

# Kimberley STI/BBV Contact Tracing Guidelines

## Why?

Contact Tracing (*also known as partner notification*) is a key part of managing STIs and reducing the disproportionately high rates of STIs in the Kimberley. It helps to prevent the infection from being passed on to others in the community, prevents re-infection of the index case and identifies those infected to prevent risk of complications from STIs.

Challenges in contact tracing in the Kimberley include transient populations, regular phone number and address changes, use of multiple names, cultural issues for the patient and cultural barriers between health care provider and patient.

For contact tracing of other infections not sexually transmitted, speak to Kimberley Population Health Unit (KPHU).

## When should I start the contact tracing process?

- ❖ As soon as possible after a positive result is received, named contacts should be notified and treated
- ❖ If patient is symptomatic and STI is likely record contacts at their initial consult if possible - before results are available.
- ❖ Opportunistic testing only requires contact tracing if the results returns positive.

## Whose role is it?

Contact tracing can be initiated by the clinician who ordered the tests.

The person who reviews the positive result must ensure that contact tracing is carried out, which may include referring to a delegated position relevant to the service.

Make sure you are familiar with your clinic's usual process for following up positive STI results. Your local STI Coordinator can assist you.

## Finding the contacts locally

If the named contacts are based in your local town or community, it is your health service's responsibility to ensure contact tracing is completed. Timeliness is important and this should not be left to the staff member who takes on the STI portfolio if they are not able to do this promptly.

Your health service might contact trace in a number of different ways such as:

- ❖ Contact client via phone to book appointment
- ❖ Create a recall for the clinic driver to collect and transport to a consult.
- ❖ Allocate a staff member to locate and contact in community to offer a clinic consult.

- ❖ Arrange a nurse or health worker to test and/or treat them in their home or another safe and private location.
- ❖ Client-led contact tracing may be appropriate and preferred. Offer support and advice on having these conversations. This should only be considered if it's not considered an urgent case (see Box 1)

## Referral process for contacts not in local area

### In the Kimberley

- ❖ Contact the STI Coordinator or portfolio holder in the area where you believe the contact to be. If you are unsure who the STI Coordinator for that area is, call KPHU on 9194 1630. If the contact is in a smaller community, call the local clinic and ask to talk with a clinical staff member (Nurse or Aboriginal Health Worker).
- ❖ All staff must choose the most secure, confidential method for sharing information between services. If you are unsure of the best way to do this, speak with KPHU for advice. Clinics with MMEx are advised to use the online secure email messaging system. Remember to unselect "this message is associated with the selected (index) patient" before sending the message.
- ❖ Remember, in some areas, you may need to advise both the AMS clinic and the WACHS clinic due to no designated/known primary health care provider.

### In other regions and states

- ❖ Contact KPHU and they will contact the relevant Population Health Unit on your behalf.

## Documentation of contact tracing

DO NOT include ANY identifying details for the contact in the index case file or vice versa. This includes partial identifiers, date of birth, initials or age.

If you have access to the medical record of the contact, enter a note and recall to enable appropriate care. Include the confirmed or probable STI exposed to, dates notified as contact, date of possible exposure and follow-up required. Use the medical record to record attempts to contact.

If you do not have access to the medical record of the contact, use the KPHU Contact tracing form to record patient identifiers, attempts to contact, treatment and results. Paper contact tracing forms must be kept in a secure area of the clinic.

Once contact tracing is complete paper forms should be securely transported to KPHU in a sealed envelope for storage.

*Document all attempts to follow up in the client's medical record. Details to document may include whether or not the client is aware of result/being named and likely location of the client.*

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## I've found them. Now what?

- ❖ Test for STI/BBVS as per the Kimberley Guideline and WA Silverbook
- ❖ If they were referred to you from another clinic, let the referring clinician know that they have been treated and tested.
- ❖ Remember to advise to abstain from sex until 7 days after contact(s) are treated.
- ❖ Discuss importance of condoms to prevent STIs in the future.
- ❖ Remember insensitive contact tracing can be counterproductive
- ❖ Highlight the importance of treating others so that the community is safer.
- ❖ Be transparent about which other health staff will know the results, and about the need for notifications to the Department of Health.

### Priority cases for Contact Tracing (Box 1)

A pregnancy is involved (index or contact)  
 A condition that requires immediate specialist management (e.g. HIV)  
 During an outbreak (e.g. Infectious Syphilis)

## Do I need to treat them on the day of testing?

- ❖ Contacts of gonorrhoea, chlamydia and syphilis should be given treatment as per the silver book on the day of testing without waiting for results to come back
  - This is an additional priority for pregnant women and people who are contacts of infectious syphilis
- ❖ If the index case is a symptomatic (dysuria, discharge or lesion) male, test and treat all contacts straight away (don't wait for the results). Treatment is based on the symptoms and suspected diagnosis as per Silverbook Guidelines.

## How long should I spend looking for someone?

- ❖ The number of attempts that are sufficient depend on the type of STI and needs to be assessed on a case by case basis. Attempts to contact priority cases (Box 1) should not be ceased without discussing with KPHU
- ❖ If you have been trying for 2 weeks, contact KPHU for assistance and advice.

## Tips for contact tracing in regional and remote WA

- ❖ Be careful when contacting people using mobile phone numbers. Do not assume that the person answering the phone is the person you are trying to contact. Don't disclose any personal medical information over the phone. Make an appointment with them so you can talk about it face to face.
- ❖ Aboriginal Health Workers are helpful when trying to locate a client, however first check if it acceptable and appropriate to them.
- ❖ Sometimes a patient might not want to say who their contacts are but you could try:
  - Asking them to write it down and leaving the room while they do so.
  - Emphasise confidentiality and non-judgment of sexual behaviours or choices.
  - Be mindful of client safety and refer to Family [Domestic Violence Protocol](#) if needed:
- ❖ Explain the risk of re-infection and the health risks again, including risks to unborn babies and to fertility.
- ❖ Where possible, send someone from the same gender to contact trace.
- ❖ Consider using online resources for contact tracing such as [www.bettertoknow.org.au](http://www.bettertoknow.org.au)

**Table 1: How far back to contact trace for asymptomatic contacts**

Infection	How far back to Contact Trace
Chancroid	2 weeks before ulcer appeared or since arrival from endemic country
Chlamydia	6 months
Donovanosis	Weeks to months, depending on sexual history
Gonorrhoea	Minimum 2 months – consider up to 6 months
Hepatitis B	6 months prior to the onset of acute symptoms
Hepatitis C	Not usually carried out, depending on symptom and risk history
HIV	Start with recent sexual or needle sharing partner; outer limit is onset of risk behaviour or previous known negative result
Lymphogranuloma venereum	1 month or since arrival from endemic area
Mycoplasma Genitalium	6 months
Syphilis	Primary syphilis – 3 months plus duration of symptoms. Secondary syphilis – 6 months plus duration of symptoms. Early latent syphilis – 12 months
Trichomoniasis	Recent/regular partners only

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## Resources

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Silverbook - A guide for managing sexually transmitted infections and blood-borne viruses in WA

<https://ww2.health.wa.gov.au/Silver-book>

Australasian Contact Tracing Manual

<http://www.sti.guidelines.org.au/resources/filter/item/australasian-contact-tracing-manual>

Australian STI Management Guidelines

<http://www.sti.guidelines.org>

