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Saturday, August 13, 2016

(Room 10)

14:00 - 14:55 WS #112: Express Clinic on STDs

15:05 - 16:00 WS #123: Express Clinic on STDs (Repeated)

Express clinics for STI screening

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Aim

The aim of this presentation is to give you an overview of why express testing is needed

How GP practices might perform express testing – “Hello Mr Smith”

Clinic criteria for express testing

Patients are asked the following questions to ascertain their suitability for express testing

Do they or their partner(s)have signs or symptoms
Do they or their partner(s)have any concerns
Have they had any new sexual contacts within the last 14 days

If the answer is No to the above we explain that the express screening involves them completing a short questionnaire for them to decide what testing is optimal for them, explaining how they take their own samples and then the nurse will take a blood test.

The questionnaire

Symptoms	
Do you have discharge (drip, abnormal bleeding/spotting) from the penis, vagina or bottom?	Yes/No
Do you have any sore(s) or rashes on the penis, vagina, bottom or body?	Yes/No
Do you have pain when passing urine (peeing)?	Yes/No
Do you have pain in the tummy, bottom or genital area?	Yes/No

The questionnaire

Risk assessment	
Does a sex partner have any current symptoms?	Yes/No
Has a sex partner been treated for a sexually transmitted infection?	Yes/No
Have you had sex in the last 14 days?	Yes/No
Do you have sexual contact with (please tick) Men: Women: Both Men and Women: or People of another gender:	
How many different people have you had sex with in the last 3 month: and the last 12 months:	
Do you use condoms with casual partners (please tick): Always: Sometimes: Never:	

The questionnaire

Additional Risks	
Have you ever received anal sex?	Yes/No
Have you ever used needles to inject drugs (including steroids) into yourself?	Yes/No
Have you ever had sex against your wishes or sexual abuse?	Yes/No
Have you experienced domestic violence (psychological/sexual/physical)?	Yes/No
Do you smoke? If you do smoke, do you want to stop?	Yes/No Yes/No

Additional information for informed consent

Tests are sent to the laboratory using your name and NHI number. If you do not want other health providers to see your results and prefer a coded number then please inform the nurse.

Confidentiality: We are here to listen not to tell

The only reason we might have to consider contacting another service or professional without your permission would be to protect you or someone else from serious harm- and we would always try to discuss this with you first. If you have any worries about confidentiality, please feel free to ask a member of staff.

Why do we ask these questions?

This helps us assess your risk factors and ensure we are testing you in the right way in the right timeframes.

Screening in Action

Hello Mr Smith

(A 24 year old man who has male sexual contacts)

Express clinic questionnaire Mr A Smith

Please answer all of the following questions **Symptoms**	
Do you have discharge (drip / abnormal bleeding or blood spots) from penis, vagina or bottom?	Yes / (No)
Do you have sore(s) or rash on penis, vagina, bottom or body?	Yes / (No)
Do you have pain when passing urine (peeing)?	Yes / (No)
Do you have pain in lower tummy, bottom or genital area?	Yes / (No)

Please answer all questions **Risks**			
Has a sex partner told you they have symptoms?			Yes / (No)
Has a sex partner told you they've been treated for an STI? (Sexually Transmitted infection)			Yes / (No)
Have you had any form of sex in the last 14 days?			(Yes) / No
Do you have sexual contact with (please tick) Men: ✓ Women: Both men & women: or People of another gender:			
Number of different people who you've had sex with in the last: 3 months: 5 and the last12 months: 15			
Do you use condoms with **casual** partners?: Please tick	Always	Sometimes	Never
Have you ever received anal sex:			(Yes) / No
Have you ever used needles to inject drugs (including steroids) into yourself?			Yes / (No)
Have you ever had sex against your wishes or sexual abuse?			Yes / (No)
Have you experienced domestic violence (psychological/sexual/physical)			Yes / (No)
Do you smoke If you smoke, do you want to stop?			Yes / (No) Yes / No

Tests are sent to the laboratory using your name and NHI number. If you do not want other health providers to see your results and prefer a coded number then please inform the nurse.

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Why do we ask these questions? This helps us assess your risk factors and ensure we are testing you in the right way in the right timeframes.

Thank you.

South GP CME

Routine sampling for Men & Women

Women

- HVS and sweep of the vulva vestibule, without speculum in place, for PCR chlamydia and gonorrhoea
- HVS for trichomoniasis, BV and candida

Men

- First Catch urine for PCR chlamydia and gonorrhoea

Both

- Blood testing for syphilis and HIV

Additional testing for men & women

- Depending on their clinical symptoms and sexual history add throat and rectal sampling
- With MSM (Men who have sex with Men) – regardless of what they say => test from throat and rectum (well supported by evidence)
- Add herpes swab from areas of change to skin architecture as well as overt ulceration
- Hep A for MSM and CSW (Commercial Sex Workers)
- Hep B (MSM, CSW, Maori, Pacific Island and Asian)
- Hep C (MSM who had attended ‘chem’ sex party and anyone with history of injecting drug use, incarceration and non professional tattoos/piercings)

Which swab?


BD
BD ProbeTec™ Q^x Collection Kit for Endocervical or Lesion Specimens
REF 441357
Vaginal Specimen Transport for the BD ProbeTec™ Chlamydia trachomatis and Neisseria gonorrhoeae (CT/GC) Q^x Amplified DNA Assays
REF 441122

Summary

- Opportunistic screening – low risk: annual and high risk: 3-6 monthly
- Just ask the questions
- Get the right swabs, from the right place in the right timeframes