Sexual Health Check

MANAGEMENT SUMMARY

Recommended tests

Females
Symptoms or contact of STI requires speculum examination
- Endocervical swab for chlamydia.
- Endocervical culture swab for gonorrhoea.
- High vaginal swab for trichomoniasis/candida/BV.

Asymptomatic, opportunistic testing or declines speculum examination
- Self-collected vaginal swab for chlamydia.

Plus serology: HIV, syphilis, hepatitis B.

Recommended tests

Males
Symptoms or contact of gonorrhoea
- Urethral swab for gonorrhoea culture.
- First catch urine for chlamydia (Note: after urethral swab).

Asymptomatic or opportunistic testing
- First catch urine for chlamydia.

Plus serology: HIV, syphilis, hepatitis B.

Recommended tests

Men who have sex with men
As for male testing +/-
- Pharyngeal swab for gonorrhoea.
- Anorectal swab for gonorrhoea.
- Anorectal swab for chlamydia.

Plus serology: HIV, syphilis, hepatitis A and B.

Further guideline information – www.nzshs.org or phone the local sexual health service.

This Best Practice Guide has been produced by NZSHS, and is adapted from the CMDHB Best Practice Guideline.
Every effort has been taken to ensure that the information in this guideline is correct at the time of publishing (July 2012).

Produced with funding by the Ministry of Health

General points

A sexual health check-up involves taking a sexual history and offering testing. The purpose of asking a sexual history is to determine:

- Whether or not there has been a risk of exposure to an STI or HIV.
- If it is the appropriate time to take the tests.
- Who else is at risk and who else needs testing and/or treating?

A sexual health history should be taken when seeing patients:

- As part of a well check in primary care settings.
- As part of asymptomatic opportunistic screening for STIs, particularly in those aged < 25 years.
- Who are sexual contacts of someone with an STI, pelvic inflammatory disease (PID) or epididymo-orchitis.
- Who have had a recent partner change or multiple partners.
- For routine contraceptive or smear visits.
- For antenatal testing.
- Pre-termination of pregnancy (TOP) or intrauterine device (IUD) insertion.
- With specific ano-genital symptoms.
- Who have had non-consenting sexual encounters.
- Who request a sexual health check.

The sexual history

Asking about sexual activity can be embarrassing or appear intrusive for both patient and practitioner but an initial framing explanation as to why you need to ask these questions will usually result in the patient being more forthcoming. It is often useful to mention that the offer of testing is a routine one, and that they may not need to have a full examination unless they have symptoms as this may increase the uptake for testing.

- e.g. "As part of a general health check I ask my patients about their sexual health, and I offer testing for infection. Do you have any sexual health concerns that you would like to discuss?"
- "I offer all my patients aged 25 and under the opportunity to have a test for chlamydia, which is a very common sexually transmitted disease. Would you be interested in testing?"
- "Chlamydia is a very common STI, which often doesn't cause any symptoms. Testing can be done by a urine sample (or a swab that you take yourself) if you would prefer not to be examined. Would you be interested in doing a test?"

Basic core sexual history questions

- Presenting complaints or symptoms
- Are you sexually active at present? Are you in a sexual relationship?
- When was the last time you had sex?
- Was this with a regular or casual sexual partner/contact?
- Was this sexual contact/partner male or female or transgendered? Any same-sex contact?
- Did this sexual encounter include vaginal / oral or anal sex / any sex toys / fingering or rimming?
- Did you use a condom? / Do you generally use condoms or not?
- How many sexual partners have you had in the past 3 months? 12 months? Are these people contactable?
  - Check the questions for each sexual contact.
- Have you ever had any STIs before?

Risk assessment for blood borne infections – HIV, Hepatitis B and C

This helps identify those patients at higher risk who are likely to need to attend in person for their results.

- Injecting drug use – past/present.
- Men who have sex with men.
- Sex with a contact from or in a high-prevalence country.
- Medical treatment overseas.
- Non-professional tattoos or piercing.
- Paid or been paid for sex.
- Last HIV test – why done/result.
- Hepatitis B vaccination history.
- Sexual assault/intimate partner abuse history.

