



Evidence and Rationale - Kimberley STI/BBV Contact Tracing Guidelines

Working Group:

Katy Crawford (Sexual Health Regional Facilitator, KAMS), Emma Griffiths (GP, KAMS), Natasha Ghandour (Senior Public Health Nurse, KPHU), Jane Angliss (Enhanced Syphilis Response and STI Coordinator, OVAHS)

With consultation from: Lewis Marshall (Sexual Health Physician)

Changes this review:

Title of protocol changed from “Kimberley Contact Tracing Guidelines” to better describe purpose of protocol. Also added, for clarity: “For contact tracing of other infections not sexually transmitted, speak to Kimberley Population Health Unit (KPHU).”

New section added: “Documentation of contact tracing” – in separate discussions within KAMS, it had been highlighted that the medicolegal requirements of documentation in contact tracing need to be included.

New section added: “Do I need to treat them on the day of testing?” as is a regional “frequently asked question”.

Removed reference to syphilis as a “low prevalence condition”.

Removed Table 2 (as unnecessary duplication, resource was copied from NSW Sexually Transmissible Infections Program Unit), incorporating content as necessary into existing headings.

Additional reference to Kimberley “Family and Domestic Violence” protocol.

Emphasis on Silver Book as gold standard for clinical care (in conjunction with relevant Kimberley guidelines).

Discussion points:

How long to advise to abstain after contacts have been treated: Discussed with Dr Lewis Marshall, Sexual Health physician who advised 7 days is the usual advice given in sexual health clinics. Noted that this information is not in the WA Silverbook Guidelines.

Treating on the day of testing: Previous draft somewhat contradictory – states that should treat if index case is symptomatic male but also to offer treatment to all contacts regardless of symptoms.

Recommendations for next review: