sporting clubs, homes of other relatives, hotels and taverns) to attempt to contact with client.

Seek support from the Partner Notification Service at Adelaide Sexual Health Centre, or SA Syphilis Register for Partner Notification in syphilis cases.

## Table 4: How far back in time to trace contacts

INFECTION	HOW FAR BACK TO TRACE SEXUAL CONTACTS
Chlamydia	6 months
Gonorrhoea	2 months
Trichomoniasis	Trace current contact(s) and offer concurrent treatment to prevent reinfection.
Hepatitis B	6 months prior to onset of acute symptoms.
Hepatitis C	6 months prior to onset of acute symptoms. If asymptomatic: according to risk history.
HIV	Start with recent sexual or needle-sharing partners; outer limit is onset of risk behaviour or last known negative HIV test result.
Syphilis	Primary syphilis – 3 months plus duration of symptoms. Secondary syphilis – 6 months plus duration of symptoms. Early latent syphilis – 12 months. Late latent syphilis – long term partners only.
Trichomoniasis	Unknown. Current partner notification is recommended – guided by sexual history.

*Reproduced from the Australasian Contact Tracing Guidelines, ASHM (as of update September 2022)*  
<https://contacttracing.ashm.org.au/introduction/><sup>4</sup>

## Reference List

- 1 Health Equity Matters. Better to know. Accessed 18 September 2025.  
<https://www.bettertoknow.org.au>
- 2 Thorne Harbour Health. The drama downunder. Accessed 18 September 2025.  
<https://www.thedramadownunder.info/>
- 3 Melbourne Sexual Health Centre. Let them know. Accessed 18 September 2025.  
<https://letthemknow.org.au/>
- 4 ASHM. Australasian contact tracing guidelines 2022. Accessed 18 September 2025.  
<https://contacttracing.ashm.org.au/>

# Section 5: Enhanced STI community screening programs



- People with STIs may not have symptoms, so regular screening is strongly encouraged. AHCSA supports health services who wish to conduct a coordinated STI community screening program, which provides an opportunity to identify asymptomatic infections.
- Community screening has been shown to have a greater impact than opportunistic screening for the following reasons:
  - Some people in the priority age group may not present to the clinic for other reasons and would not be offered an STI test if only opportunistic screening is relied upon.
  - By doing widespread screening of the whole priority age group and treating all positive cases at around the same time, there is a greater likelihood of improving health outcomes in the positive case through timely treatment. There is also a greater chance of interrupting the transmission of infections.
- Some services may prefer a 6 week screening focus period, others may prefer multiple shorter focus periods of screening. The AHCSA Sexual Health and BBV Program Team is available during the screening period(s) to provide support and advice.

As some clients may visit multiple communities, it may be helpful for health services to coordinate the timing of their screening periods.

This enables health services test and treat people at the same time.

- 1 The aims of the program are to:
  - Test everybody from the health service client database **aged 16-35 years**, and
  - Treat every person with a positive test as soon as possible after the diagnosis has been made.
  - Raise education and awareness in the community about STIs and safer sex.
- 2 STIs recommended for routine screening are:
  - **Chlamydia, gonorrhoea and trichomonas.**
  - **Syphilis and HIV** (blood test) + **hepatitis B immunity** (blood test) if status is unknown.
- 3 It is important to obtain verbal **informed consent** from people who provide specimens. Information to provide includes:
  - Why the specimens are being requested (*to check for sexually transmitted infections*).
  - That the specimens will be sent away to a laboratory to test for chlamydia, gonorrhoea, trichomonas, syphilis and HIV.
  - How the client will get the result (*they need to come back*), and
  - What it will mean if any STIs are detected (*eg most STIs can be treated with antibiotics. HIV infection cannot be cured but can be treated with medication to keep the person well*).

- > Results will be kept confidential except where there is a legal requirement, eg. to let the health department know about some infections.
  - > There is a window period for some tests (*some infections may not show up on a blood test straight away; if the person has been recently exposed it is recommended that they have a repeat test in 3 months' time*).
- 4 STI screening of younger children (eg. those aged 14 or 15) is encouraged where there is thought to be a reasonable likelihood of sexual activity, noting the requirements for consent to testing in this circumstance. Consult a senior practitioner if you are unsure.

- 5 When clients attend for STI screening, there may be opportunities for:
- > Full health assessments.
  - > Vaccinations.
  - > Other preventative health care, including cervical screening.

**However the priority in an enhanced screening period is to offer STI screening to as many clients in the priority age group as possible.**

*The Consent to Medical Treatment and Palliative Care Act 1995 (SA)*

Division 4 – Medical treatment of children

Section 12 – Administration of medical treatment to a child

A medical practitioner may administer medical treatment to a child if –

the parent or guardian consents; or

the child consents and –

the medical practitioner who is to administer the treatment is of the opinion that the child is capable of understanding the nature, consequences and risks of the treatment and that the treatment is in the best interest of the child's health and well-being; and

that opinion is supported by the written opinion of at least one other medical practitioner who personally examines the child before the treatment is commenced.

## ACCHS preparations and community engagement checklist

- The ACCHS Board and all staff in the health service are aware and informed about the activities involved in the program.
- Appoint a person or small team in the health service to coordinate the screening program.
  - > However, as many staff as possible should be encouraged to help with the screening program.
- Arrange staffing rosters to ensure that appropriate staff have specific times allocated to the screening program throughout the screening period.
  - > AHCSA may be able to assist with extra staff at various times.
- Obtain a list of all people aged 16-35 years from the health service's Communicare database.
  - > Have a system in place to keep track of who has been screened, whether results have been received, treatment has been given and appropriate follow-up has occurred, including contact tracing.
- Obtain testing equipment and medical supplies (see Appendix 2).
- The recall "Check up; sexually transmitted infections" in Communicare is set for all people aged 16-35 years to be activated on the first day of the screening period.
  - > AHCSA can assist with this.
- Make sure all staff involved in the screening program know how to use the STI screening clinical items in Communicare (see Appendix 3) and generate pathology request forms.
  - > Preferably pathology forms are printed from Communicare but in some cases pre-printed pathology request forms may be used.
  - > Communicare can be enabled so that non-doctor clinical staff can generate pathology request forms for STI screening without a GP's signature but linked to a GP's provider number.
  - > ACCHS's using this function should have clear protocols in place for follow-up of results in a timely manner.
  - > Contact the Patient Information Management Systems Project Officer at AHCSA for assistance if necessary.
- Consider applying for grants to promote community events, and other sexual health promotion campaign material which may be available from AHCSA.
- Promote the event several weeks leading up to the screening period to raise awareness among community members.
- Organise special events, for example men's health evenings, and use the occasion for health promotion as well as screening.
- Consider arranging visits with sporting clubs, schools, and other settings for screening purposes.
- If people on your list, or named contacts, are away from your community, find out where they are if possible and contact the appropriate health service to ask them to do the screening and to let you know when it has occurred.
  - > AHCSA can help if necessary.
- For maximum coverage, where possible go out of the health centre to various places within the community (including people's homes) to locate people on the list and to offer testing.
  - > While this is more feasible when screening geographically discrete communities, it should still be the aim of the program regardless of the community being screened.

## Reference List

- 1 Government of Western Australia. HIV pre-test informed consent and conveying HIV test results. Department of Health. Accessed 18 September 2025. [https://www.health.wa.gov.au/Articles/F\\_I/HIV-pre-test-informed-consent-and-conveying-HIV-test-results](https://www.health.wa.gov.au/Articles/F_I/HIV-pre-test-informed-consent-and-conveying-HIV-test-results)
- 2 Health Equity Matters. *Us Mob and HIV*. 2024. Accessed 18 September 2025. <https://usmobandhiv.org.au/wp-content/uploads/2024/06/Us-Mob-and-HIV-Fifth-Edition-Booklet.pdf>

# Section 6:

## How can data be used to improve delivery of sexual health care in Aboriginal community controlled health services?

Collecting clinical data on STI testing and results is important for surveillance of STIs and Continuous Quality Improvement (CQI). Data can provide snapshots of how the sexual health program is tracking over a period of time (“what is going well with the program?”) and enable health services to identify areas that need more focus (“what can we do better?”). It may reflect whether initiatives that are introduced or changes made to service provision are working as intended.

### Aims and objectives of the AHCSA STI Data Program

- › Produce regular STI reports for ACCHS’s to facilitate local CQI activities in relation to STI testing and treatment.
- › Improve the understanding of the epidemiology of STIs among Aboriginal people attending ACCHS’s in SA.
- › To evaluate the impact of AHCSA’s sexual health program activities and inform future program planning.
- › Model commitment to data sovereignty and self-determination by ensuring that data is meaningful, contextualised, and accessible, and is underpinned by Indigenous ways of knowing and doing.

The AHCSA STI Data Program will also enable:

- › ACCHS’s to compare their testing data with aggregated SA ACCHS data, and relevant national data.
- › ACCHS’s to request de-identified data at a health service or aggregated level for individual advocacy purposes.
- › AHCSA to utilise de-identified data to inform outbreak response activities, advocacy work, workforce development activities and/or funding applications.

### Sources of data & reporting

#### 1 SA Pathology

Data for testing (chlamydia, gonorrhoea, trichomonas, syphilis and HIV) and test results (chlamydia, gonorrhoea, trichomonas) are collected from participating ACCHS in SA for analysis by the AHCSA Sexual Health Program. AHCSA provides reports on STI testing and results for each participating service such as the annual report.

## 2 ATLAS network (Poche Centre for Indigenous Health, University of Queensland)

AHCSA serves as a clinical hub representative of the ATLAS Indigenous Primary Care Surveillance Network established in 2017. ATLAS is an Indigenous-led and governed national sentinel surveillance network primarily consisting of Aboriginal Community Controlled Health Services. ATLAS collects de-identified clinical data relating to STI and BBV testing and management and provides regular reports, an online dashboard and surveillance analyses to participating sites. The network will be expanded to improve understanding of clinical care for vaccine preventable diseases (VPDs) and to include data on risk behaviours and access to health care.

## Using data for CQI activities

There are many ways that data can be used for sexual health CQI activities in the health service. Below are some examples:

- 1 Looking at the number of tests done in the year and comparing it to previous years.
  - › Could there be a new target set for the following year?
- 2 Were there fewer male clients tested compared to female clients?
  - › Could the service organise more activities to promote testing in male clients, aged 16-35 years, for the next year?
  - › Could a male Aboriginal Health Practitioner collaborate with other program teams to run STI screening activities at joint events?
- 3 Of the total number of tests done, how many tests were for clients aged 16-35 years, the main target group?
  - › Could there be more outreach services organised to engage with this age group for testing?
  - › Is the number of current clients aged 16-35 years in Communicare correct? Is there a need for the service to undertake administrative database cleaning to determine an accurate number of current clients aged 16-35 years?
- 4 What percentage of STI tests are associated with syphilis and HIV tests?
  - › Could there be opportunities to upskill program staff on blood taking?
  - › Could there be collaboration with SA Pathology during outreach activities for blood specimen collection?
  - › This may spur the need for an audit to examine syphilis testing among pregnant clients.



### **AHCSA Sexual Health Data Program**

Since 2013, an innovative partnership between AHCSA, SA Pathology and participating SA ACCHS's allows for the automated reporting of STI testing and positivity data from SA Pathology to AHCSA for analysis.

This means that data can be collected and analysed for STI community screening periods, as well as for testing and opportunistic screening completed over one year. Test positivity rates for chlamydia, gonorrhoea and trichomoniasis can be calculated, as the data include the number of people with infection as well as the number of people tested. This overcomes one limitation of nationally collected notifiable STI datasets.

Following the declaration of an outbreak of infectious syphilis in 2017 in the Eyre, West and Far North regions of South Australia, SA Pathology was able to provide AHCSA with automated reports of syphilis and HIV testing associated with a test for chlamydia, gonorrhoea and trichomonas (SA Pathology only provides AHCSA with data on whether a test for syphilis and/or HIV has been performed, not the results).

In 2022, the Agreement was updated to include all syphilis and HIV tests conducted (not results), which reflects best practice yearly screening for syphilis and HIV in the 16 to 35-year age group.

Protection of privacy and personal information is an important consideration and this system utilises privacy of sensitive information handling practices, including unique patient identifiers instead of patient names in data extracts from SA Pathology, secure electronic data transfer and storage and reporting at aggregate level.

Contact AHCSA for more information on the AHCSA STI data collection program.



# Appendix 1: Entering information on Communicare (step-by-step screenshots)



It is important to use the correct STI clinical items on Communicare. This helps with STI management, recalls and follow up, and also improves the accuracy of data collection and reports.

The following STI clinical items should be used in the following situations:

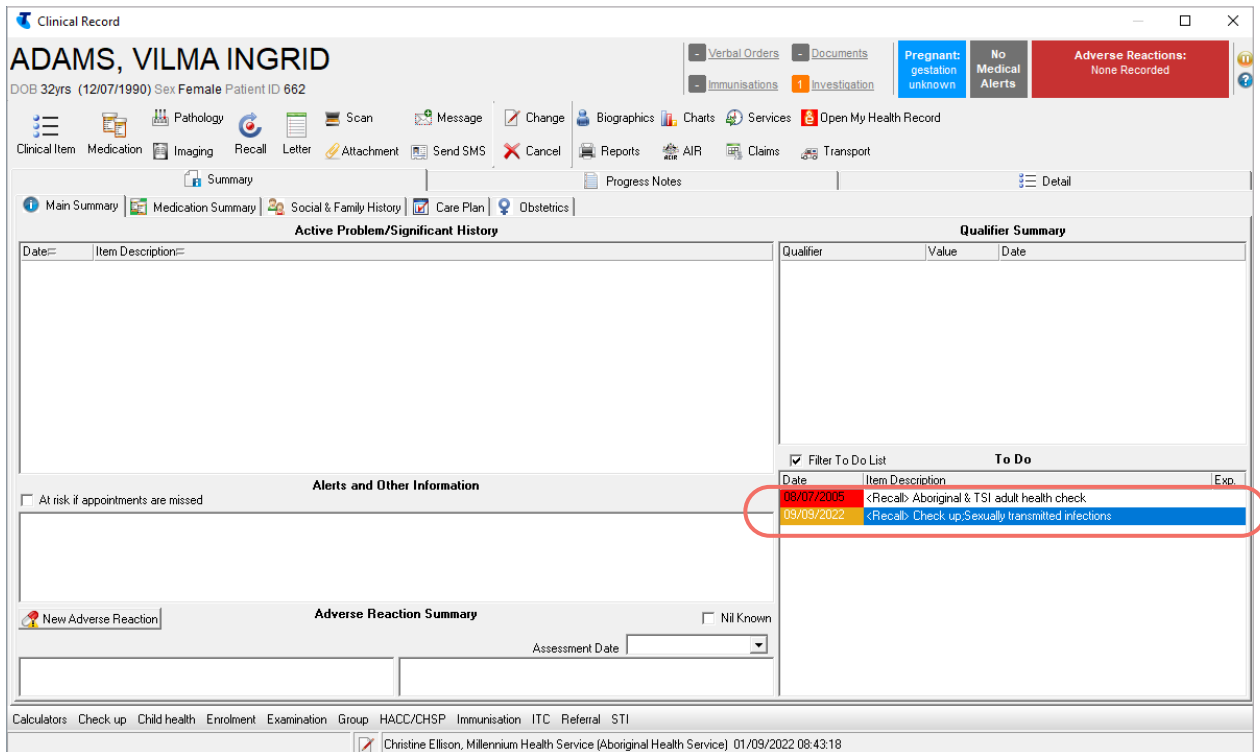
	SITUATION	CLINICAL ITEMS
1	<b>STI test is done</b> (see p. 64)	“Check up;sexually transmitted infections” “Advice and Education about STIs”
	TTANGO POCT done (see p. 69)	“TTANGO;STI POC test”
2	<b>Positive STI result</b> (see p. 70)	Add clinical item for the diagnosed STI Add recall for “STI Treatment”
	Chlamydia positive (see p. 70)	“Chlamydia:F” or “Chlamydia:M”
	Gonorrhoea positive	“Gonorrhoea;genital;F” or “Gonorrhoea;urogenital;M”
	Trichomonas positive	“Trichomoniasis;urogenital;F” or “Trichomoniasis:M”
	Syphilis positive	“Infection;syphilitic;F” or “Infection;syphilitic;M”
	HIV positive	“HIV positive” or “Infection;HIV”
3	<b>STI is treated</b> (see p. 73)	“STI Treatment” “Advice/education:STI”
	Syphilis treatment (see p. 79)	Recalls for futher doses
4	<b>Contact tracing</b> (see p. 80)	Add recall for “STI Treatment” in contact’s communicare file
5	<b>Follow up check up 3 months after treatment</b> (see p. 81)	“Follow up;sexually transmitted infections” “Check up;sexually transmitted infections” “Advice and Education about STIs”

Please note:

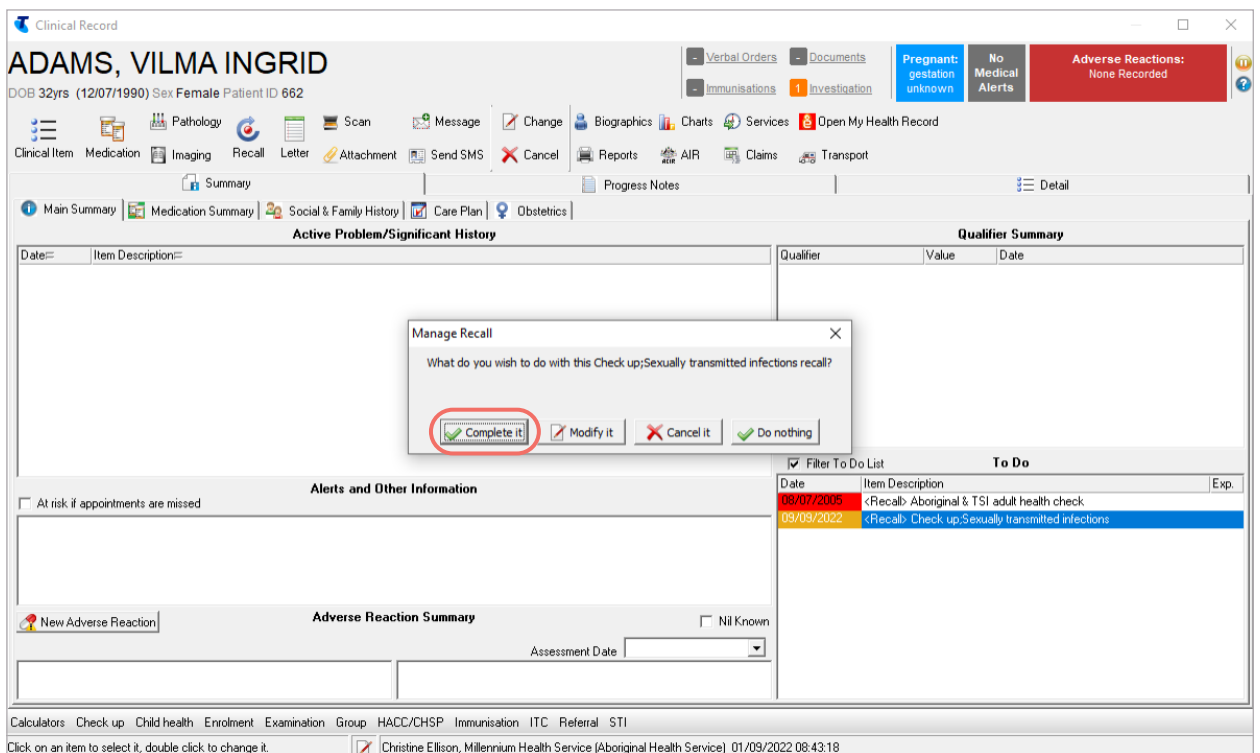
- > First look if the clinical item is listed as a recall in the Communicare “To Do list”- if it is, then click on the recall to complete it.
- > If not, most of these STI clinical items can be found in the STI shortcut tab at the bottom of the clinical record.

# 1. STI screening test is done. "Check up;sexually transmitted infections"

The "Check up;sexually transmitted infections" recall can be set to appear in the clinical records of those clients aged 16-35 years on the first day of an enhanced screening period:



i Double click on the recall and choose to "Complete it".



If the person does not have this recall in the “To Do list”, they can still have a STI check up. You can find this clinical item in the STI shortcut.

- ii Complete the clinical item by checking the dropbox options. Click on the “Request Investigation” button to generate the pathology form with the required investigations.

The “Request Investigation” button will generate a list of investigations, an example of which is provided below. This can then be edited as required.

A standard asymptomatic STI checkup includes gonorrhoea, chlamydia and trichomonas as well as blood testing for HIV and syphilis.

The screenshot shows a software window titled "Add Investigation Request" for patient "ADAMS, VILMA INGRID 32yrs". The window includes a search bar for investigations, a list of available tests, and a list of requested investigations. The requested investigations are "Gonorrhoea, Chlamydia and Trichomonas PCR", "HIV antibodies 1/2", and "Syphilis serology". There are checkboxes for "Fasting" and "Pregnant", with the "Pregnant" checkbox highlighted by a red circle. At the bottom, there are buttons for "Print & Save", "Save", "Cancel", and "Help", with the "Print & Save" button also highlighted by a red circle.

iii Tick if pregnant. Make sure the Investigation Provider is SA Pathology. Check that a SA Pathology request form is in the correct tray in the printer.

iv Click "Print & Save".

If the client's hepatitis B status is unknown, then the following additional Investigations should be requested:

- > Hepatitis B Surface Antigen.
- > Hepatitis B Surface Antibody.
- > Hepatitis B Core Antibody.

**Edit Investigation Request**

**ADAMS, VILMA INGRID 34yrs**

Christine Ellison, Millennium Health Service (Aboriginal Health Service) 01/09/2022

Investigation Provider: Western Diagnostic Pathology

Search Investigations: [Search Box]

ACR, urine  
 Albumin  
 Albumin Creatinine Ratio  
 Alpha fetoprotein, serum  
 Anti DNA antibodies  
 Anti Thyroid antibodies  
 Anti-DNASE B titre  
 Anti-streptolysin O titre  
 Antinuclear antibodies  
 Barmah forest IgG and IgM  
 Bicarbonate  
 Blood culture  
 Blood gases  
 Blood group & antibody screen

Copy To: [Dropdown]

Investigation Reason: [Dropdown]

Urgent Reply To: [Text Box]

Critical if result outstanding

Printing Format: Std. plain paper pathology

Investigations Requested:

- Gonorrhoea, Chlamydia and Trichomonas PCR
- HIV antibodies 1/2
- Hep B c Ab
- Hep B s Ab
- HepBsAg
- Syphilis serology

Fasting  Pregnant

Clinical Notes: Community screening

Do not send reports to My Health Record

**Print & Save** Save Cancel Help

Add clinical item "Advice and education about STIs" from STI shortcut at bottom of clinical record.

**Progress note entry** of "Check up;sexually transmitted infections" STI Screening consultation.

To document that you have obtained informed consent from the client, your health service might choose to add a text shortcut. See your Communicare Administrator regarding this option. By typing .sti for example, the shortcut text will appear in your progress notes. The following is one example of a shortcut which could be used by a health service doing annual screening:

*"Informed consent has been obtained for the testing of HIV, syphilis, gonorrhoea, chlamydia and trichomonas as part of the annual STI screening program. The subsequent processes following a positive result of any of these diagnoses has been discussed, as has available treatments.*

*The HIV testing 'window period' has been explained and the client has been advised to make an appointment to discuss results in 2 weeks.*

*Advice regarding safe sex practices has also been provided."*

This text can be adapted to suit the requirements of your health service, for example it can be edited if the client has been advised to return in 1 week.

**Clinical Record**

**ADAMS, VILMA INGRID**  
 DOB 32yrs (12/07/1990) Sex Female Patient ID 662

Verbal Orders Documents Pregnant: gestation unknown No Medical Alerts Adverse Reactions: None Recorded

Immunisations 7 Investigations

Clinical Item Medication Pathology Imaging Recall Letter Attachment Send SMS Change Biographics Charts Services Open My Health Record

Cancel Reports AIR Claims Transport

Summary Progress Notes Detail

Filters: All Providers, All Encounter Places (All Encounter Modes), All S...  
 Exclude non-contact services

**Tue 27/09/2022 13:47:15 Millennium Health Service (Aboriginal Health Serv)**  
 Christine Ellison (General Medical Practitioner) 13:47

S. Opportunistic consultation  
 O. Vilma well  
 Health check due but declines today  
 - is happy to participate in STI screening, not presenting with STI symptoms  
 A. -  
 P. -  
 Informed consent has been obtained for the testing of HIV, syphilis, gonorrhoea, chlamydia, trichomoniasis as a part of the annual STI screening program. The subsequent processes following a positive results of any of these diagnoses has been discussed, as has available treatments.  
 The HIV testing 'window period' has been explained and the client has been advised to make an appointment to discuss results in 2 weeks.  
 Advice regarding safer sex practices has also been provided.

27/09/2022 chlamydia

Thu 01/09/2022 12:43:10 Millennium Health Service (Aboriginal Health Serv)  
 Christine Ellison (General Medical Practitioner) 12:43<Amended>

Thu 01/09/2022 08:43:18 Millennium Health Service (Aboriginal Health Serv)  
 Christine Ellison (General Medical Practitioner) 08:43

Wed 08/12/2021 09:48:02 Millennium Health Service (Aboriginal Health Serv)  
 Christine Ellison (General Medical Practitioner) 09:48

Sun 01/05/2011 Millennium Health Service (Aboriginal Health Service)  
 Christine Ellison (General Medical Practitioner)

Mon 25/04/2011 Millennium Health Service (Aboriginal Health Service)  
 Christine Ellison (General Medical Practitioner)

Tue 02/01/2001 <Service Provider/Place/Mode not recorded>  
 <Provider not recorded>

Fri 28/01/2000 <Service Provider/Place/Mode not recorded>  
 <Provider not recorded>

Sun 06/06/1999 <Service Provider/Place/Mode not recorded> - after hours  
 <Provider not recorded>

End of File

27/09/2022 advice and education about STIs

27/09/2022 HIV antibodies 1/2; Gonorrhoea, Chlamydia and Trichomonas PCR; Syphilis serology; "Community Screen"  
 Investigation Provider: Sir Charles Gairdner Hospital;

27/09/2022 Check up; Sexually transmitted infections  
 STI Reason for presenting: Community screen;  
 STI Specimen: a,Urine and Blood;  
 STI Test Request: HIV antibodies 1/2; Gonorrhoea, Chlamydia and Trichomonas... "Community Screen";  
 For review in 1 week with results

Viewing right (excluding Clinical Items) Common

Filter To Do List

Date	Item Description	Exp.
08/07/2005	<Recall> Aboriginal & TSI adult health check.	

Calculators Check up Child health Enrolment Examination Group HACC/CHSP Immunisation ITC Referral STI

Christine Ellison, Millennium Health Service (Aboriginal Health Service) 27/09/2022 13:47:15

## Progress note viewing rights

The provider can choose to change the viewing rights for the progress note to the most appropriate category by clicking on the dropdown list next to the viewing rights. Depending on the viewing right selected, the progress notes will only be able to be seen by some health providers. Note that this only restricts viewing of the progress notes for this entry – the clinical items are still able to be viewed. You should follow the processes decided upon by your health service.

**ADAMS, VILMA INGRID**  
 DOB 32yrs (12/07/1990) Sex Female Patient ID 662

**Filters: All Providers, All Encounter Places (All Encounter Modes), ...**

**Detail:** Tue 27/09/2022 13:47:15 Millennium Health Service (Aboriginal Health Service)

Christine Ellison (General Medical Practitioner) 10:34  
 Health check due but declines today  
 - is happy to participate in STI screening, not presenting with STI symptoms  
 A. -  
 P.  
 Informed consent has been obtained for the testing of HIV, syphilis, gonorrhoea, chlamydia, trichomoniasis as a part of the annual STI screening program. The subsequent processes following a positive results of any of these diagnoses has been discussed, as has available treatments. The HIV testing 'window period' has been explained and the client has been advised to make an appointment to discuss results in 2 weeks. Advice regarding safer sex practices has also been provided.

**27/09/2022 advice and education about STIs**

**27/09/2022 HIV antibodies 1/2; Gonorrhoea, Chlamydia and Trichomonas PCR; Syphilis serology; "Community Screen"**  
 Investigation Provider: Sir Charles Gairdner Hospital;

**27/09/2022 Check up; Sexually transmitted infections**  
 STI Reason for presenting: Community screen;  
 STI Specimen: a.Urine and Blood;  
 STI Test Request: HIV antibodies 1/2; Gonorrhoea, Chlamydia and Trichomonas...  
 "Community Screen";

For review in 1 week with results

Viewing right (excluding Clinical Items): Common

Date	Item Description	Filter To Do List
08/07/2005	<Recall> Aboriginal & TSI adult health check	Common

### Point of care clinical items

- > TTANGO;STI POC Test – This clinical item should be used when GeneXpert testing for chlamydia/gonorrhoea or trichomonas is conducted as part of the First Nations Molecular Point of Care Testing Program.
- > In the case of a positive gonorrhoea test result obtained on POCT, a specimen must also be sent to SA Pathology for Neisseria gonorrhoeae culture testing. This will need a pathology form to be generated via “Investigation Request”.

**TTANGO;STI POC Test**  
 Christine Ellison, Millennium Health Service (Aboriginal Health Service) 21/05/2025 10:08:13

Comment: [Text Area]

Performed date: 21/05/2025

Actual duration (minutes): [Text Field]

TTANGO Specimen Type: Urine (No previous values)

TTANGO Gonorrhoea: NG detected (No previous values)

TTANGO Chlamydia: CT not detected (No previous values)

TTANGO Trichomonas: No result/Error/Invalid (No previous values)

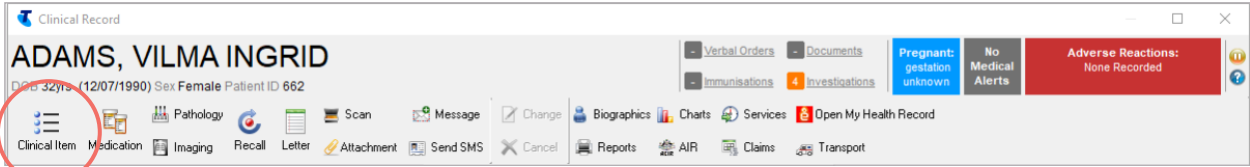
Viewing right: Maternal & Sexual Health

Buttons: Print & Save, Save, Cancel, Help

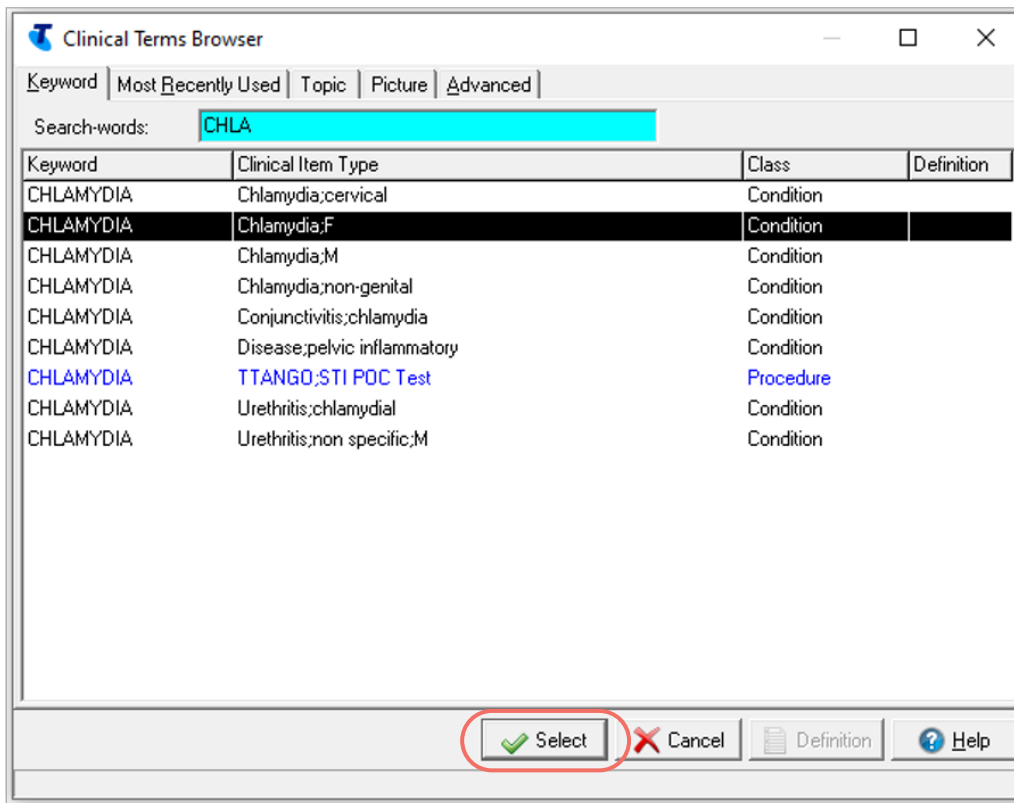
## 2. Documentation of a positive STI result

If a positive result is detected, document using a clinical item and set a “STI Treatment” recall:  
Add the clinical item, eg “Chlamydia”.

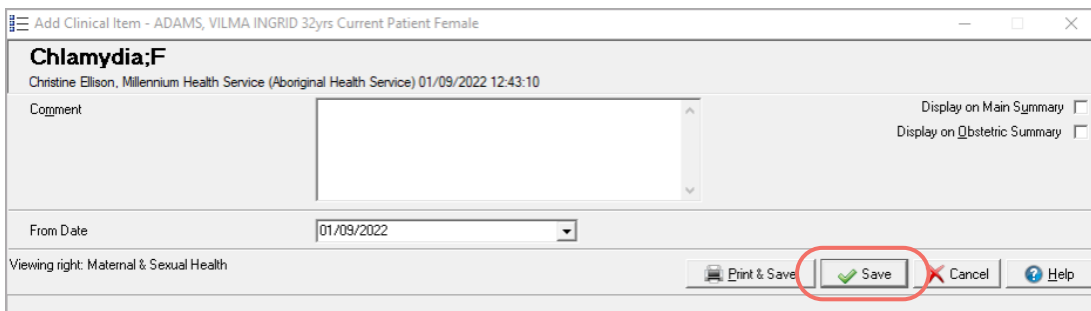
- i Find in STI shortcut at bottom of clinical record or Click “Clinical Item”.



- ii Enter “Keyword” of “CHLA” in “Search-words:” and “Select”.



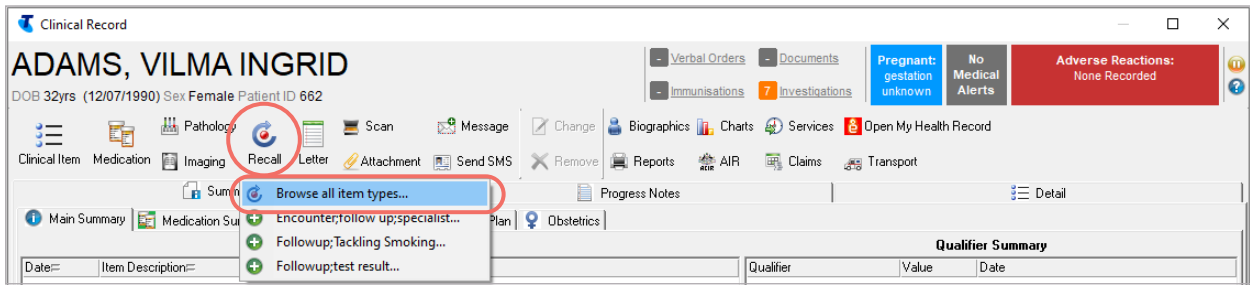
- iii Click “Save”.



