



# HEALTHY SEX HEALTHY LIFE

## STI Prevention and Management



Activity number: 481575



This activity has been approved by ASHM  
for 4 HIV Prescriber Points.

A maximum of 4 HIV Prescriber Points per year  
for completing a Lateral Connections audit.

First Name:

---

Surname:

---

RACGP or ASHM number:

---

Email Address:

---

State:

---

### HOW TO SAVE AND SUBMIT THIS BOOKLET

**SAVE:** To save the Module as you go, click File > Save as > choose folder or desktop > Save

**SUBMIT:** Once the Module is completed, click the 'SUBMIT' button on the last page.  
Your responses will attach within your email browser ready to send.  
If you have any queries, please email [education@lateralconnections.com.au](mailto:education@lateralconnections.com.au)



This organisation is a CPD  
education provider under the  
RACGP CPD Program



This audit program was developed by Lateral  
Connections at the request of, and with funding from,  
ViiV Healthcare Australia.

## In Australia (ref: <https://www.health.gov.au/topics/sexual-health/about>):

- About 16% of Australians have had an sexually transmitted infection (STI) in their lifetime
- In 2020, there were about 57,500 new cases of notifiable STI among females and 67,400 among males
- Between 2015 and 2019, STI notification rates increased by:
  - 17% for chlamydia
  - nearly 79% for gonorrhoea
  - 95% for infectious syphilis.

## However (ref: <https://kirby.unsw.edu.au/news/australias-annual-sexual-health-check-up>):

- In 2021, there were reductions in total chlamydia and gonorrhoea diagnoses nationally – but also a drop in the numbers of Australians having a test for STI (14% down from pre-pandemic levels for chlamydia and gonorrhoea tests) – impacted largely by the COVID-19 pandemic.
- In contrast infectious syphilis diagnoses increased in 2021, after having fallen between 2019 and 2020.
- According to modelling, most chlamydia and gonorrhoea cases remain undiagnosed and untreated.

## BACKGROUND READING:

Five national strategies were launched in November 2018, to address blood borne viruses and STIs (ref: <https://www.afa.org.au/our-work/national-hiv-strategy/>):

- Eighth National HIV Strategy 2018-2022
- Fourth National Sexually Transmissible Infections Strategy 2018-2022
- Fifth National Aboriginal and Torres Strait Islander BBV and STI Strategy 2018-2022
- Fifth National Hepatitis C Strategy 2018-2022
- Third National Hepatitis B Strategy 2018-2022

These national strategies were developed with significant contributions from community stakeholders, medical professionals, and federal, state and territory health departments.

**Summarise the key principles of the Eighth National HIV Strategy 2018-2022 (ref: <https://www.health.gov.au/sites/default/files/documents/2022/06/eighth-national-hiv-strategy-2018-2022.pdf>) and Fourth National Sexually Transmissible Infections Strategy 2018-2022 (ref: <https://www.health.gov.au/sites/default/files/documents/2022/06/fourth-national-sexually-transmissible-infections-strategy-2018-2022.pdf>) in the context of the other Strategies.**

1. What do you hope to achieve by completing this program?
2. Identify your individual learning goals in relation to STI prevention and management.
3. What areas of STI prevention and management would you specifically like to focus on?
4. How do you currently prevent and manage STIs among your patients?
5. What resources do you currently use to assist with screening STIs in your practice?
6. What strategies do you employ to enhance health literacy about STI prevention and management?

## LEARNING OUTCOMES

Evaluate the gaps between your practice and recommendations from recognised sources of guidance in the area of STI prevention and management.

Determine appropriate regular review strategies to optimise STI prevention and management.

List the conditions requiring public health notification and contact tracing.

Identify suitable resources to enhance your patients' ability to understand the importance of STI prevention and management.

Review changes that are required to improve the quality of sexual health care for patients in your practice.

## CASE FINDING ACTIVITY

Identify five patients in your practice who may be at high risk of STIs such as:

- People living with HIV
- Men who have sex with men
- People who use drugs
- Refugees and migrants to Australia
- People who are sexually active who have not been tested for more than 6-12 months
- Others deemed to be high risk as ascertained in your clinical notes about the patient
- Aboriginal and Torres Strait Islander People
- People with multiple or concurrent partners
- Sex workers
- Regional and remote populations

## REVIEW CURRENT PATIENT RECORDS

Review the records of the five patients from the CASE FINDING ACTIVITY.

Provide summary notes from current records for each of the five patients (de-identified and unidentifiable).

## PATIENT RECALL CONSULTATION NOTES

Contact the same five patients you identified earlier, asking them to visit the practice for re-assessment and STI screening.

Following recall consultation with each of these five patients, record any changes made to their management based on your learning and improvement objectives.

## Identify five patients in your practice who may be at high risk of STIs such as:

- People living with HIV
- Aboriginal and Torres Strait Islander People
- Men who have sex with men
- People with multiple or concurrent partners
- People who use drugs
- Sex workers
- Refugees and migrants to Australia
- Regional and remote populations
- People who are sexually active who have not been tested for more than 6-12 months
- Others deemed to be high risk as ascertained in your clinical notes about the patient

## PRACTICE SYSTEMS AND PROCESSES

Use your practice systems and processes (e.g. search tools and databases) to access patient data for these patients.

Make notes on your ability to search and collate data on these patients. Are your search functions adequate or can they be improved? If so, how can they be improved?

**The most common notifiable STIs, chlamydia and gonorrhoea, often have no associated symptoms. This is why regular testing, and treatment is crucial for STI control.**  
**Prevention strategies include: condoms and other safe sex practices, increasing testing rates, reducing time between infection and diagnosis, early and sustained treatment to achieve undetectable HIV viral load, retention in care, raising community awareness through effective prevention messages, peer education.**

**HIV prevention strategies include: condoms, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), treatment as Prevention (TasP).**

**It is important we encourage people who have deferred or interrupted their sexual health care to get tested.**

**Review the records of the five patients from the CASE FINDING ACTIVITY.**

**Provide summary notes from current records for each of the five patients (de-identified and unidentifiable) below:**

## PATIENT 1

Why was this patient identified as suitable for STI testing and management? Tick all that apply:

- People living with HIV
- Aboriginal and Torres Strait Islander People
- Men who have sex with men
- People with multiple or concurrent partners
- People who use drugs
- Sex workers
- Refugees and migrants to Australia
- Regional and remote populations
- People who are sexually active who have not been tested for more than 6-12 months
- Other

Describe this patient's STI history.

This patient has baseline serology measurement for the following. Tick all that apply:

- HIV
- Syphilis
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Other

## PATIENT 1 (CONTINUED)

This patient last had a comprehensive STI screen:

- <3 months ago
- 3 months and <6 months ago
- >6 months and <12 months ago
- >12 months ago

In terms of STI risk minimisation, what strategies have been implemented to-date? Tick all that apply:

- All applicable vaccinations
- All applicable treatments
- Patient reminders for regular testing
- Patient education
- Mental health management
- Other \_\_\_\_\_

Please expand on the above strategies.

How have the patient's medical, social and cultural background influenced the STI risk minimisation strategies you have implemented?

How successful have the above strategies been? What were your measures of success?

**Review the records of the five patients from the CASE FINDING ACTIVITY.**

**Provide summary notes from current records for each of the five patients (de-identified and unidentifiable) below:**

## PATIENT 2

Why was this patient identified as suitable for STI testing and management? Tick all that apply:

- People living with HIV
- Aboriginal and Torres Strait Islander People
- Men who have sex with men
- People with multiple or concurrent partners
- People who use drugs
- Sex workers
- Refugees and migrants to Australia
- Regional and remote populations
- People who are sexually active who have not been tested for more than 6-12 months
- Other

Describe this patient's STI history.

This patient has baseline serology measurement for the following. Tick all that apply:

- HIV
- Syphilis
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Other

## PATIENT 2 (CONTINUED)

This patient last had a comprehensive STI screen:

- <3 months ago
- 3 months and <6 months ago
- >6 months and <12 months ago
- >12 months ago

In terms of STI risk minimisation, what strategies have been implemented to-date? Tick all that apply:

- All applicable vaccinations
- All applicable treatments
- Patient reminders for regular testing
- Patient education
- Mental health management
- Other \_\_\_\_\_

Please expand on the above strategies.

How have the patient's medical, social and cultural background influenced the STI risk minimisation strategies you have implemented?

How successful have the above strategies been? What were your measures of success?

**Review the records of the five patients from the CASE FINDING ACTIVITY.**

**Provide summary notes from current records for each of the five patients (de-identified and unidentifiable) below:**

## PATIENT 3

Why was this patient identified as suitable for STI testing and management? Tick all that apply:

- People living with HIV
- Aboriginal and Torres Strait Islander People
- Men who have sex with men
- People with multiple or concurrent partners
- People who use drugs
- Sex workers
- Refugees and migrants to Australia
- Regional and remote populations
- People who are sexually active who have not been tested for more than 6-12 months
- Other

Describe this patient's STI history.