The sexual health examination and tests

Females

- Physical examination of the vulval and perianal skin, inguinal nodes, vestibule, introitus, cervix and vagina.
- If symptomatic or requiring speculum examination or a contact of gonorrhoea:
  - Endocervical swab for chlamydia (see chlamydia guideline www.nzshs.org/guidelines/Chlamydia-guideline.pdf).
  - Endocervical swab for gonorrhoea (see gonorrhoea guideline www.nzshs.org/guidelines/Gonorrhoea-guideline.pdf).
  - High vaginal swab for bacterial vaginosis, candida, and trichomoniasis.
- Serology as appropriate for hepatitis B, syphilis, and HIV.
- In some circumstances (e.g. annual or opportunistic asymptomatic screening for chlamydia, or when a female declines a genital examination), a self-collected vaginal chlamydia* swab may be taken.
- A first catch urine (first 30ml stream) is not the specimen of choice as it has lower sensitivity than vaginal swabs, but is useful if the patient declines examination or to do a self-collected swab.

Males

A routine check should ideally be performed when the patient has not passed urine for at least 1 hour and consists of:

- Physical examination of the genital and perianal skin, inguinal lymph nodes, penis, scrotum, and testes.
- If symptomatic or a contact of gonorrhoea:
  - Urethral swab for gonorrhoea culture, using the smallest possible bacterial culture swab (per-nasal swab inserted approximately 1cm into the urethral canal).
  - First catch urine (first 30ml stream) for chlamydia*.
- If asymptomatic:
  - First catch urine for chlamydia*. Note: Early morning urine not required.
- Serology as appropriate for hepatitis B, syphilis, and HIV.

Note: If patient has passed urine <1 hour ago and is unlikely to come back, then a specimen should be collected as is still useful.

Men who have sex with men (MSM)

Should be offered at least annual testing as for males above and additional tests to include the following, regardless of stated sexual practices.

- Pharyngeal swab for gonorrhoea* (see gonorrhoea guideline www.nzshs.org/guidelines/Gonorrhoea-guideline.pdf).
- Anorectal swab for chlamydia* (see chlamydia guideline www.nzshs.org/guidelines/Chlamydia-guideline.pdf).
- Anorectal swab for gonorrhoea* (see gonorrhoea guideline www.nzshs.org/guidelines/Gonorrhoea-guideline.pdf).
  - Anorectal swabs should be collected by gently inserting swab 4cm into the anal canal, rotating and replacing in swab container.
- Hepatitis A serology and offer vaccination if susceptible (not funded).

Note: More frequent testing (3-6 monthly) should be done if the history suggests >10 sexual contacts in last 6 months, attendance at sex on premises venues, use of recreational drugs, seeking anonymous contacts via the internet.

Additional tests

- Hepatitis C serology if indicated by a risk history of injecting drug use, imprisonment, or medical intervention in a developing country.
- MSM are at higher risk of hepatitis C, particularly if HIV positive or have multiple sexual partners.

* Check with your local laboratory as to which gonorrhoea and chlamydia tests they are offering, as some labs are now able to offer a combined chlamydia/gonorrhoea NAAT (nucleic acid amplification test) (PCR or SDA depending on laboratory) swab for asymptomatic testing. **Patients with symptoms suggestive of gonorrhoea, or contacts of gonorrhoea, should still have a gonorrhoea culture swab taken in addition to gonorrhoea NAAT to enable antibiotic susceptibility testing.**

Further guideline information – www.nzshs.org or phone the local sexual health service.

This Best Practice Guide has been produced by NZSHS, and is adapted from the CMDHB Best Practice Guideline.
Every effort has been taken to ensure that the information in this guideline is correct at the time of publishing (July 2012).

Produced with funding by the Ministry of Health

NZSHS THE NEW ZEALAND SEXUAL HEALTH SOCIETY SEXUAL HEALTH FOR ALL