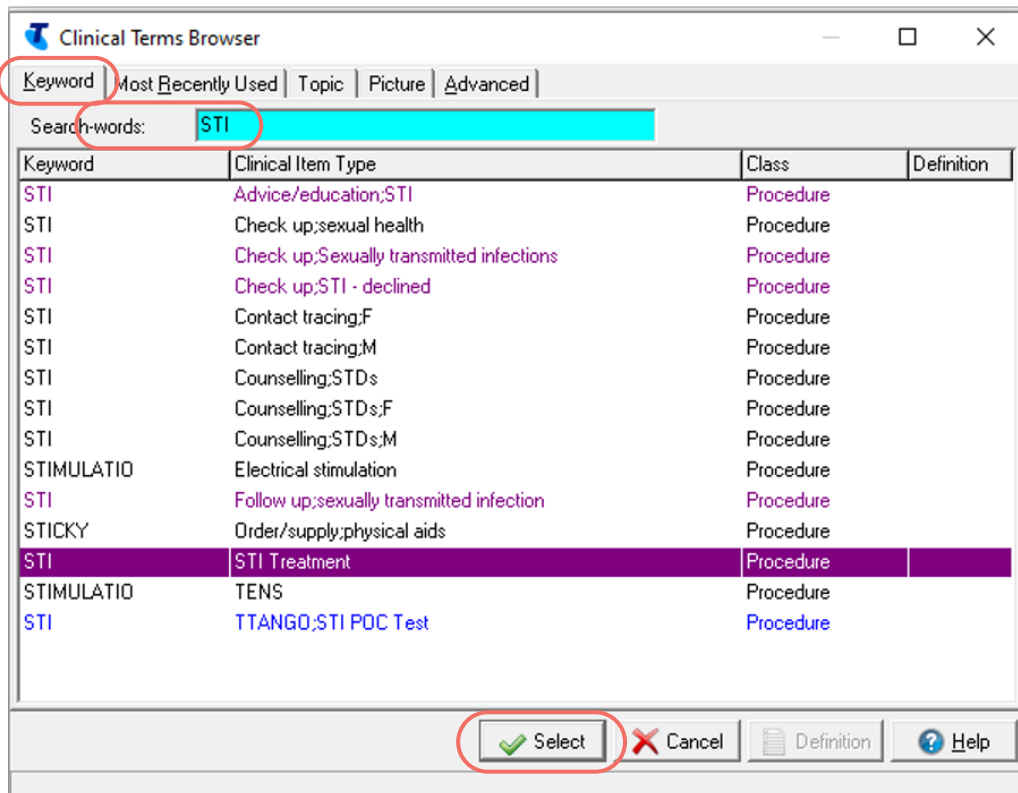
For reasons of privacy, it is appropriate for the ‘Display on Main Summary’ and ‘Display on Obstetric Summary’ boxes to remain unchecked. The GP may tick the box to ‘Display on Obstetric Summary’ if the client is trying to become pregnant or is currently pregnant.

Add the recall “STI Treatment”:

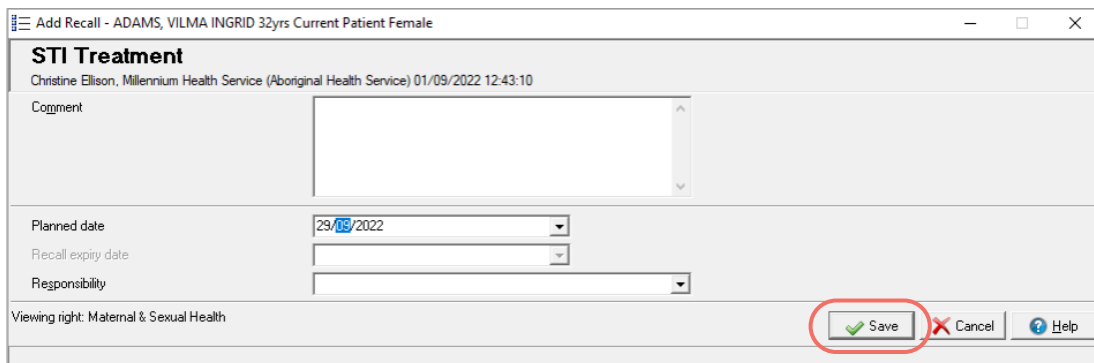
- iv Find in STI shortcut at bottom of clinical record or Click “Recall” and then “Browse all item types” if the STI Treatment recall doesn’t appear in the list.



- v Enter the “Keyword” of “STI” in “Search-word” and Select “STI Treatment”



- vi Click “Save”.



Progress note entry:

**Clinical Record**

**ADAMS, VILMA INGRID**  
 DOB 32yrs (12/07/1990) Sex Female Patient ID 662

Verbal Orders Documents Pregnant: gestation unknown No Medical Alerts Adverse Reactions: None Recorded  
 Immunisations 4 Investigations

Clinical Item Medication Imaging Recall Letter Attachment Send SMS Change Biographics Charts Services Open My Health Record  
 Reports AIR Claims Transport

Summary Progress Notes Detail

Filters: All Providers, All Encounter Places (All Encounter Modes), All S...  
 Exclude non-contact services

Tue 27/09/2022 11:40:05 Millennium Health Service (Aboriginal Health Serv  
 Christine Ellison (General Medical Practitioner)

Tue 27/09/2022 11:00:48 Millennium Health Service (Aboriginal Health Serv  
 Christine Ellison (General Medical Practitioner) 11:00

Tue 27/09/2022 09:53:47 Millennium Health Service (Aboriginal Health Serv  
 Current Contact

Thu 01/09/2022 12:43:10 Millennium Health Service (Aboriginal Health Serv  
 Christine Ellison (General Medical Practitioner) 12:43 <Amended>

Thu 01/09/2022 08:43:18 Millennium Health Service (Aboriginal Health Serv  
 Christine Ellison (General Medical Practitioner) 08:43

Wed 08/12/2021 09:48:02 Millennium Health Service (Aboriginal Health Serv  
 Christine Ellison (General Medical Practitioner) 09:48

Sun 01/05/2011 Millennium Health Service (Aboriginal Health Service)  
 Christine Ellison (General Medical Practitioner)

Mon 25/04/2011 Millennium Health Service (Aboriginal Health Service)  
 Christine Ellison (General Medical Practitioner)

Tue 02/01/2001 <Service Provider/Place/Mode not recorded>  
 <Provider not recorded>

Fri 28/01/2000 <Service Provider/Place/Mode not recorded>  
 <Provider not recorded>

Sun 06/06/1999 <Service Provider/Place/Mode not recorded> - after hours  
 <Provider not recorded>

End of File

Tue 27/09/2022 09:53:47 Millennium Health Service (Aboriginal Health Service)  
 Christine Ellison (General Medical Practitioner) 11:40

Review of pathology

27/09/2022 chlamydia  
 +ve result  
 Needs treatment and contact tracing  
 27/09/2022 <Recall> STI Treatment

Viewing right (excluding Clinical Items) Common

Filter To Do List

Date	Item Description	Exp.
08/07/2005	<Recall> Aboriginal & TSI adult health check	
27/09/2022	<Recall> STI Treatment	

Calculators Check up Child health Enrolment Examination Group HACC/CHSP Immunisation ITC Referral STI  
 Christine Ellison, Millennium Health Service (Aboriginal Health Service) 27/09/2022 09:53:47



### 3. Documentation of a client presentation for STI treatment

- i If the client has an existing recall “STI Treatment” in the “To Do” list, then click this and choose to “Complete it”.

**Clinical Record**  
ADAMS, VILMA INGRID  
DOB 32yrs (12/07/1990) Sex Female Patient ID 662

Verbal Orders Documents Pregnant: gestation unknown No Medical Alerts Adverse Reactions: None Recorded  
Immunisations Investigations

Pathology Scan Message Change Biographics Charts Services Open My Health Record  
Clinical Item Medication Imaging Recall Letter Attachment Send SMS Cancel Reports AIR Claims Transport

Summary Progress Notes Detail

Filters: All Providers. All Encounter Places (All Encounter Modes). All S...  
Detail: Exclude non-contact services

Tue 27/09/2022 16:14:52 Millennium Health Service (Aboriginal Health Serv)  
Christine Ellison (General Medical Practitioner)

Tue 27/09/2022 16:14:16 Millennium Health Service (Aboriginal Health Serv)  
Christine Ellison (General Medical Practitioner) 16:14

Tue 27/09/2022 16:01:27 Millennium Health Service (Aboriginal Health Serv)  
Christine Ellison (General Medical Practitioner) 16:01  
Current Contact

Tue 27/09/2022 13:47:15 Millennium Health Service (Aboriginal Health Serv)  
Christine Ellison (General Medical Practitioner) 15:59 <Amended>

Tue 27/09/2022 11:00:48 Millennium Health Service (Aboriginal Health Serv)  
Christine Ellison (General Medical Practitioner) 11:00

Tue 27/09/2022 09:53:47 Millennium Health Service (Aboriginal Health Serv)  
Christine Ellison (General Medical Practitioner) 11:40 <Amended>

Thu 01/09/2022 12:43:10 Millennium Health Service (Aboriginal Health Serv)  
Christine Ellison (General Medical Practitioner) 12:43 <Amended>

Thu 01/09/2022 08:43:18 Millennium Health Service (Aboriginal Health Serv)  
Christine Ellison (General Medical Practitioner) 08:43

Wed 08/12/2021 Millennium Health Service (Aboriginal Health Serv)  
Christine Ellison (General Medical Practitioner) 09:48

Sun 01/05/2011 Millennium Health Service (Aboriginal Health Service)  
Christine Ellison (General Medical Practitioner)

Mon 25/04/2011 Millennium Health Service (Aboriginal Health Service)  
Christine Ellison (General Medical Practitioner)

Tue 02/01/2001 <Service Provider/Place/Mode not recorded>  
<Provider not recorded>

Fri 28/01/2000 <Service Provider/Place/Mode not recorded>  
<Provider not recorded>

Tue 27/09/2022 16:01:27 Millennium Health Service (Aboriginal Health Service)  
Christine Ellison (General Medical Practitioner) 16:15

S. Client presents for treatment of Chlamydia  
O. Asymptomatic  
A.  
P.

27/09/2022 advice and education about STIs  
Discussed safer sex practices

27/09/2022 contact tracing  
Recalls for STI testing documented in contact's clinical records

Manage Recall  
What do you wish to do with this STI Treatment recall?  
Complete it Modify it Cancel it Do nothing

Viewing right (excluding Clinical Items) Common

Filter To Do List  
To Do  
Date Item Description Exp.  
08/07/2005 <Recall> Aboriginal & TSI adult health check  
27/09/2022 <Recall> STI Treatment

Calculators Check up Child health Enrolment Examination Group HACC/CHSP Immunisation ITC Referral STI  
Click on an item to select it, double click to change it. Christine Ellison, Millennium Health Service (Aboriginal Health Service) 27/09/2022 16:01:27

- ii Complete the “STI Treatment” recall by documenting STI result, treatment given and number of contacts, then “Save”. In the example provided, the clinician has chosen to use azithromycin treatment. Section 4 of this handbook provides treatment recommendations and the circumstances in which azithromycin is an appropriate chlamydia treatment.

Complete Recall - ADAMS, VILMA INGRID 32yrs Current Patient Female

### STI Treatment

Christine Ellison, Millennium Health Service (Aboriginal Health Service) 04/10/2022 15:41:57

Comment  Display on Main Summary   
Display on Obstetric Summary

Planned date   
 Recall expiry date   
 Responsibility   
 Performed date

Gonorrhoea result abnormal	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Blank	[ No previous values ]
Chlamydia result abnormal	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Blank	[ No previous values ]
Trichomonas result abnormal	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Blank	[ No previous values ]
Syphilis result abnormal	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Blank	[ No previous values ]
HIV result abnormal	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Blank	[ No previous values ]
Azithromycin treatment	<input checked="" type="checkbox"/>	[ No previous values ]
Benzathine Penicillin treatment	<input type="checkbox"/>	[ No previous values ]
Ceftriaxone treatment	<input type="checkbox"/>	[ No previous values ]
Metronidazole treatment	<input type="checkbox"/>	[ No previous values ]
Tinidazole treatment	<input type="checkbox"/>	[ No previous values ]
Doxycycline treatment	<input type="checkbox"/>	[ No previous values ]
Number of sexual contacts named	<input type="text" value="2"/> Number	[ No previous values ]

Viewing right: Maternal & Sexual Health

- iii A “Follow up;sexually transmitted infections” Automatic Recall will be triggered by the completion of the “STI Treatment” recall. Click “Save”.

The screenshot displays a medical software interface. The top window is titled "Progress Notes" and shows a patient record for "Tue 04/10/2022 15:58:41 Millennium Health Service (Aboriginal Health Service)". The practitioner is "Christine Ellison (General Medical Practitioner) 16:33". The notes include:

- S. Client presents for treatment of Chlamydia
- O. Asymptomatic
- A.
- P.

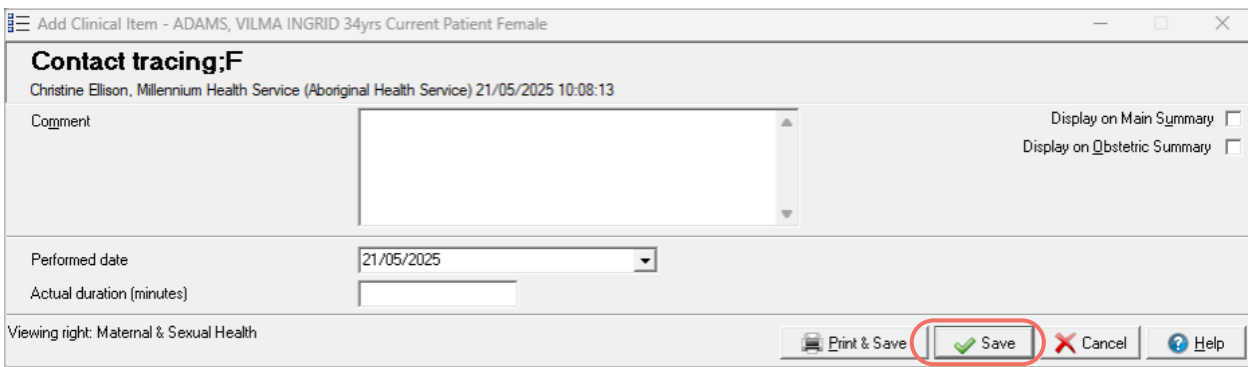
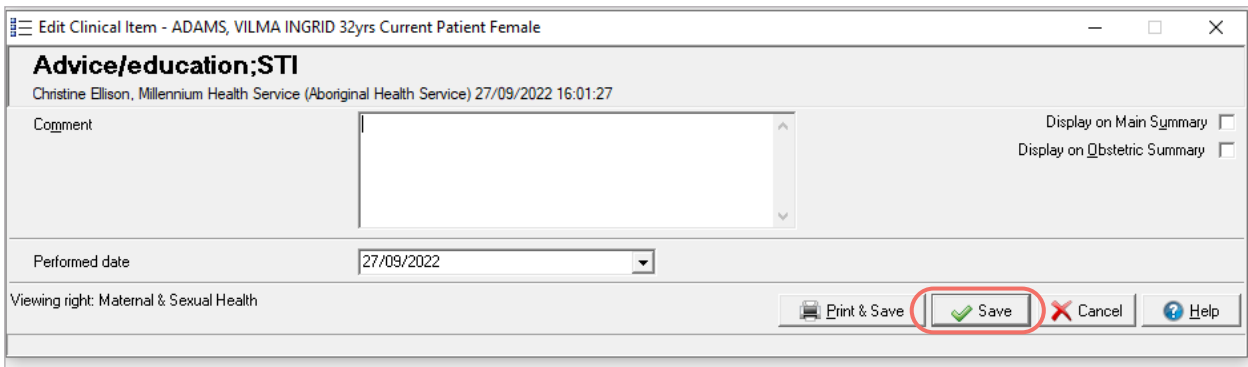
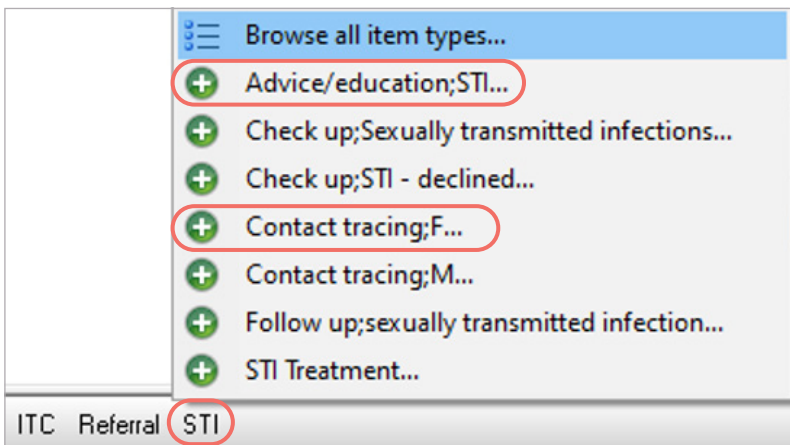
There are three expandable sections in the notes:

- 04/10/2022 advice and education about STIs**: Discussed safer sex practices
- 04/10/2022 contact tracing**: Recalls for STI testing documented in contact's clinical records
- 04/10/2022 STI Treatment**:
  - Gonorrhoea result abnormal: **No**;
  - Chlamydia result abnormal: **Yes**;
  - Trichomonas result abnormal: **No**;
  - Syphilis result abnormal: **No**;
  - HIV result abnormal: **No**;
  - Azithromycin treatment: **Yes**;
  - Number of sexual contacts named: **2 Number**;

A "Confirm Automatic Recall" dialog box is open in the foreground. It has a title bar with a close button and a dropdown menu set to "Common". The dialog contains:

- A circular icon with a red arrow.
- Recalls triggered by: STI Treatment**
- Recall for** Follow up;sexually transmitted infection
- A "Comment" text area.
- Recall interval**: 3 months
- Responsibility**: [Dropdown menu]
- Planned date**: 02/01/2023
- Expiry date**: [Dropdown menu]
- Recall confirmed
- Buttons: **Save** (circled in red), **Reset**, **Cancel**, and **Help**.

- iv Click “STI” shortcut at the bottom of the screen and select to add clinical items: “Advice/education;STI” and “Contact tracing;M” or “Contact tracing;F”.



Follow the procedure at your health service on how to record STI contact tracing in Communicare.

## Documenting medication given

If the “Medication Module” is available to you, use it to document that you gave azithromycin to the client. This will go onto the client’s “Medication Summary” so it is a record of what medications the client has/will receive. Clinicians who are not “prescribers” are still able to document using this module, but a prescription is not being generated.

(If this “Medication Module” is not available, document the medication given and dose in the progress notes).

Click “Medication”, search for the medication in “Product (trade or generic)” and “Select” from the options.

The screenshot shows the Clinical Record interface for patient ADAMS, VILMA INGRID. The Medication module is active, and the search results for 'AZITH' are displayed. The 'Select' button is highlighted.