This patient has baseline serology measurement for the following. Tick all that apply:

- HIV
- Syphilis
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Other

## PATIENT 3 (CONTINUED)

This patient last had a comprehensive STI screen:

- <3 months ago
- 3 months and <6 months ago
- >6 months and <12 months ago
- >12 months ago

In terms of STI risk minimisation, what strategies have been implemented to-date? Tick all that apply:

- All applicable vaccinations
- All applicable treatments
- Patient reminders for regular testing
- Patient education
- Mental health management
- Other \_\_\_\_\_

Please expand on the above strategies.

How have the patient's medical, social and cultural background influenced the STI risk minimisation strategies you have implemented?

How successful have the above strategies been? What were your measures of success?

**Review the records of the five patients from the CASE FINDING ACTIVITY.**

**Provide summary notes from current records for each of the five patients (de-identified and unidentifiable) below:**

## PATIENT 4

Why was this patient identified as suitable for STI testing and management? Tick all that apply:

- People living with HIV
- Aboriginal and Torres Strait Islander People
- Men who have sex with men
- People with multiple or concurrent partners
- People who use drugs
- Sex workers
- Refugees and migrants to Australia
- Regional and remote populations
- People who are sexually active who have not been tested for more than 6-12 months
- Other

Describe this patient's STI history.

This patient has baseline serology measurement for the following. Tick all that apply:

- HIV
- Syphilis
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Other

## PATIENT 4 (CONTINUED)

This patient last had a comprehensive STI screen:

- <3 months ago
- 3 months and <6 months ago
- >6 months and <12 months ago
- >12 months ago

In terms of STI risk minimisation, what strategies have been implemented to-date? Tick all that apply:

- All applicable vaccinations
- All applicable treatments
- Patient reminders for regular testing
- Patient education
- Mental health management
- Other \_\_\_\_\_

Please expand on the above strategies.

How have the patient's medical, social and cultural background influenced the STI risk minimisation strategies you have implemented?

How successful have the above strategies been? What were your measures of success?

**Review the records of the five patients from the CASE FINDING ACTIVITY.**

**Provide summary notes from current records for each of the five patients (de-identified and unidentifiable) below:**

## PATIENT 5

Why was this patient identified as suitable for STI testing and management? Tick all that apply:

- People living with HIV
- Aboriginal and Torres Strait Islander People
- Men who have sex with men
- People with multiple or concurrent partners
- People who use drugs
- Sex workers
- Refugees and migrants to Australia
- Regional and remote populations
- People who are sexually active who have not been tested for more than 6-12 months
- Other

Describe this patient's STI history.

This patient has baseline serology measurement for the following. Tick all that apply:

- HIV
- Syphilis
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Other

## PATIENT 5 (CONTINUED)

This patient last had a comprehensive STI screen:

- <3 months ago
- 3 months and <6 months ago
- >6 months and <12 months ago
- >12 months ago

In terms of STI risk minimisation, what strategies have been implemented to-date? Tick all that apply:

- All applicable vaccinations
- All applicable treatments
- Patient reminders for regular testing
- Patient education
- Mental health management
- Other \_\_\_\_\_

Please expand on the above strategies.

How have the patient's medical, social and cultural background influenced the STI risk minimisation strategies you have implemented?

How successful have the above strategies been? What were your measures of success?

The Australian STI Management Guidelines for Use in Primary Care were updated between 2020-2022 by a multidisciplinary group of clinical and non-clinical experts. To understand what these updates are, please view the video on this link:

<https://sti.guidelines.org.au/whats-new/> and read this Sexual Health paper: <https://www.publish.csiro.au/sh/pdf/SH22134>

Please refer to the home of these Guidelines for a comprehensive overview and guidance on the full spectrum of STIs as well as specific advice on different populations: <https://sti.guidelines.org.au/>

**The following self-assessment is an opportunity to benchmark your own practice against some of the auditable outcomes from the Australian STI Management Guidelines for Use in Primary Care.**

**Please rate the following statements (tick), taking into consideration your own practice systems and processes.**

#### POPULATION: PEOPLE LIVING WITH HIV

(refer to: <https://sti.guidelines.org.au/populations-and-situations/people-living-with-hiv/>)

100% of people living with HIV should have evidence of baseline serology for hepatitis A, hepatitis B, hepatitis C and syphilis in records.

Yes  No

100% sexually active people living with HIV are offered STI testing at least annually.

Yes  No

#### POPULATION: MEN WHO HAVE SEX WITH MEN

(refer to: <https://sti.guidelines.org.au/populations-and-situations/men-who-have-sex-with-men/>)

90% of men who have sex with men are tested according to these guidelines.

Yes  No

#### POPULATION: PEOPLE WHO USE DRUGS

(refer to: <https://sti.guidelines.org.au/populations-and-situations/people-who-use-drugs/>)

100% of people reporting a history of ever injecting drugs or sexualised drug use have a documented hepatitis B, hepatitis C, HIV and syphilis test, and a documented recent (within last 12 months) hepatitis C test if risk factors are ongoing.

Yes  No

#### POPULATION: REFUGEES AND MIGRANTS TO AUSTRALIA

(refer to: <https://sti.guidelines.org.au/populations-and-situations/refugees-and-migrants-to-australia/>)

100% of people of refugee background are given information about ongoing sexual and reproductive health services available to them.

Yes  No

#### POPULATION: TRANS AND GENDER DIVERSE PEOPLE

(refer to: <https://sti.guidelines.org.au/populations-and-situations/trans-and-gender-diverse-people/>)

100% of trans and gender diverse people are tested according to these guidelines.

Yes  No

#### POPULATION: REGIONAL AND REMOTE POPULATIONS

(refer to: <https://sti.guidelines.org.au/populations-and-situations/regional-and-remote-populations/>)

100% young people (< 30-year-old) in regional and remote areas are offered an asymptomatic STI test annually.

Yes  No

#### POPULATION: SEX WORKERS

(refer to: <https://sti.guidelines.org.au/populations-and-situations/sex-workers/>)

100% documentation of hepatitis B immunity or vaccination status in current sex workers.

Yes  No

#### POPULATION: ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

(refer to: <https://sti.guidelines.org.au/populations-and-situations/aboriginal-and-torres-strait-islander-people/>)

Proportion of Indigenous regular clients aged 15 to 34 who were tested for one or more STIs (chlamydia and/or gonorrhoea) within the previous 12 months.

N/A  <25%  25 to <50%   
50 to <75%  75 to 100%

Refer to the STIs listed here: <https://sti.guidelines.org.au/>

List all the notifiable conditions:

Read up on the STIs potentially relevant to the five patients you selected and summarise the contact tracing recommendations.

Refer to the STIs listed here: <https://sti.guidelines.org.au/>

Read up on the STIs potentially relevant to the five patients you selected and summarise the management considerations.

Large empty box for summarising management considerations.

Identify three quality improvements which you will be able to implement with the five patients you identified earlier.

1.

2.

3.

**Contact the same five patients you identified earlier, asking them to visit the practice for re-assessment and STI screening.**

**Following recall consultation with each of these five patients, record any changes made to their management based on your learning and improvement objectives.**

## PATIENT 1

What STI tests did you order?

How has age, cultural and social background influenced the way you counsel and manage this patient?

What recommendations did you make in terms of future follow-up?

What counselling/advice did you provide in terms of lifestyle-related precautions?

## PATIENT 1 (CONTINUED)

Was any pharmacological prophylaxis recommended? If so, please describe.

Was contact tracing required? If so, please outline that discussion with the patient.

Was a test of cure or reinfection recommended? If so, at what time interval?

Was a public health notification required and completed? Please expand.

**Contact the same five patients you identified earlier, asking them to visit the practice for re-assessment and STI screening.**

**Following recall consultation with each of these five patients, record any changes made to their management based on your learning and improvement objectives.**

## PATIENT 2

What STI tests did you order?

How has age, cultural and social background influenced the way you counsel and manage this patient?

What recommendations did you make in terms of future follow-up?

What counselling/advice did you provide in terms of lifestyle-related precautions?

## PATIENT 2 (CONTINUED)

Was any pharmacological prophylaxis recommended? If so, please describe.

Was contact tracing required? If so, please outline that discussion with the patient.

Was a test of cure or reinfection recommended? If so, at what time interval?

Was a public health notification required and completed? Please expand.

**Contact the same five patients you identified earlier, asking them to visit the practice for re-assessment and STI screening.**

**Following recall consultation with each of these five patients, record any changes made to their management based on your learning and improvement objectives.**

## PATIENT 3

What STI tests did you order?

How has age, cultural and social background influenced the way you counsel and manage this patient?

What recommendations did you make in terms of future follow-up?

What counselling/advice did you provide in terms of lifestyle-related precautions?

## PATIENT 3 (CONTINUED)

Was any pharmacological prophylaxis recommended? If so, please describe.

Was contact tracing required? If so, please outline that discussion with the patient.

Was a test of cure or reinfection recommended? If so, at what time interval?

Was a public health notification required and completed? Please expand.

**Contact the same five patients you identified earlier, asking them to visit the practice for re-assessment and STI screening.**

**Following recall consultation with each of these five patients, record any changes made to their management based on your learning and improvement objectives.**

## PATIENT 4

What STI tests did you order?