**Search Conditions:** Product (trade or generic) AZITH

Product	Formulation	Pack	Repeats
APD-Azithromycin Tablets	Tablets	500 mg [2]	2
APD-Azithromycin Tablets	Tablets	500 mg [3]	
APD-Azithromycin Tablets	Tablets	500 mg [2]	
APD-Azithromycin Tablets	Tablets	500 mg [2]	
Azith Powder for infusion	Powder for infusion	500 mg (solv. needed) [1]	
Azithromycin Alphapharm Powder for infusion	Powder for infusion	500 mg (solv. needed) [1]	
Azithromycin Mylan Tablets	Tablets	500 mg [2]	2
Azithromycin Mylan Tablets	Tablets	500 mg [3]	
Azithromycin Mylan Tablets	Tablets	500 mg [2]	
Azithromycin Sandoz Tablets	Tablets	500 mg [2]	2
Azithromycin Sandoz Tablets	Tablets	500 mg [3]	
Azithromycin Sandoz Tablets	Tablets	500 mg [2]	
Azithromycin Sandoz Tablets	Tablets	500 mg [2]	
Azithromycin Sandoz Tablets	Tablets	500 mg [3]	

**Common** | Generic | Indications | Approved Indications | Note

PBS Restricted - PBS/RPBS (MP,NP)  
Section Infections and Infestations  
Subsection D  
Company Apotex Pty Ltd

**Select** **Cancel** **Help**

Enter the “Dosage” details and “Save”

**Add Medication**

**ADAMS, VILMA INGRID** Dob 12/07/1990 (32yrs) Sex Female Patient Id 662 Medicare No 6220 66268 5 / 3  
Christine Ellison, Millennium Health Service (Aboriginal Health Service)

**Allergies & Adverse Reactions**  
No active adverse reactions recorded. [+ Add](#)

[Medication Overview](#)

[Write a Prescription](#) [Create a Medication Order](#)

Medication Type: **Once Off / Short Course** Regular Medication

Prescribed Using: **Generic Name** Brand Name

Medication: Azithromycin 500 mg coated tablet [Choose...](#)

ADEC Pregnancy **Category B1**

Strength: **500 mg** Pack Size: 2

No. Of Packs: 1 Max PBS Quantity: [2] Repeats: 0 Max PBS Repeats: 2

Duration: 1 day Until: 05/10/2022

DAA Required: Yes **No**

Dosage Instructions: two tablets oral stat [Add shortcode](#)

Payment Scheme: PBS **Restricted - PBS/RPBS (MP,NP)**

Comments: Start typing here...

Reason: [+ Add Reason](#)

CTG PBS co-payment relief  Consent to send to My Health Record

[Product Information](#) [Consumer Information](#) [...](#) [Add another item](#) [Cancel](#) **Save**

## “Progress Note” entry:

Progress Notes Detail

**Tue 04/10/2022 15:58:41 Millennium Health Service (Aboriginal Health Service)**  
Christine Ellison (General Medical Practitioner) 16:33

S. Client presents for treatment of Chlamydia  
O. Asymptomatic  
A.  
P.

**04/10/2022 advice and education about STIs**  
Discussed safer sex practices

**04/10/2022 contact tracing**  
Recalls for STI testing documented in contact's clinical records

**04/10/2022 STI Treatment**  
Gonorrhoea result abnormal: **No**;  
Chlamydia result abnormal: **Yes**;  
Trichomonas result abnormal: **No**;  
Syphilis result abnormal: **No**;  
HIV result abnormal: **No**;  
Azithromycin treatment: **Yes**;  
Number of sexual contacts named: **2 Number**;

**02/01/2023 <Recall> Follow up;sexually transmitted infections**

**04/10/2022 Azithromycin 500 mg coated tablet; 500 mg <adverse reaction status unknown>**  
Dosage Instructions: **two tablets oral stat**;  
Quantity: **[2]**; Repeats: **0**;

**04/10/2022 medication given**

**04/10/2022 advice and education about medication**

## Syphilis treatment

If treatment involves more than 1 dose of benzathine penicillin, please note if this treatment is first, second or third dose.

Add recall for other doses.

## 4. Contact tracing in the contact's clinical record

Set "Recalls" for "Check up; sexually transmitted infections" and "STI Treatment", noting in the file that the patient has been named as a contact. A Comment can be made in the "STI Treatment" "Recall" but the name of the person diagnosed with an STI should not be included.

**Add Recall - BALLANGER, JOHN FRANK 47yrs Current Patient Male**

### STI Treatment

Christine Ellison, Millennium Health Service (Aboriginal Health Service) 05/10/2022

Comment: Contact of chlamydia

Planned date: 10/06/2022

Recall expiry date: [Empty]

Responsibility: [Empty]

Viewing right: Maternal & Sexual Health

Buttons: Save, Cancel, Help

**Clinical Record**

## BALLANGER, JOHN FRANK

DOB 47yrs (12/12/1977) Sex Male Patient ID 5620 Gender Unknown Pronouns Unknown

Filters: All Providers, All Encounter Places (All Encounter Modes), All Specialities

Detail: [Search] [Exclude non-contact services]

Mon 26/05/2025 10:46:26 Millennium Health Service (Aboriginal Health Service)  
Christine Ellison (General Medical Practitioner)

Wed 05/10/2022 Millennium Health Service (Aboriginal Health Service)  
Christine Ellison (General Medical Practitioner) **Current Contact**

Mon 03/07/2000 12:07:58 Millennium Health Service (Aboriginal Health Service)  
Phil Akang (General Medical Practitioner)

Sun 07/03/1999 <Service Provider/Place/Mode not recorded> - after hours  
<Provider not recorded>

End of File

Named as contact for Chlamydia

- 06/10/2022 <Recall> STI Treatment "Contact of chlamydia"
- 06/10/2022 <Recall> Check up;Sexually transmitted infections

For 1gm Azithromycin at next presentation

Modified Viewing right (excluding Clinical Items) Common

Date	Item Description	Exp.
05/10/2022	<Recall> STI Treatment "Contact of chlamydia"	
06/10/2022	<Recall> Check up;Sexually transmitted infections	

Calculators: Check up Child health Enrolment Examination Group HACC/CHSP Immunisation ITC Referral STI

Christine Ellison, Millennium Health Service (Aboriginal Health Service) 05/10/2022

## 5. Completion of “Follow up; sexually transmitted infections” recalls

Complete the following recall when the client returns for follow up and re-testing 3 months after completion of treatment for an STI.

- i Click the “Follow up;sexually transmitted infections” recall in the “To Do” list and then choose to “Complete it”.

The screenshot displays a software interface for a health service. At the top, it shows the date and time: "Thu 06/10/2022 13:16:40 Millennium Health Service (Aboriginal Health Service)". Below this, the user is identified as "Joanne Bell (Aboriginal and TSI Health Worker) 13:17".

The main content area contains a list of items:

- S. Opportunistic visit
- O. Has recall for f/up STI
- treated for Chlamydia 3 months ago
- A.
- P.

A "Manage Recall" dialog box is open in the center, asking "What do you wish to do with this Follow up;sexually transmitted infections recall?". It features four buttons: "Complete it" (highlighted with a red circle), "Modify it", "Cancel it", and "Do nothing".

At the bottom, there is a "To Do" list with columns for "Date", "Item Description", and "Exp.". The list contains two entries:

Date	Item Description	Exp.
08/07/2005	<Recall> Aboriginal & TSI adult health check	
02/01/2023	<Recall> Follow up;sexually transmitted infections	

The second entry in the "To Do" list is highlighted with a blue background and a red circle around the date and description.

ii Click "Save".

Complete Recall - ADAMS, VILMA INGRID 32yrs Female

### Follow up;sexually transmitted infection

Joanne Bell, Millennium Health Service (Aboriginal Health Service) 06/10/2022 13:16:40

Comment

Planned date: 02/01/2023

Recall expiry date

Responsibility

Performed date: 06/10/2022

Viewing right: Maternal & Sexual Health

Buttons: Print & Save, Save, Cancel, Help

iii Re-test for infection – select and complete the clinical item “Check up;sexually transmitted infections” from the “STI” quick button.

Generate the pathology form from the “Request Investigation” button and “Save”.

Clinical Record

## ADAMS, VILMA INGRID

DOB 32yrs (12/07/1990) Sex Female Patient ID 662

Filters: All Providers, All Encounter Places (All Encounter Modes), ...

Detail: Thu 06/10/2022 13:16:40 Millennium Health Service (Aboriginal Health Service)

Joanne Bell (Aboriginal and TSI Health Worker) 13:17

S. Opportunistic visit  
O. Has recall for f/up STI  
- treated for Chlamydia 3 months ago  
A  
P

06/10/2022 Follow up;sexually transmitted infections

No symptoms of STI

### Add Clinical Item - ADAMS, VILMA INGRID 32yrs Female

#### Check up;Sexually transmitted infections

Joanne Bell, Millennium Health Service (Aboriginal Health Service) 06/10/2022 13:16:40

Comment

Performed date: 06/10/2022

STI Reason for presenting: ( 27/09/2022 Community screen )

STI Specimen: ( 27/09/2022 a.Urine and Blood )

STI Test Request: Request Investigation

Viewing right: Maternal & Sexual Health

Buttons: Print & Save, Save, Cancel, Help

Calculators Check up Child health Enrolment Examination Group HACC/CHSP Immunisation ITC Referral STI

Show the open clinical item (F11). F1 for Help

Joanne Bell, Millennium Health Service (Aboriginal Health Service) 06/10/2022 13:16:40

Progress note entry:

Progress Notes Detail

**Thu 06/10/2022 13:16:40 Millennium Health Service (Aboriginal Health Service)**  
Joanne Bell (Aboriginal and TSI Health Worker) 13:17

S. Opportunistic visit  
O. Has recall for f/up STI  
- treated for Chlamydia 3 months ago  
A.  
P.

**06/10/2022 Follow up;sexually transmitted infections**  
No symptoms of STI

**06/10/2022 Gonorrhoea, Chlamydia and Trichomonas PCR;**  
Request on behalf of: **Christine Ellison**; Investigation Provider: **Sir Charles Gairdner Hospital**;

**06/10/2022 Check up;Sexually transmitted infections**  
STI Reason for presenting: **Opportunistic screen**;  
STI Specimen: **c. Urine**;  
STI Test Request: **Gonorrhoea, Chlamydia and Trichomonas PCR**;

Advised to return in 1 week for results



# Appendix 2: Checklist for equipment and medication for STI screening activities

## GENERAL

Desk/chair/bed  
Linen/pillow/blue sheets  
Desktop/laptop with Communicare access  
Lamp  
Alcohol-based hand rub/hand wash  
Surface cleaning/disinfectant wipes (eg Clinell wipes)  
General rubbish bin  
First aid kit  
Participant lists (for enhanced screening in the community)  
Consent forms (for under 16 years)  
Sticky labels, stationery

## MEDICATION

### Oral:

Azithromycin  
Metronidazole  
Doxycycline

### Intramuscular (IM):

Ceftriaxone  
1% Lignocaine (to mix with Ceftriaxone)  
LA Bicillin

## OTHER EQUIPMENT

Urine pregnancy tests  
Condoms  
Lubricant sachets  
Educational resources/pamphlets/videos  
Paper bags for specimens

## SPECIMEN COLLECTION

Pathology forms  
Pathology bags  
Gloves  
Sharps container  
Medical waste disposal bin  
Urine pots (yellow tops)  
Aptima swabs  
Amies liquid swabs  
Dry swabs  
Viral transport media swabs  
Blood tubes  
Tourniquets  
Vacutainers/ syringes (5ml & 20ml)  
Needles: 23 (blue) and 21 (green) gauge  
Alcohol swabs  
Cotton wool balls  
Tape  
Band-aids  
Personal protective equipment  
Eskies  
Ice bricks  
Point of Care Testing equipment if your service has capacity with competent operators available  
Lidocaine/prilocaine cream (if used by your service) for skin numbing before venepuncture



# Appendix 3: Standing drug orders for STIs



## Introduction

- › Services may choose to use Standing Drug Orders (SDOs), including adapting templates previously provided by AHCSA, for use by nurses and AHP in ACCHS's in SA providing a sexual health program run by their health service.
- › SDOs enable a nurse or AHP who meets the legislative and health service requirements for administration of medications to provide treatment for STIs without a prescribed medication order by a medical officer.
- › Any SDOs used must be formally endorsed by the health service.

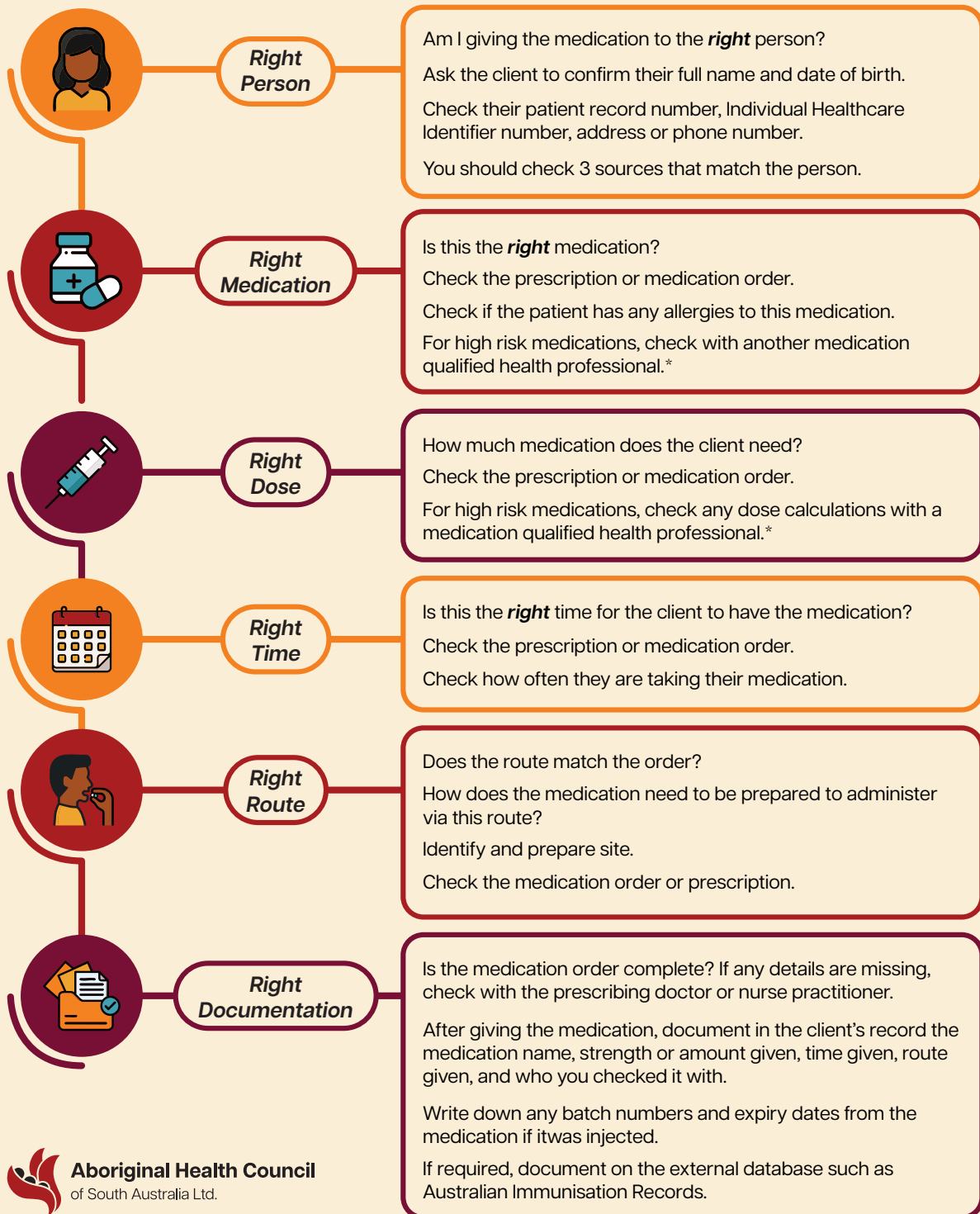
It is important to remember that no set of SDOs can account for every clinical situation that may occur. For further information that is not contained in the SDO, the nurse or AHP may speak to:

- › The Medical Officer who endorsed the SDO.
- › A Medical Officer from the Adelaide Sexual Health Centre (formerly Clinic 275), Adelaide (telephone 8222 5075).

Nurses and AHPs administering treatment in conjunction with an SDO should consider the 'Rights' of Medication Administration (see below), which will guide the decision as to whether the SDO is appropriate to use for a particular client.

# 'Rights' of Medication Administration

The following 'rights' should be adhered to by all authorised healthcare professionals *prior* to the administration of any medication.



\*High risk medications can include injectables, antibiotics, blood-thinners, pain killers, sedatives, blood sugar medications, significant chronic disease medications and medication for children.

# Appendix 4: Administration of ceftriaxone



## You need:

- > 1 x 1000mg (1g) vial of ceftriaxone OR 1 x 500mg vial of ceftriaxone
- > 1 x ampoule of 1% lignocaine/lidocaine (**without** adrenaline, 50mg in 5ml)
- > 1 x 21- gauge needle
- > 1 x 23- gauge needle
- > 3 x 2ml syringes

## Intramuscular injection:

- > Check against the 'Rights' of Medication Administration, eg right client, right dose, etc (see Appendix 3).
- > If using 500mg vial of ceftriaxone, inject 2mls of 1% lignocaine/lidocaine into the ceftriaxone vial, gently invert to mix the solution, withdraw full amount, and administer to the correct patient.
- > If using 1g vial of ceftriaxone, inject 3.5ml of 1% lignocaine/lidocaine into the ceftriaxone vial, gently invert to mix the solution, withdraw 2ml of the reconstituted medication and administer to correct patient. Discard unused reconstituted medication.
- > Use 21- or 23- gauge needles.
- > Record the medication given in patient's file in Communicare (using STI Treatment template).



# Appendix 5: Approach to discussing sensitive topics

- › STIs are associated with significant social stigma.
  - › Therefore, it is important to **be non-judgemental** and **ensure confidentiality** when discussing STIs with clients at every step of the check-up process.
  - › Health practitioners must respect clients' agency and choice.
- › Violation of these principles may:
  - › Discourage people from accessing healthcare.
  - › Damage their relationships with their families and partners.
  - › Cause clients to lose trust in the health service.

## When talking to client:

Where possible, give client choice of seeing health practitioner of same gender.

Consider cultural and client preferences on level of eye contact.

Avoid body language that may be misinterpreted as passing judgement (e.g. raising eyebrows, sighing, crossing arms).

Listen actively (e.g. nodding, reflecting back what client says).

## Example script for initiating conversation about STI screening:

*"Sexually Transmitted Infections, or STIs, are **common among young people** and they **may not even know** they have an STI because they often have no symptoms."*

*"We **encourage all** sexually active young people **between the ages of 16-35** to get tested regularly for STIs, which is why we are asking all young people if they would like an STI check-up".*

*"Would you like to have an **STI check-up today**?"*

## Tips on taking a sexual history

- › It is **not necessary** to take a full sexual history when offering **asymptomatic** STI testing.
- › If someone presents with **symptoms** of a possible STI or is diagnosed with an STI, then a **full sexual history should be taken**.
  - › Taking a sexual history aims to **identify risks** and guide **clinical management**.
- › Questions must be asked carefully to **avoid client being shamed**.
  - › Relationships and trust have to be built.
  - › People may not disclose private information or may choose to disclose over time, ie in subsequent visits.

The Australian STI Management Guidelines for Use in Primary Care provide guidance on how to take a sexual history<sup>1</sup>.

### Table 5: Strategies for sexual history-taking

Please note that many of the following strategies should only be used once rapport is established with the client. Starting with open-ended questions may help. Situations in which further questions may be important include:

- › Client reports symptoms of an STI.
- › Client has tested positive for 1 STI and is offered a full STI check.

STRATEGY	EXAMPLES
Make <b>general statements</b> without applying information specifically to client.	<p><i>“All young people aged between 16-35 years old are routinely offered STI check-ups each year.”</i></p> <p><i>“It’s a good idea to have a check for sexually transmitted infections at least yearly – more often if you have a new partner.”</i></p>
Practice asking questions so that it becomes routine, and emphasise that client is <b>not being singled out</b> .	<p><i>“Is it ok if I ask you some questions about your sexual health?”</i></p> <p><i>“We check with clients if they have any symptoms such as pain when peeing, tummy pain, or a discharge from down there.”</i></p> <p><i>“Some of these questions may seem very personal. We ask everybody the same questions.”</i></p>

Offer **lists of options** whereby any answer would be acceptable. Note that many of these questions may not be needed, such as in a standard asymptomatic STI check.

*“With your most recent partner, did you have oral, vaginal or anal sex?”*

*Another way of asking could be: “You can get STIs in your throat, bottom or genitals. Do you think we should test any of these sites?”*

*“Was your last sexual partner a regular, casual or paid partner?”*

*“Are your partners male, female or both, or sistergirl or brotherboy?”*

In order to avoid making assumptions about gender or sexuality, another way of asking is:  
*“Do you have sex with people with a penis, people with a vagina, or both?”*

(see <https://www.transhub.org.au/clinicians/sexual-health2>)

When asking how many partners the client has, **give an overestimation.**

*“Roughly, how many partners did you have sex with in the last 3 months? Just estimate: 5, 10, 20, 50, 100?”*

Explain the reason **for asking.**

*“I am asking these questions so that I can offer you the right tests; the treatment is different, it depends on where we find the infection. You can take your own tests in private from the vagina or the bottom.”*

If the situation gets awkward, acknowledge it, allow people to do it at another time, offer alternatives, reassure them of confidentiality.

## Notifying the Department of Health (CDCB)

- > Inform client that a number of STIs are notifiable conditions under the *South Australian Public Health Act 2011*.
- > Notifications are made to Department for Health and Wellbeing. Information collected will be kept private and confidential and only used to initiate public health actions. This may uncommonly include contacting the client.

### Example script:

*“We keep your results private. Some results need to be given to the health department, so that they can keep count of how many infections happen in the community. They also keep your information private.”*

*“Doctors are **legally required** to notify the Department for Health of any cases of gonorrhoea, syphilis, HIV, hepatitis B or hepatitis C.”*

*“The Department for Health keeps all information collected **confidential**.”*

*“The Department **may contact you for further information** or to identify other people that may need treatment.”*

## Additional resources

AHCSA ‘STI Screening’ video. Available: <https://ahcsa.org.au/programs/sexual-health-blood-borne-viruses/sti-screening><sup>3</sup>

- 1 ASRHA/ASHM. *How to take a sexual history. Australian STI management guidelines for use in primary care*. Accessed 22 September 2025. <https://sti.guidelines.org.au/sexual-history/>
- 2 ACON. Sexual health. Transhub. Accessed 22 September 2025. <https://www.transhub.org.au/clinicians/sexual-health>
- 3 AHCSA. STI screening. Aboriginal Health Council of South Australia Ltd. Accessed 22 September 2025. <https://ahcsa.org.au/programs/sexual-health-blood-borne-viruses/sti-screening>

# Appendix 6: Culturally competent sexual health consultation with LGBTIQ+ clients

This includes (not limited to) people who identify as lesbian, gay, bisexual, transgender, intersex, queer, questioning or asexual

It is important that all community members, regardless of gender or sexuality, have access to safe and respectful sexual health care. This includes testing and treatment for STIs.

Some ways to provide good care include:

- › Learn about sexual and gender diversity, as well some of the challenges experienced by the LGBTIQ+ community.
- › Always respect LGBTIQ+ people's choice about whether to 'come out' or talk about their sexual or gender identity with you.
- › Find ways for your service to show that people of all genders and sexualities are welcome.
- › Unless the client tells you, don't assume you know who they are attracted to, who they have sex with or what their gender identity is.
- › Practice asking about sexual history in a way that respects the experiences of LGBTIQ+ people (see some of the resources listed in this handbook, ask a mentor, or check with the AHCSA Sexual Health Team about training).
- › Consider formal inclusion/diversity training, such as the SHINE SA LGBTIQ+ Inclusion Training courses. The AHCSA Sexual Health Team can advise on currently-offered training.

## Terms/definitions

- › Sexual orientation:
  - › A person's physical, romantic and/or emotional attraction towards other people. For example, people may identify as straight, gay, lesbian, bisexual or asexual.
- › Sex characteristics:
  - › A person's physical sex characteristics, including genes, sex hormones, reproductive organs and genitals.
- › Gender identity:
  - › Each person's deeply felt internal and individual experience of gender, which may or may not be the same as the gender they were presumed to be at birth, based on their sex characteristics.
  - › For example, some people identify as male or female, while others may identify as neither, both, or in-between (eg non-binary, gender fluid).

- > Gender expression:
  - > The way in which an individual outwardly represents their gender, such as through name, pronouns, clothing, hairstyle or behaviour.
- > Transgender or trans:
  - > Umbrella term used to describe people whose sense of their own gender is different to the gender they were presumed to be at birth.
  - > Trans women identify as women and were presumed males at birth. This can include Sistergirls in the Aboriginal and/or Torres Strait Islander community.
  - > Trans men identify as men and were presumed females at birth. This can include Brotherboys in the Aboriginal and/or Torres Strait Islander community.
- > Brotherboys and Sistergirls:
  - > Terms for trans and gender diverse people in some Aboriginal and Torres Strait Islander communities.
  - > Brotherboys are people who were presumed female at birth, but who live their lives as men and who take on male roles in community. This term covers both their gender and cultural identity.
  - > Sistergirls are people who were presumed male at birth, but who live their lives as women and who take on female roles in community. This term covers both their gender and cultural identity.
  - > These terms may also be used by non-binary and otherwise gender non-conforming Aboriginal people, and may have different meanings in different communities.
  - > In the wider Aboriginal community, when people are affectionately referred to as 'Sistagirl' or 'Brothaboy' this does not mean that they are gender diverse or trans.
- > Cisgender:
  - > Having a gender identity that matches the gender that the person was presumed to be at birth.
- > Intersex:
  - > Refers to people with sex characteristics that do not fit the typical medical definitions of male or female. People with intersex variations have the same range of sexual orientations and gender identities as non-intersex people.
- > Queer:
  - > Umbrella term commonly used to define lesbian, gay, bisexual, trans and other people and institutions not in mainstream culture.
  - > This word has been used in a negative way to describe LGBTIQ+ people. Therefore, although some people now use it as a positive way to describe their identity, it is safest not to use this term with a client unless they ask you to.

## Background

LGBTIQA+ individuals may have poorer physical and mental health outcomes, including higher rates of some STIs, compared to general population.

These outcomes are often the result of systemic stigma, discrimination and social marginalisation. These can in turn be associated with reduced access to appropriate medical and social services such as blood-borne virus screening, treatment, harm reduction education, and social and emotional wellbeing services.

If LGBTIQA+ identity conflicts with cultural identity there may be challenges to maintaining traditional roles, kinship and connectedness.

Some specific issues that impact on Aboriginal LGBTIQA+ people may include social isolation, exclusion from community events, homelessness and being subject to violence and poverty, higher risk of mental health and substance use disorders and STIs.

However, experiences of LGBTIQA+ people are varied, spanning many different contexts.

There may be greater recognition and integration of rich and diverse concepts of gender in Indigenous cultures, beyond the Western model.

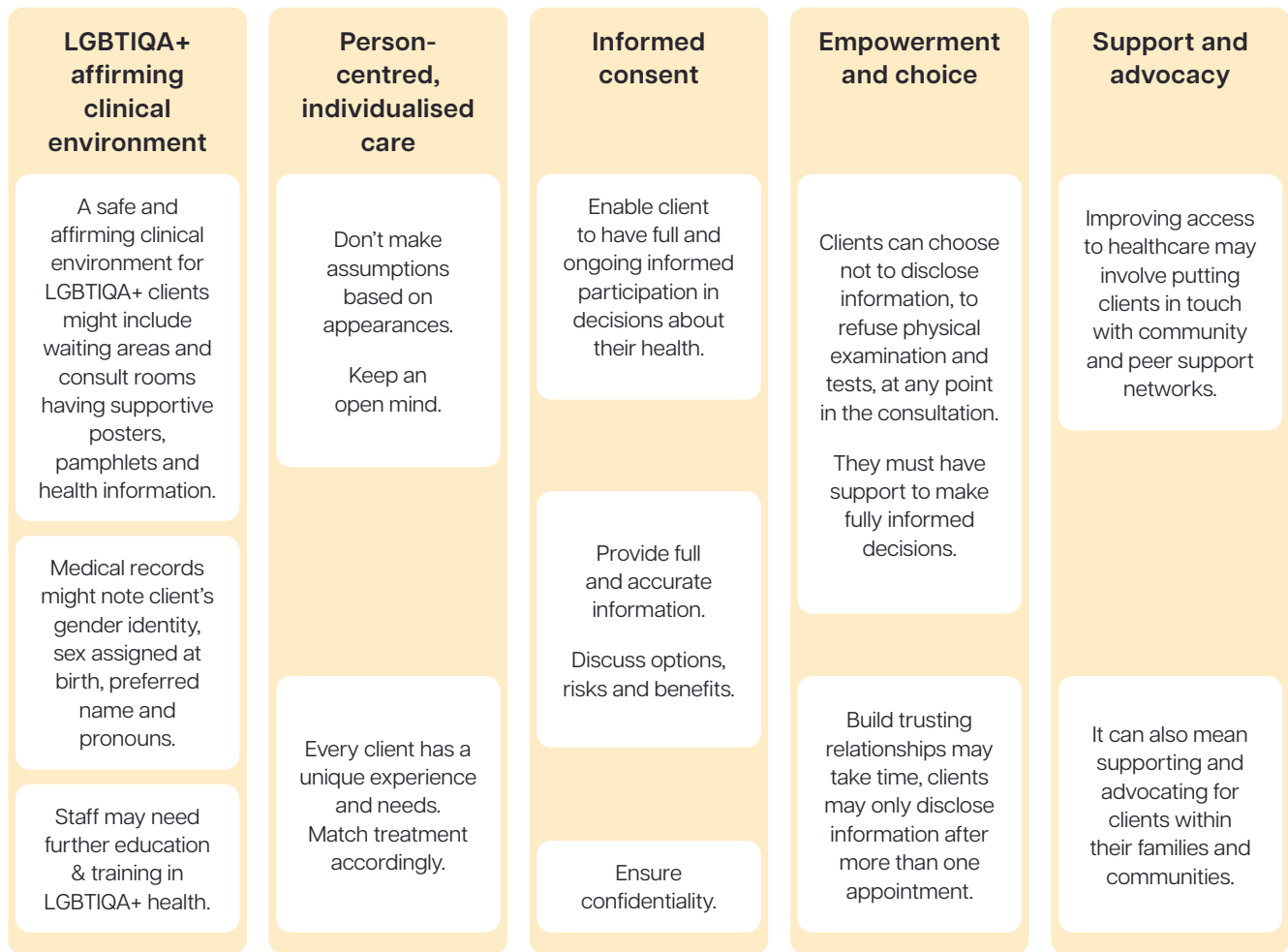
Many sistergirls participate in traditional culture and lifestyle, and have their gender identity understood and accepted in their communities.

Brotherboys may also take on male roles and maintain a strong sense of cultural identity in communities.

See TransHub<sup>1</sup> and Trans Health SA<sup>2</sup> for more information and resources for trans and gender diverse populations, and for clinicians<sup>3</sup> providing care to them. TransMob<sup>4</sup> provides more details for trans Aboriginal and Torres Strait Islander people.

## Sexual health consultation with LGBTIQ+ individuals

### General principles



### LGBTIQ+ affirming clinical environment

- > Other indications of an affirming environment include rainbow flag/pin and pronoun badge/pin.
  - > AHCSA can offer inclusion training for member services.
- > Ways in which to contribute to an affirming environment through medical records include:
  - > Checking client's medical record to make sure you are using the correct name and pronouns.
  - > Finding out if your health service has a process for how to document gender identity, sex assigned at birth, name, and pronouns used, in client record.
  - > Getting client's consent to record this information.
  - > When relevant, checking whether the client consents for this information to be shared, for example in any referral letters to specialists.

## History taking

- › Ask client their preferred name and pronouns (for example 'he', 'she', or 'they').
- › Consider offering your own name and pronouns first.
- › In some cases, a client's legal name may need to be used (eg for Medicare, if the patient has not legally affirmed their gender). You should explain this to the client, but let them know that you will use their chosen name whenever it is in your control.
- › Only ask questions that provide information to help you make decisions about care or management. Do not ask intrusive questions about the client's personal life out of curiosity.
- › Explain why the questions are being asked, what processes will take place, as well as what does not need to be done (to reassure client).
- › When necessary, check with the client about preferred language for body parts. You can also use neutral language if unsure, for example referring to the 'upper body' instead of breast or chest.
- › If client uses terminology or speaks about concepts that you are not familiar with, respectfully ask the client to explain.
- › Language should be respectful, culturally relevant, and uphold principles of safety and dignity. Using gender inclusive language empowers individuals and supports visibility of important issues. This may include using the pronouns declared and checking with the client the gender of their partner(s).

## Physical exam

- › The need for breast, genital and rectal exams are sensitive issues for many trans and gender diverse clients, and should be based on individual risk and healthcare needs.
- › If a physical exam is necessary, obtain full, clear informed consent from client. Offer the client the option to have a support person there if possible.

## STI screening

**Table 6: Screening recommendations for LGBTIQ+ populations (from Australian STI Guidelines)**

POPULATION	STI AND BBV RISK	SCREENING RECOMMENDATIONS
Transgender	<ul style="list-style-type: none"><li>› Limited data suggest that rates of STIs are higher in transgender people compared to general population; risk increases with factors such as drug use or in men who have sex with men (MSM).</li><li>› Sistergirls are at higher risk of acquiring HIV.</li><li>› Trans men who have sex with other men should be offered testing as per guidelines for MSM.</li></ul>	<ul style="list-style-type: none"><li>› Those with surgically created vagina should be offered first pass urine for STI testing.</li><li>› In addition to STI screening, consider hepatitis testing.</li><li>› Hep A: test; vaccinate if not immune.</li><li>› Hep B: test; vaccinate if not immune.</li><li>› Hep C: once a year in those living with HIV, on PrEP, or with history of injecting drug use.</li></ul>

Men who have sex with men (MSM).	<ul style="list-style-type: none"> <li>&gt; There are higher rates of STIs and HIV in MSM.</li> </ul>	<ul style="list-style-type: none"> <li>&gt; 3 monthly testing for STIs is recommended in all men who have had any type of sex with another man in the previous 3 months.</li> <li>&gt; STI screening: First pass urine, throat swab and anal swab for gonorrhoea and chlamydia.</li> <li>&gt; In addition to STI screening, test for hepatitis A, B and C as above.</li> </ul>
Women who have sex with women (WSW).	<ul style="list-style-type: none"> <li>&gt; Risk of STIs in WSW depends on specific infection, type of sexual contact and gender of partner.</li> <li>&gt; Prevalence of bacterial vaginosis (BV) is higher in this group.</li> <li>&gt; Women-to-women transmission uncommon for chlamydia, gonorrhoea, and HIV; no data available for syphilis.</li> <li>&gt; People with a cervix should follow cervical screening recommendations.</li> </ul>	<ul style="list-style-type: none"> <li>&gt; If a woman has symptoms, STI testing should also include tests for bacterial vaginosis and trichomonas.</li> <li>&gt; Hep B test and vaccination if not immune are recommended.</li> </ul>

### Further resources include

- > Australian STI Management Guidelines<sup>5</sup>.
- > The Trans and Gender Diverse Sexual Health Care e-learning<sup>6</sup> for clinicians working in primary health care settings (requires login).
- > Standards of Care for the Health of Transgender and Gender Diverse People, Version 8<sup>7</sup>.
- > World Health Organization FAQ on Health and Sexual Diversity—An Introduction to Key Concepts<sup>8</sup>.

## Culturally competent consultation about STIs and BBVs with other priority groups

Members of the priority groups listed below often experience discrimination, which may be based on myths and stereotypes in the media. As fear of discrimination can prevent people accessing health services, it is important to be aware of the language that we use. The Language Matters<sup>9</sup> resource by NADA, although intended for workers in Alcohol and Drug services, provides useful guidance for working with people who use drugs.

<p><b>Community members who do sex work</b></p>	<ul style="list-style-type: none"> <li>➤ Sex workers may be male, female, sistergirl, brotherboy, gender diverse or same sex attracted.</li> <li>➤ Sex work may occur in exchange for goods, services or money.</li> <li>➤ Anyone could be a sex worker, although they may keep their occupation private. It may be something they do from time to time, not as their regular job.</li> <li>➤ Do not judge or question why they do the work they do. Treat them the same as you would other community members.</li> <li>➤ There is no evidence that sex workers have higher rates of STIs than general population.</li> <li>➤ <i>Note: The Sex Industry Network (SIN) provides support for all sex workers, including Aboriginal and Torres Strait Islander sex workers. Visit SIN's website<sup>10</sup> for more details.</i></li> </ul>	<ul style="list-style-type: none"> <li>➤ Regular testing for STIs and BBVs recommended; frequency of testing should be determined in consultation with sex worker.</li> <li>➤ In addition to STI screening, consider testing for hepatitis A, B, and C as above.</li> <li>➤ For sex workers, their health is important to their livelihood. A positive STI or BBV test could affect not only their physical and emotional health, but also disrupt their earnings.</li> </ul>
<p><b>Community members who use drugs</b></p>	<ul style="list-style-type: none"> <li>➤ Drug use may be associated with higher rates of condomless sex and group sex, and therefore higher rates of some STIs.</li> <li>➤ In Australia, hepatitis C transmission is heavily associated with sharing of injecting equipment.</li> <li>➤ <i>Note: For further information on safer injecting contact Hepatitis SA on (08) 8362 8443 or refer to their website here<sup>11</sup>. For Needle and Syringe Program locations, visit SA Health's website<sup>12</sup>.</i></li> </ul>	<ul style="list-style-type: none"> <li>➤ In addition to STI screening, test for hepatitis A, B and C as above.</li> <li>➤ For any clients who are currently injecting, consider discussing harm reduction strategies such as safer injecting, access to equipment and overdose prevention.</li> <li>➤ It is also an opportunity to provide referral to a Hepatitis SA peer worker to discuss further injecting-related harm reduction strategies.</li> <li>➤ Resources are available to support these conversations.</li> </ul>

## Further Resources

The Red Book Online<sup>13</sup> contains health and safety information by sex workers, for sex workers.