How has age, cultural and social background influenced the way you counsel and manage this patient?

What recommendations did you make in terms of future follow-up?

What counselling/advice did you provide in terms of lifestyle-related precautions?

## PATIENT 4 (CONTINUED)

Was any pharmacological prophylaxis recommended? If so, please describe.

Was contact tracing required? If so, please outline that discussion with the patient.

Was a test of cure or reinfection recommended? If so, at what time interval?

Was a public health notification required and completed? Please expand.

**Contact the same five patients you identified earlier, asking them to visit the practice for re-assessment and STI screening.**

**Following recall consultation with each of these five patients, record any changes made to their management based on your learning and improvement objectives.**

## PATIENT 5

What STI tests did you order?

How has age, cultural and social background influenced the way you counsel and manage this patient?

What recommendations did you make in terms of future follow-up?

What counselling/advice did you provide in terms of lifestyle-related precautions?

## PATIENT 5 (CONTINUED)

Was any pharmacological prophylaxis recommended? If so, please describe.

Was contact tracing required? If so, please outline that discussion with the patient.

Was a test of cure or reinfection recommended? If so, at what time interval?

Was a public health notification required and completed? Please expand.

## DEVELOPING A SYSTEMS-BASED APPROACH TO PATIENT SAFETY

Now that you have completed the program, what approach to patient safety will you implement to improve the quality of patient care in your practice in future (e.g. checklists, timeframes for recall and ongoing patient review)?

Identify three areas of improvement which are most important for your practice to address in regard to the sexual health care of your patients, and include the following actions:

Three areas of improvement which are most important for your practice to address:

How will these occur?

Who is responsible?

How will these be reviewed?

How will success be measured?

# EVALUATION OF PROGRAM

## Please rate to what degree the learning outcomes of the program were met:

Evaluate the gaps between your practice and recommendations from recognised sources of guidance in the area of STI prevention and management.	Not met <input type="checkbox"/>	Partially met <input type="checkbox"/>	Entirely met <input type="checkbox"/>
Determine appropriate regular review strategies to optimise STI prevention and management.	Not met <input type="checkbox"/>	Partially met <input type="checkbox"/>	Entirely met <input type="checkbox"/>
List the conditions requiring public health notification and contact tracing.	Not met <input type="checkbox"/>	Partially met <input type="checkbox"/>	Entirely met <input type="checkbox"/>
Identify suitable resources to enhance your patients' ability to understand the importance of STI prevention and management.	Not met <input type="checkbox"/>	Partially met <input type="checkbox"/>	Entirely met <input type="checkbox"/>
Review changes that are required to improve the quality of sexual health care for patients in your practice.	Not met <input type="checkbox"/>	Partially met <input type="checkbox"/>	Entirely met <input type="checkbox"/>

## Please rate to what degree this CPD activity met your expectation about:

<b>Content:</b> Current, contemporary, evidence-based, and relevant to general practice	Not met <input type="checkbox"/>	Partially met <input type="checkbox"/>	Entirely met <input type="checkbox"/>
<b>Delivery:</b> Engaging/interactive, e.g., with opportunity for questions and feedback.	Not met <input type="checkbox"/>	Partially met <input type="checkbox"/>	Entirely met <input type="checkbox"/>

Comments:

Would you likely recommend this CPD activity to a colleague?

Yes  No Why?

Would you likely change anything in your practice as a result of this CPD activity?

Yes  No Why?

General comments and feedback:

**Quality improvement is an integral component of the RACGP CPD Program. If you have a concern about the quality of this activity, please submit your feedback online to your local RACGP office.**

## HOW TO SAVE AND SUBMIT THIS BOOKLET

**SAVE:** To save the Module as you go, click File > Save as > choose folder or desktop > Save

**SUBMIT:** Once the Module is completed, click the 'SUBMIT' button at the bottom corner of this page. Your responses will attach within your email browser ready to send.  
If you have any queries, please email [education@lateralconnections.com.au](mailto:education@lateralconnections.com.au)

Lateral Connections is the education provider. At Lateral Connections we comply with the National Privacy Principles. We may collect and store your personal information for the purposes of collating responses to this program which may include disclosure to program sponsors or third parties for the purpose of processing and collating the information. This information will be used and disclosed only in accordance with our Privacy Policy and not for any other purpose unless required to do so by law. By registering for this program, you consent to the use of your information in this manner.

For information on ViiV Healthcare products or to report an adverse event involving a ViiV Healthcare product, please contact ViiV Healthcare Medical Information on 1800 033 109.