- 1 Transhealth SA. Trans Health South Australia. Accessed 22 September 2025. <https://new.transhealthsa.com/>
- 2 ACON. For clinicians. Transhub. Accessed 22 September 2025. <https://www.transhub.org.au/clinicians/>
- 3 ACON. Trans Mob. Transhub. Accessed 22 September 2025. <https://www.transhub.org.au/social/trans-mob/>
- 4 ASRHA/ASHM. *Australian STI management guidelines for use in primary care*. Updated April 2024. Accessed 22 September 2025. <https://sti.guidelines.org.au/>
- 5 ACON/ASHM. *Trans and gender diverse sexual health care e-learning*. Accessed 22 September 2025. <https://ashm.org.au/lms/ashm-acons-trans-and-gender-diverse-sexual-health-care-e-learning/>
- 6 Coleman E et al. Standards of Care for the Health of Transgender and Gender Diverse People, Version 8, *International Journal of Transgender Health*. 2022; 23: sup1, S1-S259. DOI: 10.1080/26895269.2022.2100644.
- 7 World Health Organization. *FAQ on Health and Sexual Diversity An Introduction to Key Concepts*. 2016. Accessed 22 September 2025. <https://www.who.int/publications/i/item/WHO-FWC-GER-16.2>
- 8 Network of alcohol and other drugs agencies. Language matters Version 2. Accessed 22 September 2025. [https://nada.org.au/wp-content/uploads/2021/01/language\\_matters\\_-\\_online\\_-\\_final.pdf](https://nada.org.au/wp-content/uploads/2021/01/language_matters_-_online_-_final.pdf)
- 9 Sex industry network. SIN. 2022. Accessed 22 September 2025. <https://sin.org.au/>
- 10 Hepatitis SA. Safer injecting. Accessed 22 September 2025. <https://hepatitissa.asn.au/safer-injecting>
- 11 SA Health. Needle and syringe program. Drug and Alcohol Services SA. Accessed 22 September 2025. <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/services/mental+health+and+drug+and+alcohol+services/drug+and+alcohol+services/dassa+services/needle+and+syringe+program>
- 13 Scarlet Alliance, Australian Sex Workers' Association. Red book. Accessed 22 September 2025. <https://redbook.scarletalliance.org.au/>

# Appendix 7: Condoms

Correct use of condoms can reduce risk of STIs. Condoms create a barrier to prevent the transfer of semen, vaginal fluids, blood and anal mucus. It is recommended to routinely offer condoms when providing STI education to clients.

It is recommended that a supply of condoms is maintained and made accessible for clients at an appropriate space within the health service.

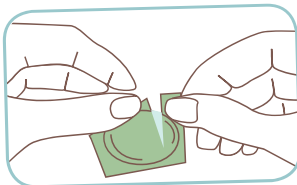
## Correct use

### General

- > Do not use an internal condom together with an external condom, as this increases the likelihood of condom(s) breaking.
- > Each condom can be used only once.
- > Use a new condom when changing between vaginal, anal and oral sex.
- > Do not use oil-based lubricants such as Vaseline, as these can cause the condom to break.

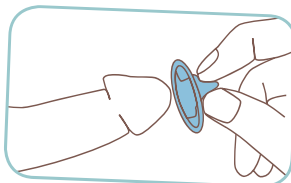
### External (male) condom

## How to use an external condom

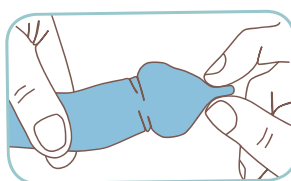


Check the packet by feeling the air bubble to make sure it's sealed. Check the use-by date.

Pre-cum can transmit infection and sperm, so avoid contact between an erect penis and genitals, anus or mouth before the condom is on.

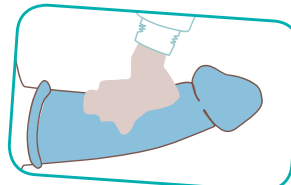


Make sure you don't tear the condom when opening the packet. Check to see which way it unrolls.

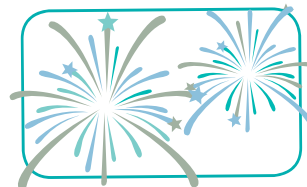


Air trapped inside a condom could cause it to break, so squeeze the tip of the condom between your forefinger and thumb and place it over the fully erect penis or sex toy.

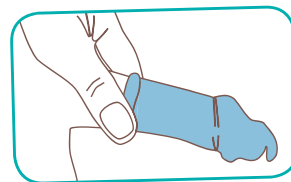
Unroll the rest of the condom down to the base of the penis.



Apply water-based lubricant to increase pleasure and reduce the risk of the condom breaking.



If the condom rolls up during sex, roll it back to the base of the penis immediately.



After cumming hold on to the base of the condom and withdraw the penis before it goes soft.

When removing the condom, don't allow the condom or penis to touch the genital area. Dispose of the condom carefully.

Source: Contraception Flip Chart, AHCSA & SHINE SA 2023

## Internal (female) condom

# How to use an internal condom

### Inserting an internal condom

1. Check the use-by date and open the packet carefully.
2. The internal condom comes already lubricated, but you can add more lube if you want.
3. If you're putting the condom in the anus, remove the inner ring. If you're putting the condom in the vagina, leave the ring in.
4. Relax and get into a comfortable position. If it's going in your vagina, squeeze together the sides of the inner ring at the closed end of the condom and slide it in like a tampon. Push the inner ring into your vagina as far as it can go, up to your cervix.
5. If you're using it for the anus, push the condom in with your finger.
6. Make sure the condom isn't twisted. Pull out your finger and let the outer ring hang about an inch outside the vagina or anus.
7. Hold the condom open as the penis or sex toy is going into the condom to make sure it doesn't slip to the side between the condom and your vagina or anus.

### To remove an internal condom

1. If there's semen (cum) in the condom, twist the outer ring (the part that's hanging out) to keep the semen inside the pouch.
2. Gently pull it out of your vagina or anus, being careful not to spill the semen if there is any.
3. Throw it away in the trash (never flush any kind of condom, because it can clog your toilet).
4. Internal condoms are not reusable — use a new one every time you have sex.



Source: Contraception Flip Chart, AHCSA & SHINE SA 2023

## Storage

### General

- > It is important that condoms which are held at your health service are stored correctly:
  - > Practice rotation of inventory: use older stock (that is closer to its expiry date) first.
  - > Expiration dates are clearly marked on cases and products. Discard expired or nearly expired stock.

### External (male) condom

- > Condoms should be stored in a **cool, dry place**, preferably at or below room temperature. Condoms should NOT be stored in excess of 35 degrees or below 0 degrees celsius. Dispose of condoms that have been stored in excess of 35 degrees.
- > Care should be taken to protect latex and polyisoprene condoms against prolonged periods of exposure to extreme low or high temperatures, moisture, direct sunlight and fluorescent light.
- > Improper storage can lead to premature ageing and deterioration of the product.
- > Storage information is marked on every case of LifeStyles® condoms.
- > **Hints:**
  - > **Do not** keep condoms in the boot of a car.
  - > **Do** cover the windows in your storage area so product is not exposed to direct rays of the sun.

## Internal (female) condom

- › Internal condoms do not require special storage conditions. The material (nitrile) is not affected by temperature or humidity.
- › It is approved for a 5 year shelf life from the date of manufacture.

## Access

- › Condoms should be freely available to community members.
  - › It is a good idea to have them available in places where people can get them without shame (eg in toilets).
  - › They should also be on hand in consulting rooms when you are providing advice on safer sex to your clients so that they can be handed to them.
- › Condom suppliers for health services:

### **Aboriginal Health Council of South Australia**

220 Franklin St, Adelaide SA 5000

Tel: 08 8273 7200

Email: ahcsa@ahcsa.org.au

### **Australian Therapeutic Supplies PTY LTD**

(Four Seasons Condoms)

5/25 George Street

North Strathfield NSW 2137

Tel: 02 8759 7300

Fax: 02 9420 4244

Email: ats@australiantherapeutic.com

### **GLYDE Health Pty Ltd**

PO Box 178

Ingleburn NSW 1890

Tel: 1300 364 811

Fax: 1300 364 855

Email: sales@glydehealth.com

### **SA SIN (SA Sex Industry Network)**

220 South Road

Mile End SA 5031

Tel: 08 8351 7626

Email: info@sin.org.au



# Appendix 8: Post-exposure prophylaxis for HIV for people 16 years and above

Post-exposure prophylaxis (PEP) is a treatment for people who may have been exposed to HIV



PEP must be started within 72 hours of exposure to HIV  
SA HIV PEP HOTLINE: 1800 022 226

It involves a 28 day course of antiretroviral medication which can prevent the transmission of HIV. **It must be started within 72 hours of exposure** and has increased effectiveness the earlier treatment is commenced, however, even if it has been up to 5-7 days since exposure it is still worth contacting the PEP Hotline to seek advice.

Some reasons for seeking PEP include:

- > Sex without a condom (or condom failure) with someone who has, or may have HIV.
- > Sharing injecting equipment with someone who has, or may have HIV.
- > Needle stick injury.
- > Sexual assault including stealthing (stealthing refers to non-consensual condom removal before or during sexual intercourse).

It is important that you respond to people who may have been exposed to HIV in a non-judgemental way. Suspected exposure to HIV can be a stressful experience, and negative attitudes from clinicians can prevent people accessing necessary healthcare.

## HIV PEP Hotline – 1800 022 226

The South Australian HIV PEP Hotline is available 24 hours a day. Calls are taken by an RN who will triage any person who believes they have been exposed to HIV. They can also provide advice and support to healthcare professionals in South Australia who are involved in the care of patients who may have been exposed to HIV.

## Access point locations

PEP can be accessed at Adelaide Sexual Health Centre and SHINE SA or at most hospital emergency departments. Ring the South Australian HIV PEP hotline for further advice on access points.

## Further information

Australian National Guidelines for Post-Exposure Prophylaxis (PEP) after Non-Occupational and Occupational Exposure to HIV<sup>1</sup>.

## Children under 16 years old

Assessment and prescription of PEP for children under 16 years old requires specialist advice. Please refer to Women's and Children's Hospital for specialist paediatric infectious diseases via (08) 8161 7000.

# Pre-exposure prophylaxis for HIV

**Pre-exposure prophylaxis (PrEP) is preventative medication that people who may be at increased risk of HIV can take to prevent transmission.**

PrEP is a daily pill (combination of tenofovir and emtricitabine) that works by preventing the replication of HIV in the body. Strong evidence shows that when PrEP is taken consistently (no missed days, forgotten pills) it is up to 99% effective at preventing HIV transmission from sexual exposure. It has shown to be safe and effective when taken long term by most people.

Some people may be eligible for other ways of taking PrEP, for example periodic PrEP (during periods of likely increase in sexual activity) or 'on-demand' PrEP where a short course is taken as needed. However, the best method for each person should always be discussed with their prescriber.

PrEP can be prescribed by a GP or authorised Nurse Practitioner. Prior to commencement of PrEP, people must have an HIV test, and blood tests for kidney and liver function. People on PrEP will need to visit a GP every 3 months for STI screening, blood tests, and tests to see how the body is reacting to the medication.

Prescribers can refer to the ASHM decision making tool<sup>2</sup> or other resources at <https://ashm.org.au/resources/australian-prep-guidelines/><sup>3</sup>

## Further Resources

- 1 ASHM. Australian National Guidelines for Post-Exposure Prophylaxis (PEP) after Non-Occupational and Occupational Exposure to HIV. Fourth Edition. 2025. Accessed 22 September 2025. <https://pep.guidelines.org.au/>
- 2 ASHM. Prescribing Oral HIV Pre-Exposure Prophylaxis (PrEP) in Australia. 2025. Accessed 22 September 2025. [https://ashm.org.au/wp-content/uploads/2025/07/ASHM\\_HIV\\_PrEPtool\\_July-2025\\_WEB.pdf](https://ashm.org.au/wp-content/uploads/2025/07/ASHM_HIV_PrEPtool_July-2025_WEB.pdf)
- 3 ASHM. Australian PrEP Guidelines. 2025. Accessed 22 September 2025. <https://prepguidelines.com.au/>

# Appendix 9: Forms for reporting notifiable diseases to the Communicable Diseases Control Branch, SA Health

**Report of Notifiable Conditions Sexually Transmissible Infections or Related Death**  
DILAMPIDA • GONORRHOEA • SYPHILIS • CHANCROID

Form ID: 7415 6868

**A CASE DETAILS** Please print clearly and tick all applicable boxes

**B EPIDEMIOLOGICAL INFORMATION**

**C LABORATORY AND CLINICAL DETAILS**

**D COMPREHENSIVE STI TESTING**

**E DOCTOR DETAILS (please complete)**

Form ID: 7415 6868

Reporting of **SEXUALLY TRANSMISSIBLE INFECTIONS**<sup>1</sup>

**Report of Notifiable Condition Syphilis Infection or Related Death**  
SYPHILIS (Primary, Secondary, Latent)

Form ID: 7415 6868

**A CASE DETAILS** Please print clearly and tick all applicable boxes

**B EPIDEMIOLOGICAL INFORMATION**

**C LABORATORY AND CLINICAL DETAILS**

**D COMPREHENSIVE STI TESTING**

**E DOCTOR DETAILS (please complete)**

Form ID: 7415 6868

Reporting of **SYPHILIS Infection**<sup>2</sup>

**Report of Notifiable Condition  
Hepatitis B virus or Related Death**  
South Australian Public Health Act 2011

**PHONE 1300 232 272** (Mon - Fri 9:00am - 5pm) or see an practitioner for any report within 2 days of diagnosis or notification of a diagnosis.

**CASE DETAILS** (please print clearly and tick all applicable boxes)

Last name: \_\_\_\_\_  
 First name: \_\_\_\_\_  
 Residential address: \_\_\_\_\_  
 Phone (H): \_\_\_\_\_ Phone (M): \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Sex:  Male  Female  Transgender

**Is the person of Aboriginal or Torres Strait Islander origin?**  
 For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.  Yes Aboriginal  Yes Torres Strait Islander  No

**Where was the person born?**  
 Australia  Overseas (Specify country): \_\_\_\_\_  
 Yes  No  In the person's healthcare worker?

**Is the person/organiser aware of the diagnosis?**  
 Yes  No  Date of death (if applicable): \_\_\_\_\_

**DISEASE TO NOTIFY** (please tick whichever applies)

By your clinical opinion does the person have:  
 Hepatitis B, acute or newly acquired infection in the past 24 months OR  
 Hepatitis B, chronic infection of unknown duration

**CLINICAL ASSESSMENT** (please tick all that apply)

Date of the current positive result: \_\_\_\_\_ Positive pathology results received from:  
 Histology  IHC  Clinical  Hepatology  SA Pathology  Other Specify: \_\_\_\_\_

Hepatitis B surface antigen (HBsAg)  Detected  Not detected  Not tested  Unknown

Hepatitis B core IgM and HBcAb  Detected  Not detected  Not tested  Unknown

Hepatitis B virus by nucleic acid testing (HBV DNA)  Detected  Not detected  Not tested  Unknown

ALT results: \_\_\_\_\_ AST results: \_\_\_\_\_ GGT results: \_\_\_\_\_ Date of test: \_\_\_\_\_

Has the person had symptoms of acute hepatitis within the past 24 months?  
 No  Unknown  Yes (Specify symptoms): \_\_\_\_\_ Date of onset of symptoms: \_\_\_\_\_

Has the person had a previous negative hepatitis B surface antigen (HBsAg) test within the past 24 months?  
 No  Yes (Specify date): \_\_\_\_\_ Date of test: \_\_\_\_\_

Has the person previously tested positive for hepatitis B?  
 No  Yes (Specify date): \_\_\_\_\_ Date of test: \_\_\_\_\_

**CLINICAL COMMENTS** \_\_\_\_\_

**DOCTOR DETAILS** (stamp appropriate)

Name: \_\_\_\_\_  
 Address of practice/clinic: \_\_\_\_\_  
 Phone (City): \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please inform the person/organiser you have notified SA Health

Form completed from CDCR (26) 7425 9499 Issue 1 (2022) PTO

Reporting of **HEPATITIS B** Infection<sup>2</sup>

**Report of Notifiable Condition  
Hepatitis C virus or Related Death**  
South Australian Public Health Act 2011

**PHONE 1300 232 272** (Mon - Fri 9:00am - 5pm) or see an practitioner for any report within 2 days of diagnosis or notification of a diagnosis.

**PATIENT DETAILS** (please print clearly and tick all applicable boxes)

Last name: \_\_\_\_\_  
 First name: \_\_\_\_\_  
 Residential address: \_\_\_\_\_  
 Phone (H): \_\_\_\_\_ Phone (M): \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Sex:  Male  Female  Transgender

**Is the person of Aboriginal or Torres Strait Islander origin?**  
 For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.  Yes Aboriginal  Yes Torres Strait Islander  No

**Where was the person born?**  
 Australia  Overseas (Specify country): \_\_\_\_\_  
 Yes  No  In the person's healthcare worker?

**Is the person/organiser aware of the diagnosis?**  
 Yes  No  Date of death (if applicable): \_\_\_\_\_

**DISEASE TO NOTIFY** (please tick all applicable boxes)

By your clinical opinion does the person have:  
 Hepatitis C, acute or newly acquired infection in the past 24 months  Reinfection following successful treatment  
 Hepatitis C, chronic or infection of unknown duration  Reinfection following successful treatment with the virus

**CLINICAL ASSESSMENT** (please tick all applicable boxes)

Date of the current positive result: \_\_\_\_\_ Positive pathology results received from:  
 Histology  Clinical  Immunology  SA Pathology  Other Specify: \_\_\_\_\_

Hepatitis C antibody (Anti-HCV)  Detected  Not detected  Not tested  Unknown

Hepatitis C virus by nucleic acid testing (HCV RNA)  Detected  Not detected  Not tested  Unknown

ALT results: \_\_\_\_\_ AST results: \_\_\_\_\_ GGT results: \_\_\_\_\_ Date of test: \_\_\_\_\_

Has the person had symptoms of acute hepatitis within the past 24 months?  
 No  Unknown  Yes (Specify symptoms): \_\_\_\_\_ Date of onset of symptoms: \_\_\_\_\_

Has the person had a previous negative hepatitis C antibody test (Anti-HCV) or hepatitis C virus by nucleic acid testing (HCV RNA)?  
 No  Yes (Specify date): \_\_\_\_\_ Date of test: \_\_\_\_\_

Has the person previously tested positive for hepatitis C antibody (Anti-HCV) or hepatitis C virus by nucleic acid testing (HCV RNA)?  
 No  Yes (Specify date): \_\_\_\_\_ Date of test: \_\_\_\_\_

**CLINICAL COMMENTS** \_\_\_\_\_

**DOCTOR DETAILS** (stamp appropriate)

Name: \_\_\_\_\_  
 Address of practice/clinic: \_\_\_\_\_  
 Phone (City): \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please inform the person/organiser you have notified SA Health

Form completed from CDCR (26) 7425 9499 Issue 1 (2022) PTO

Reporting of **HEPATITIS C** Infection<sup>2</sup>

**Hospital:  
Gastroenterology and Liver Services  
Remote Consultation Request for Initiation of Hepatitis C Treatment**  
Hospital Phone: [ ] Hospital Fax: [ ]

**FOR ATTENTION OF: Dr** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please note this form is not a referral for a patient appointment.

**Referring Practitioner**  
 Name: \_\_\_\_\_  
 Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Mobile phone: \_\_\_\_\_  
 Email address: \_\_\_\_\_

**Patient**  
 Name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 Postcode: \_\_\_\_\_

**Hepatitis C History**  
 Date of HCV diagnosis: \_\_\_\_\_  
 Known cirrhosis\*  Yes  No  
 \* Patients with cirrhosis or HBe/HBeI infection should be referred to a specialist

**Intercurrent Conditions**  
 Diabetes  Yes  No  
 Obesity  Yes  No  
 Hypertension  Yes  No  
 HIV  Yes  No  
 Alcohol > 80 g/day  Yes  No  
 Discussion re contraception  Yes  No

**Prior Antibial Treatment:**  
 Has patient previously received any antiviral treatment?  Yes  No  
 Prior treatment: \_\_\_\_\_

**Current Medications**  
 (Prescription, herbal, OTC, recreational)  
 \_\_\_\_\_

I have checked for potential drug-drug interactions with current prescription and non-prescription medications and drugs?  Yes  No  
<http://www.hospitalandpharmacy.com.au>  
 If possible, print and fax a PDF from this site showing you have checked drug-drug interactions.

**Laboratory Results for attach copy of report**

Test	Date	Result	Test	Date	Result
HCV RNA*			Albumin		
ALT			Prothrombin time		
AST			INR		
Bilirubin			INR		

\* HCV genotyping is no longer mandatory before HCV treatment with peginterferon medications. Patient MUST be HCV RNA positive.

UESA Developed by the Gastroenterological Society of Australia Current as October 2022 Page 1 of 2

Remote Consultation Request for Initiation of **HEPATITIS C** Treatment<sup>5</sup>

## Further Resources

- 1 SA Health. *Report of notifiable conditions Sexually transmissible infections or related death Chlamydia Gonorrhoea Donovanosis Chancroid*. Revised November 2024. Accessed 25 September 2025. [https://www.sahealth.sa.gov.au/wps/wcm/connect/56b38f004077468493a2bb222b2948cf/CDCB\\_RNC\\_STI\\_April2022.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-56b38f004077468493a2bb222b2948cf-o1Pylql](https://www.sahealth.sa.gov.au/wps/wcm/connect/56b38f004077468493a2bb222b2948cf/CDCB_RNC_STI_April2022.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-56b38f004077468493a2bb222b2948cf-o1Pylql)
- 2 SA Health. *Report of notifiable condition Syphilis infection or related death*. Revised November 2024. Accessed 29 September 2025. [https://www.sahealth.sa.gov.au/wps/wcm/connect/08e26045-3c5e-4f29-af49-df2367d11422/CDCB\\_RNC\\_Syphilis\\_Jul2022.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-08e26045-3c5e-4f29-af49-df2367d11422-o7HLGm0](https://www.sahealth.sa.gov.au/wps/wcm/connect/08e26045-3c5e-4f29-af49-df2367d11422/CDCB_RNC_Syphilis_Jul2022.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-08e26045-3c5e-4f29-af49-df2367d11422-o7HLGm0)
- 3 SA Health. *Report of notifiable condition Hepatitis B virus or related death*. Revised March 2021. [https://www.sahealth.sa.gov.au/wps/wcm/connect/0f127b004a70778eb25eb7de45d9f797/RNC\\_HEP+B\\_22.03.21+green+form.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-0f127b004a70778eb25eb7de45d9f797-nKPLvY2](https://www.sahealth.sa.gov.au/wps/wcm/connect/0f127b004a70778eb25eb7de45d9f797/RNC_HEP+B_22.03.21+green+form.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-0f127b004a70778eb25eb7de45d9f797-nKPLvY2)
- 4 SA Health. *Report of notifiable condition Hepatitis C virus or related death*. Revised March 2021. Accessed 29 September 2025. [https://www.sahealth.sa.gov.au/wps/wcm/connect/0019b7804d4acddd88d9fb4c56539eed/RNC\\_HEP+C\\_22.03.21+blue+form.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-0019b7804d4acddd88d9fb4c56539eed-nKPLvMz](https://www.sahealth.sa.gov.au/wps/wcm/connect/0019b7804d4acddd88d9fb4c56539eed/RNC_HEP+C_22.03.21+blue+form.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-0019b7804d4acddd88d9fb4c56539eed-nKPLvMz)
- 5 Gastroenterological Society of Australia. *Remote consultation request for initiation of hepatitis C treatment*. October 2022. Accessed 18 September 2025. <https://www.gesa.org.au/public/13/files/Education%20%26%20Resources/Clinical%20Practice%20Resources/Hep%20C/Remote%20consultation%20form%202022.pdf>



# Appendix 10: Cervical cancer prevention and screening



## Background

Most cervical cancers result from HPV infection. Most people have HPV infection at some point in time, most with no symptoms and infection usually clears within 2 years. However, the virus can stay in the body and cause problems. Some types of HPV mostly cause genital warts, but other types can cause cervical cancers, and other cancers of the anus and genitals. HPV infection can also cause cancer of the mouth and throat.

The HPV vaccine is part of the national immunisation program. HPV vaccine is safe and effective for all genders. The vaccine will prevent many of the causes of cervical cancer, but not all of them. This is why cervical screening is still needed for people who are vaccinated. The HPV vaccine will also prevent some of the other cancers caused by HPV. The vaccine is recommended for young people aged 9-25 years, 1 dose. It is usually given in year 7 for children 12-13 years old.

Diagnosis and early treatment can prevent cancer. Screening involves either a clinical collection or self-collected vaginal swab to detect HPV infection.

See Cancer Council Australia's guide<sup>1</sup> to cervical cancer screening for more information.

## Who should have cervical screening?

- › Women and people with a cervix aged 25-74 who have had sexual contact with another person (of any gender) are eligible for a cervical screening test (CST) under the National Cervical Screening Program.
- › For those eligible, it is recommended to have a repeat CST every 5 years with a final test between 70 and 74 years of age.
- › Women and people with a cervix who are 75 years or older who have never had cervical screening or have not had one in the previous 5 years, may request a test and can be screened.
- › If someone has had a hysterectomy (operation to remove the womb) they may still need testing – discuss with a doctor as needed.
- › Women with severely weakened immune system (eg, people who have had a solid organ transplant or have HIV infection) need more frequent screening. This should also be considered for people on kidney dialysis or who are taking immune-suppressing medication- see national guidelines<sup>2</sup>.

## Is my client due for a test?

- › National Cancer Screening Register records screening histories and sends reminders to women when cervical screening is due.
- › Check if there are any Communicare recalls due for the client.
- › When a client comes in for a STI test, this is a good time to check if due.
- › It is possible to do a cervix screening test in pregnancy. See the Women's Business Manual or your local guidelines for details.
- › It is possible to have a cervix screening test during monthly period/menstruation.

## How to collect?

HPV test /cervix screening can be collected in one of two ways:

1. Speculum examination of the cervix done by clinicians such as nurses or doctors who have been trained to do this. A clinician collected sample can also be tested at the same time for STIs.
2. Self-collection Low Vaginal Swab (LVS)
  - › Available to all women eligible for cervical screening under the supervision of a healthcare professional.
  - › The health service needs to stock a special kit from the lab (such as SA Pathology) to send the specimen.
  - › The client is instructed on how to insert the swab and take the sample.
  - › Self-collection is not suitable if the following symptoms are present: abnormal vaginal bleeding, discharge, or pain.
  - › Self-collection is now an option that can be used as part of follow up after treatment for cervix changes (see current guidelines in use as of April 2025).
  - › If HPV is detected, the client will need to return for speculum exam and collection of cervical cells for liquid based cytology.
  - › Self-collected samples cannot also be tested for STI at the same time. If testing for STIs is also needed, this will require a second self-collected sample.

## What resources are available for clients?

- › The 'Yarning about Cervical Screening Tests'<sup>3</sup> brochure from Family Planning Australia (NSW).
- › A visual guide<sup>4</sup> to self-collection produced by the Australian Government for multicultural communities (make sure the client is given any instructions specific to the pathology company that the specimen is being sent to).
- › National Cervical Screening Program resources<sup>5</sup> for Aboriginal women, including a visual guide to self-collection and information about possible test outcomes.
- › A full collection<sup>6</sup> of resources for providers and clients can be found on the Australian Government health website.
- › The SA Pathology Collection Instructions 'Self-Collection for a HPV Test'<sup>7</sup> for providers and clients.

## Further Resources

- 1 Cancer Council. Cervical Cancer Screening. Accessed 6 October 2025. <https://www.cancer.org.au/cancer-information/causes-and-prevention/early-detection-and-screening/cervical-cancer-screening>
- 2 Cancer Council. National cervical screening program. Accessed 6 October 2025. <https://www.cancer.org.au/clinical-guidelines/cervical-cancer/cervical-cancer-screening>
- 3 Family Planning Australia. Yarning about Cervical Screening Tests. Accessed 6 October 2025. [https://www.fpnsw.org.au/sites/default/files/assets/YarnAboutCSTTests\\_2023.pdf](https://www.fpnsw.org.au/sites/default/files/assets/YarnAboutCSTTests_2023.pdf)
- 4 Australian Government. Cervical Screening Test – how to collect your own sample. Accessed 6 October 2025. <https://www.health.gov.au/resources/publications/national-cervical-screening-program-how-to-collect-your-own-sample-easy-read?language=en>
- 5 Department of Health, Disability and Ageing. Resources for Aboriginal and Torres Strait Islander women – National Cervical Screening Program. Australian Government. Updated 2 October 2025. Accessed 6 October 2025. <https://www.health.gov.au/resources/collections/resources-for-aboriginal-and-torres-strait-islander-women-national-cervical-screening-program>
- 6 Department of Health, Disability and Ageing. Resources for healthcare providers- National Cervical Screening Program. Australian Government. Updated 3 September 2025. Accessed 8 October 2025. <https://www.health.gov.au/resources/collections/resources-for-healthcare-providers-national-cervical-screening-program>
- 7 SA Pathology. Self-collection for a HPV test. 2023. Accessed 6 October 2025. <https://www.sapathology.sa.gov.au/assets/downloads/Self-Collect-Cervical-Screen-PUB-0824.pdf>



# Appendix 11: Emergency contraception

## Emergency contraception is used to prevent pregnancy after unprotected sex or contraceptive failure



If someone is seeking emergency contraception after unprotected sexual intercourse STI screening should be considered

There are three options for emergency contraception available for people in Australia:

- > The levonorgestrel emergency contraceptive pill (ECP) – available over the counter from pharmacies.
- > The ulipristal acetate emergency contraceptive pill - available over the counter from pharmacies. The brand name is EllaOne.
- > A copper intrauterine device (IUD) – this must be inserted within 5 days of unprotected sexual intercourse by a trained nurse or doctor.

Both types of ECP work by stopping or delaying ovulation. If ovulation happens and a pregnancy occurs ECP will not end the pregnancy.

Copper IUD are the most effective form of emergency contraception with <1% failure and can be inserted up to 5 days after ovulation. They have the additional benefit of preventing pregnancy for up to a further 10 years depending on the type.

Further information about Emergency Contraception is available on the SA Health<sup>1</sup> website and the SHINE SA<sup>2</sup> website.

ECP is sometimes called 'the morning after pill'. This name is incorrect – levonorgestrel ECPs can be taken within 3 days (72 hours) after unprotected sexual intercourse, while ulipristal acetate ECPs can be taken up to 5 days (120 hours). However, the effectiveness of both types of ECPs decreases over time, so taking them as soon as possible after unprotected sex is recommended for maximum efficacy.

## Considerations

Levonorgestrel emergency contraceptive:

- › Is less effective than UAP and copper IUD.
- › May have reduced efficacy for people with higher body weight (BMI >30 kg/m<sup>2</sup>).
- › Major contraindications include severe liver disease, known allergy and hypersensitivity to product, known pregnancy, interaction with liver enzyme-inducing medications (seek medical advice if considering levonorgestrel and client is on these medications, such as certain epilepsy medications).

Ulipristal acetate emergency contraceptive pill:

- › Is slightly more effective than levonorgestrel ECP, less effective than copper IUD.
- › May have reduced efficacy for people with higher body weight (BMI >30 kg/m<sup>2</sup>), but more effective for this group than levonorgestrel ECP.
- › Major contraindications include severe liver disease, known allergy and hypersensitivity to product, known pregnancy, interaction with liver enzyme-inducing medications (seek medical advice regarding suitable options for these clients), severe asthma requiring oral glucocorticoids.
- › May be less effective if taken close in time to hormonal contraception that includes progesterone. Clients should be counselled about when to start ongoing hormonal contraception (seek medical advice as needed).

Copper IUD:

- › Is most effective form of emergency contraception.
- › Efficacy is not affected by body weight.
- › Provides long term contraception.
- › Requires a trained inserter.
- › May not be suitable for people with heavy periods, anaemia, active STI infection, abnormalities of the uterus such as fibroids.
- › Carries small risk of infection following insertion, small risk of perforation of the uterus during insertion, and a small risk of expulsion (moving from its position or falling out).



**EC should be considered for any clinical presentation for rape where pregnancy could occur as a result. This conversation should be undertaken with care and support for the survivor.**

## Further Resources

Further information about responding to sexual assault can be found via Yarrow Place<sup>3</sup>.

- 1 SA Health. Emergency contraception. Accessed 6 October 2025. <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/conditions/sexual+health/emergency+contraception>
- 2 SHINE SA. Emergency contraception. Accessed 6 October 2025. <https://shinesa.org.au/health-information/contraception/emergency-contraception/>
- 3 Women's and Children's Health Network. Yarrow Place rape and sexual assault service. Accessed 6 October 2025. <https://www.wchn.sa.gov.au/our-network/yarrow-place>



# Appendix 12: Termination of pregnancy/abortion



Approximately half of all pregnancies in Australia are unplanned and 1 in 4 pregnant people will have a termination of pregnancy (TOP)/abortion over their lifetime. Rates of unplanned pregnancies are higher among women who are on lower incomes and those living in rural areas.

Methods for abortion are:

- › Surgical abortion, generally up until 23 weeks pregnant.
- › Early Medical Abortion (EMA) using tablets up until 63 days (9 weeks) pregnant. EMA can be provided by any doctor including GPs, and Nurse Practitioners and midwives who are accredited to prescribe the abortion medication.
- › Later medical abortion, from 23 weeks pregnant.

Under the law if a practitioner does not want to be part of abortion healthcare they must:

- › Inform the pregnant person of their conscientious objection in a way that would not imply judgement and to avoid distress.
- › Provide an appropriate, prompt, judgement-free referral to a service or medical practitioner who can provide the service. If there are no clinicians who can provide abortion care in rural and remote areas, patients should be informed about the Patient Assistance Transport Scheme (PATS)<sup>1</sup>, which can assist with travel costs.

All abortions must be reported to the Department for Health and Wellbeing, via the Pregnancy Outcomes Unit, Preventive Health SA using the Termination of Pregnancy Notification Form. Request for access to the online portal or paper copies of the form need to be emailed to [WellbeingSAPregnancyStats@sa.gov.au](mailto:WellbeingSAPregnancyStats@sa.gov.au).

## What do I do if a patient is requesting for an abortion?



**Arrange for an urgent medical consult with TOP provider**

A patient information brochure<sup>2</sup> about how to access abortion services in South Australia is available from SA Health.

Guidance for health professionals is available via the HealthPathways 'Termination of Pregnancy'<sup>3</sup> pathway (this requires login).

## Where to find services

Abortion services should be found close to home. Women seeking an abortion or pregnancy planning care should be given the option to be supported by Aboriginal Health Workers/Practitioners.

To find a prescriber of early medical abortion or arrange/refer for a surgical abortion, options in SA are:

- › **GP/accredited Nurse Practitioner or midwife** in the local community.
- › **Local Health Network** may have abortion care services in the hospital or outpatients.
- › **Telemedicine** is possible for early medical abortion up to 63 days pregnant. This service generally has fees attached and is provided by MSI Australia.
- › **Pregnancy Advisory Centre (PAC):** Same day services are available for regional patients. Telephone: (08) 7117 8999 during business hours or email: HealthPAC@sa.gov.au

## Offer counselling

All clients must be offered counselling before an abortion is provided. If the client wants the counselling, they should be provided detailed information about their options for the pregnancy and be provided with support as needed. This should consider the following:

- › A female clinician and an Aboriginal healthcare worker or appropriate cultural support should be made available.
- › Offer support following your organisation's procedures in situation of sexual assault/rape. Provide Information for Victims of Sexual Assault<sup>4</sup>.
- › Offer information to people who choose to continue their pregnancy and support transition to antenatal care.

## Clinical Care for abortion

Refer to the Unplanned Pregnancy section of the Women's Business Manual (p. 101-104)<sup>5</sup> for more information on abortion. There are in-depth published resources<sup>6</sup> from the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) and also the Therapeutic Guidelines<sup>7</sup>.

For information specific to SA abortion care and the law here, refer to the South Australian Perinatal Practice Guidelines (SA PPG) Termination of Pregnancy in the First Trimester<sup>8</sup>.

For early medical abortion the pregnant person will need to have an ultrasound to confirm the pregnancy is in the uterus and the gestation is under 63 days. **If the gestation is close to 63 days do not delay care by sending for an ultrasound or doing other tests first, refer to an abortion provider urgently.**

## How are the different types of abortion provided?

EMA involves taking 1 tablet first and then 36 to 48 hours later taking the second medication. The first tablet ends the pregnancy and the second medication causes the uterus to contract. Pain killers should also be prescribed to help relieve the associated pain. The tablets can be taken at home.

Surgical abortion involves an operation in a hospital under anaesthesia and is provided by a doctor who has specialist skills in surgical abortion. Pain killers should also be prescribed to help relieve the associated pain.

Abortion after 23 weeks is arranged by specialist Obstetricians in a hospital.

For further information about the different types of abortion, there is an 'Abortion Decision Aid'<sup>9</sup> available online. This can help clients to decide what type of care is right for them.

## Care following abortion

It is important to offer contraception counselling and contraception for use straight after the abortion. Also consider offering STI testing and cervical cancer screening if they did not occur before the abortion.

It is normal to have bleeding like a usual period after abortion which can last for a week or two.

After an abortion the person should not have sex or use a tampon for 1 week.

People who have had an abortion should also be advised they need to be able to use a phone after the abortion in case there are any complications, to call their health service or hospital.

Abortion care is safe but there are side effects to look out for after abortion. The most important ones are:

- > **Heavy bleeding** with soaking through pads, passing large clots, fast heartbeat or feeling faint.
- > **Infection** which may be seen with smelly vaginal discharge, fever, fast heartbeat, feeling unwell.

**If you see these arrange an urgent follow up with a doctor.**

Occasionally, for people having an early medical abortion the pregnancy does not stop or there are retained products from the pregnancy. If there are signs the pregnancy is ongoing refer urgently to the abortion provider for care.

## Further Resources

Further information about responding to sexual assault can be found via Yarrow Place<sup>3</sup>.

- 1 SA Health. Patient Assistance Transport Scheme (PATS). Accessed 6 October 2025. <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/services/regional+health+services/patient+assistance+transport+scheme/patient+assistance+transport+scheme>
- 2 SA Health. *How do I access an abortion in SA?* Accessed 6 October 2025. [https://www.sahealth.sa.gov.au/wps/wcm/connect/c6a618804376090890cfd9302c1003/How+do+I+access+an+abortion+in+SA\\_brochure\\_v1\\_0+%281%29.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-c6a618804376090890cfd9302c1003-o7maETs](https://www.sahealth.sa.gov.au/wps/wcm/connect/c6a618804376090890cfd9302c1003/How+do+I+access+an+abortion+in+SA_brochure_v1_0+%281%29.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-c6a618804376090890cfd9302c1003-o7maETs)
- 3 Community HealthPathways South Australia. Termination of pregnancy. Accessed 6 October 2025. <https://southaustralia.communityhealthpathways.org/17288.htm>
- 4 Government of South Australia. Sexual assault support services. Accessed 6 October 2025. <https://www.voc.sa.gov.au/help-and-resources/support-services/sexual-assault-support-services>
- 5 Remote Primary Health Care Manuals. *Women's Business Manual (7th edition)*. Alice Springs, NT: Flinders University; 2022
- 6 Royal Australian and New Zealand College of Obstetricians and Gynaecologists. Clinical guideline for abortion care. Accessed 8 October 2025. <https://ranzcog.edu.au/womens-health/statements-guidelines/abortion/>
- 7 Therapeutic Guidelines. Medical abortion. In: *Sexual and Reproductive Health*. eTG. Published December 2020 (Amended December 2024). Accessed 8 October 2025. <https://www.tg.org.au/>
- 8 Khoo L. *Termination of pregnancy in the first trimester. South Australian Perinatal Practice Guideline*. SA Health, Government of South Australia. 2023 [Updated 21 Mar 2023, version 4.1]. Accessed 8 October 2025. [https://www.sahealth.sa.gov.au/wps/wcm/connect/909eee0040a49795971dbfe034676b7b/Termination+of+Pregnancy+in+the+First+Trimester+PPG\\_v4\\_1.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-909eee0040a49795971dbfe034676b7b-otj-Cl](https://www.sahealth.sa.gov.au/wps/wcm/connect/909eee0040a49795971dbfe034676b7b/Termination+of+Pregnancy+in+the+First+Trimester+PPG_v4_1.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-909eee0040a49795971dbfe034676b7b-otj-Cl)
- 9 Royal Australian and New Zealand College of Obstetricians and Gynaecologists. *Abortion decision aid*. 2023. Accessed 8 October 2025. <https://ranzcog.edu.au/wp-content/uploads/Abortion-Decision-Aid.pdf>

# Appendix 13: Key Resources



## Centre for Remote Health

Remote Primary Health Care Manuals. *CARPA Standard Treatment Manual (8th edition)*. Alice Springs, NT: Flinders University; 2022. Accessed 8 October 2025. [https://remotephcmanuals.com.au/content/documents/manuals/stm/CARPA\\_STM\\_home\\_page.html](https://remotephcmanuals.com.au/content/documents/manuals/stm/CARPA_STM_home_page.html)

Remote Primary Health Care Manuals. *Women's Business Manual (7th edition)*. Alice Springs, NT: Flinders University; 2022. Accessed 8 October 2025. [https://remotephcmanuals.com.au/content/documents/manuals/wbm/WBM\\_home\\_page.html](https://remotephcmanuals.com.au/content/documents/manuals/wbm/WBM_home_page.html)

## Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM)

ASHM. *Australasian contact tracing guidelines 2022*. Accessed 18 September 2025. <https://contacttracing.ashm.org.au/>

ASHM. National hepatitis B testing policy. 2020. Accessed 8 October 2025. <https://testingportal.ashm.org.au/national-hbv-testing-policy/>

ASHM. National hepatitis C testing policy. 2020. Accessed 8 October 2025. <https://testingportal.ashm.org.au/national-hcv-testing-policy/>

ASHM. National HIV testing policy. 2020. Accessed 8 October 2025. <https://testingportal.ashm.org.au/national-hiv-testing-policy/>

ASRHA/ASHM. Australian STI management guidelines for use in primary care. Updated April 2024. Accessed 22 September 2025. <https://sti.guidelines.org.au/>

## SA Pathology

SA Pathology. Quick guides. In: Testing & screening. Accessed 8 October 2025. <https://www.sapathology.sa.gov.au/clinicians/testing-screening/-quick-guides>

*Table 1 of this Handbook contains collection information based on the SA Pathology website and advice from Dr Mahesh Ratnayake, Sexual Health Consultant at the Adelaide Sexual Health Centre*

## Further sexual health, STI and BBV resources

\*Note that SA Health websites may change when updated; if link is broken, topic can be found through Google search

### Clinical Guidelines

ASRHA/ASHM. *Australian STI management guidelines for use in primary care*. Australia: ASHM; 2024. Accessed 8 October 2025. <https://sti.guidelines.org.au/populations-and-situations/aboriginal-and-torres-strait-islander-people/#testing-advice>

### HIV

Government of Western Australia. HIV pre-test informed consent and conveying HIV test results. Department of Health. Accessed 18 September 2025. [https://www.health.wa.gov.au/Articles/F\\_I/HIV-pre-test-informed-consent-and-conveying-HIV-test-results](https://www.health.wa.gov.au/Articles/F_I/HIV-pre-test-informed-consent-and-conveying-HIV-test-results)

ASRHA/ASHM. *Australian STI management guidelines for use in primary care. HIV*. Australia: ASHM; 2024. Accessed 8 October 2025. <https://sti.guidelines.org.au/sexually-transmissible-infections/hiv/>

### Hepatitis

ASHM. *Decision making in hepatitis B*. July 2024. Accessed 8 September 2025. <https://ashm.org.au/resources/decision-making-in-hepatitis-b/>

Australian Technical Advisory Group on Immunisation (ATAGI). *Australian Immunisation Handbook*. Canberra. Australian Government Department of Health and Aged Care. 2022. Accessed 8 October 2025. <https://immunisationhandbook.health.gov.au/contents/vaccine-preventable-diseases>

*Vaccine preventable diseases section includes guidance on hepatitis B and HPV*

Gastroenterological Society of Australia. *Clinical guidance for treating hepatitis C virus infection: a summary*. October 2022. Accessed 18 September 2025. <https://www.hepcguidelines.org.au/wp-content/uploads/2022/11/GP-algorithm-2022.pdf>

Gastroenterological Society of Australia. *Remote consultation request for initiation of hepatitis C treatment*. October 2022. Accessed 18 September 2025. <https://www.gesa.org.au/public/13/files/Education%20%26%20Resources/Clinical%20Practice%20Resources/Hep%20C/Remote%20consultation%20form%202022.pdf>

<https://immunisationhandbook.health.gov.au/contents/vaccine-preventable-diseases>

### SA Health South Australian Perinatal Practice Guidelines

Bell C, Spagnoletti B, Flood L, Rees T. *Syphilis in pregnancy and the neonate PPG015 [Internet]. South Australian Perinatal Practice Guideline*. SA Health, Government of South Australia. 2025 [Updated 3 Jan 2025, version 5]. Accessed 14 August 2025. <http://www.sahealth.sa.gov.au/perinatal>

Smith R. *Antenatal care: routine care in normal pregnancy. South Australian Perinatal Practice Guideline*. SA Health, Government of South Australia. 2024 [Updated 20 Dec 2024, version 2]. Accessed 8 October 2025. <http://www.sahealth.sa.gov.au/perinatal>

# Clinical and other support services in South Australia

## SA Health

SA Health. Adelaide Sexual Health Centre. Accessed 8 October 2025.

<https://www.calhn.sa.gov.au/adelaide-sexual-health-centre>

*This service was formerly known as Clinic 275. Telephone (08) 7117 2800*

SA Health. Communicable Disease Control Branch. Accessed 8 October 2025.

<https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/department+for+health+and+wellbeing/health+regulation+and+protection/communicable+disease+control+branch/communicable+disease+control+branch>

*Telephone 1300 232 272*

SA Health. Viral hepatitis nursing support. Accessed 18 September 2025. [https://www.sahealth](https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/clinical+programs+and+practice+guidelines/infectious+disease+control/viral+hepatitis+nursing+support/viral+hepatitis+nursing+support)

[.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/clinical+programs+and+practice+guidelines/infectious+disease+control/viral+hepatitis+nursing+support/viral+hepatitis+nursing+support](https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/clinical+programs+and+practice+guidelines/infectious+disease+control/viral+hepatitis+nursing+support/viral+hepatitis+nursing+support)

Women's and Children's Health Network. Yarrow Place rape and sexual assault service. Accessed

6 October 2025. <https://www.wchn.sa.gov.au/our-network/yarrow-place>

*Telephone 1800 817 421*

## Non-government organisations

Hepatitis SA. Accessed 8 October 2022. <https://hepatitissa.asn.au/>

Relationships Australia SA. Mosaic Blood Borne Viruses Support Services. Accessed 14 August

2025. <https://www.rasa.org.au/support/services/mosaic/>

SAMESH. Accessed 8 October 2025. <https://samesh.org.au/>

*SAMESH provides support, education and training about Sexual Health and HIV for men who have sex with men and people living with HIV, as well as services for the broader LGBTIQ community in South Australia.*

Sex industry network. SIN. 2022. Accessed 22 September 2025. <https://sin.org.au/>

SHINE SA. Accessed 8 October 2025. <https://shinesa.org.au/>

*Sexual health and wellbeing clinics, education and training*

## Contact tracing

Health Equity Matters. Better to know. Accessed 18 September 2025. <https://www.bettertoknow.org.au>

*For Aboriginal and Torres Strait Islander people*

Thorne Harbour Health. The drama downunder. Accessed 18 September 2025.

<https://www.thedramadownunder.info/>

*For gay, bisexual and queer men*

Melbourne Sexual Health Centre. Let them know. Accessed 18 September 2025.

<https://letthemknow.org.au/>

## Point of care testing

Flinders University. Infectious Syphilis POCT Program. Accessed 14 August 2025. <https://www.flinders.edu.au/fhmri/research/international-centre-for-point-of-care-testing/infectious-syphilis-poct-program>

National Australian Hepatitis C Point-of-Care Testing Program. Accessed 14 August 2025. <https://hepcpoct.com.au/>

TTANGO. Accessed 14 August 2025. [https://www.ttango.com.au/Chlamydia, gonorrhoea and trichomonas testing](https://www.ttango.com.au/Chlamydia_gonorrhoea_and_trichomonas_testing)

## STI and BBV information resources

Australian Indigenous HealthInfoNet. Sexual health. Accessed 8 October 2025. <https://healthinfonet.ecu.edu.au/learn/health-topics/sexual-health/>

UQ Poche Centre for Indigenous Health. U and me can stop HIV. Accessed 8 October 2025. <https://www.atsihiv.org.au/>  
*Resources on HIV for Aboriginal and Torres Strait Islander people, communities, health services, professionals and educators*

Young Deadly Free. Accessed 8 October 2025. <https://youngdeadlyfree.org.au/>  
*Resources on STIs and BBVs for Aboriginal and Torres Strait Islander young people, health professionals, elders and other adults, and teachers*

## LGBTIQ+ resources

LGBTIQ+ Health Australia. Accessed 8 October 2025. <https://www.lgbtiqhealth.org.au/>

ACON. Transhub. Accessed 22 September 2025. <https://www.transhub.org.au/>  
*For all trans and gender diverse people, their loved ones, allies and health providers in NSW*

## Alcohol and drug support services

Aboriginal Drug and Alcohol Council (SA) Aboriginal Corporation. Accessed 8 October 2025. <https://adac.org.au/>

Australian Injecting & Illicit Drug Users League. Accessed 8 October 2025. <https://aivl.org.au/>

Hepatitis SA. Safer injecting. Accessed 22 September 2025. <https://hepatitissa.asn.au/safer-injecting>

Preventive Health SA. Know your options. Accessed 8 October 2025. <https://knowyouroptions.sa.gov.au/>

SA Health. Needle and syringe program. Accessed 8 October 2025. <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/services/mental+health+and+drug+and+alcohol+services/drug+and+alcohol+services/dassa+services/needle+and+syringe+program>

## Legal services

Government of South Australia Department for Child Protection. Process for mandated reporters. Accessed 8 October 2025. <https://www.childprotection.sa.gov.au/report-suspected-harm/process-for-mandated-reporters>

Legal Services Commission South Australia. Education. Accessed 8 October 2025.

[https://lsc.sa.gov.au/cb\\_pages/youtheducation.php](https://lsc.sa.gov.au/cb_pages/youtheducation.php)

*Includes education sessions and information resources on topics such as sexual consent and sexual assault laws, health services, pregnancy*

## Research

UQ Poche Centre for Indigenous Health. GOAANA 3 study. Accessed 8 October 2025. <https://poche.centre.uq.edu.au/research/projects/goanna-3-study>

*A cross-sectional survey of social and behavioural factors related to BBVs and STIs among young Aboriginal and Torres Strait Islander peoples.*

## Helplines

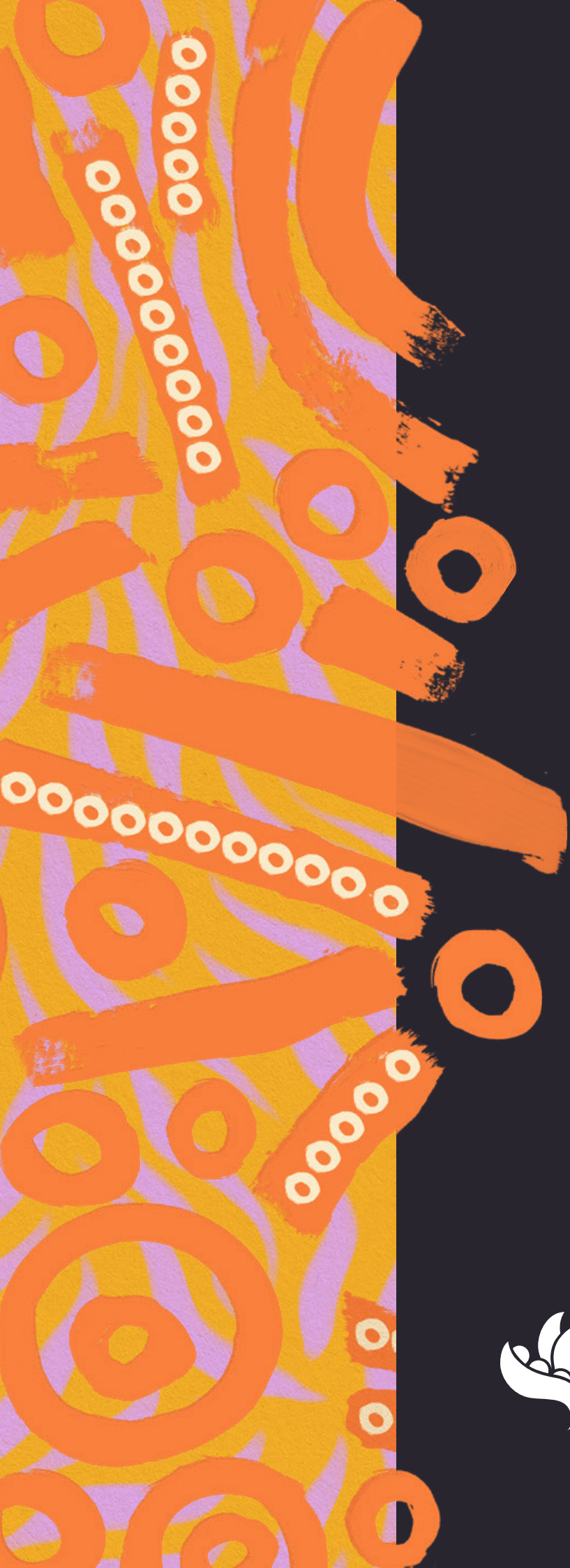
Australian Government/Telstra Health. 1800 Respect. Accessed 8 October 2025.

<https://1800respect.org.au/>

*Telephone 1800 737 732. National domestic, family and sexual violence counselling, information and support service*

Qlife. Accessed 8 October 2025. <https://qlife.org.au/>

*Telephone 1800 184 527. Provides LGBTI peer support and referrals*



**Aboriginal  
Health  
Council**  
of South Australia Ltd.

**Sexual  
Health  
& BBV** Program