### What is my role in Contact Tracing?

When making an STI diagnosis, it is your responsibility to initiate a discussion about contact tracing. As part of good clinical care, your role is to encourage and support your patient in notifying their contacts.

### How to Contact Trace

1. **Introduce the reasons** for contact tracing.
   - "It’s really important your partner(s) get treated so you don’t get the infection again."
   - "Most people with an STI don’t know they have it because they have no symptoms, but still could have complications or pass it on to a partner."

2. **Help identify which partner(s) need to be informed; use cues such as location or events.**
   - Use a non-judgemental approach; some people have more than one sexual partner and all can be treated.
   - "Try thinking back to when and where you have had sex recently or any special events."

3. **Explain the methods and offer choice.** Different methods (in person, phone, SMS, email or letter) might be needed for each partner.

   **Patient Initiated Referral:**
   - Your patient chooses to notify their own contacts; you discuss with them the information they will provide to their contacts.

   **Provider Initiated Referral:**
   - You, your delegate or another health agency informs the patient’s contacts; get the consent of your patient; it can be anonymous or not depending on the wishes of your patient.

   *From what you’ve told me, there are a few people who need to be informed. How do you think you’ll go contacting them?*

4. **Support Patient Initiated Referral**
   - Provide specific STI information – written or web links.
   - Discuss how a partner might react and problem solve with the patient.
   - Remind them partners could be contacted by telephone, in person, SMS, email or letter. All can be anonymous or not.
     - www.letthemknow.org.au
     - www.thedreamawonderland.info for MSM
   - Your practice staff may be able to assist your patient to send an SMS or email before they leave your clinic.
   - It is a quick and easy option.

5. **Document discussions in patient notes.**

### Frequently Asked Questions

**Why Contact Trace?**

It can prevent re-infection in your patient and decreases the rates of STIs in the population. As many STIs have no symptoms, past partners may be unaware they are transmitting the infection.

**How can I fit it into the consultation?**

It can be completed quickly through a simple discussion at diagnosis or follow-up. If provider referral is chosen, a practice nurse could inform the patient’s partners or assist in making follow-up phone calls.

**Why might my patient need to contact trace partners with whom they used condoms?**

Condoms are effective protection but not equally for all STIs and not if inadequately used during oral sex and foreplay.

**My patient is concerned about violence if they inform their partner(s), what should I do?**

If there is concern over a violent reaction or history of domestic violence within a relationship, then provider referral is recommended. In this situation, contact your local sexual health clinic by visiting: www.health.qld.gov.au/sexhealth/help/default.asp

For more information on contact tracing, or to download an electronic copy of this tool, visit: www.health.qld.gov.au/sexhealth/forms_resources.asp

### When to consider provider referral...

- HIV, syphilis and gonorrhoea due to higher morbidity.
- Repeat infections as a partner may not have been tested and treated.
- Within Aboriginal and Torres Strait Islander communities due to stigma and issues around confidentiality.
- Incarcerated or detained partners may be more difficult to contact.
- For more information about undertaking provider referral contact tracing see the Need More Help and Online Contact Tracing Resources sections (overleaf).
# STI Contact Tracing Tool for General Practice

## Need More Help?
- Contact your nearest Contact Tracing Support Officer for advice on contact tracing options.
- Support is available for complicated cases and contact tracing from your local sexual health clinic.
- For information on medico legal aspects of contact tracing visit:

## How Far Back in Time to Trace*

Use these as a general guide only. Discussion about which partners to notify should take into account the sexual or relevant risk history, clinical presentation and patient circumstances.

Contact tracing is **not recommended** in warts and herpes as there is little proven benefit.

<table>
<thead>
<tr>
<th>Infection</th>
<th>How far back to trace</th>
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<tbody>
<tr>
<td>Chlamydia</td>
<td>6 months</td>
<td>Gonorrhoea</td>
<td>2 months</td>
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</tbody>
</table>
| Syphilis           | *Primary syphilis* – 3 months plus duration of symptoms.  
                    *Secondary syphilis* – 6 months plus duration of symptoms.  
                    *Early latent syphilis* – 12 months. | HIV                  | Start with recent sexual or needle-sharing partners; outer limit is onset of risk behaviour or last known negative result. |
| Hepatitis B        | 6 months prior to onset of acute symptoms. For newly acquired cases contact your local public health unit (PHU) and/or specialist physician. | Hepatitis C          | 6 months prior to onset of acute symptoms; if asymptomatic, according to risk history. For newly acquired cases contact your local PHU and/or specialist physician.  
                    *Note* – rarely sexually transmitted, usually only in HIV co-infection. |
| Trichomoniasis     | Unknown; important to treat current partner | Mycoplasma genitalium | Unknown; important to treat current partner |
| Lymphogranuloma Venereum (LGV) | 1 month | |

* Information adapted from 2010 Australasian Contact Tracing Manual.  
Adapted with permission from STI Contact Tracing for General Practice developed by NSW ST Programs Unit – March, 2011.

## Online Contact Tracing Resources
- **Patient**
  - Helpful patient scenarios for telling partners
  - Online partner notification services letter
  - Online partner notification service and information for men who have sex with men
    [www.thedramadownunder.info](http://www.thedramadownunder.info)

- **Provider**
  - Information for health professionals on contact tracing
  - Australasian Contact Tracing Manual
    [ctm.asnhm.org.au](http://ctm.asnhm.org.au)
  - Queensland Health Communicable Disease Guidelines
  - Qld Health STI Factsheets for adults
  - Qld Sexual Health Clinical Management Guidelines

## Management of Contacts
- Ensure access to **prompt testing and treatment**. This can be at your practice or through a referral to the local sexual health clinic. For treatment information see the Queensland Sexual Health Clinical Management Guidelines.
- If contact tests positive, determine if any **additional partner(s)** need to be notified.
- **Post exposure prophylaxis** is available for contacts exposed to HIV or hepatitis B, through sexual health clinics, S100 Prescribers and hospital emergency departments.
- **Offer vaccination** for hepatitis B.
- Waiting for results can be a period of anxiety; **information and supportive counselling** is helpful.
- Discuss ways to **reduce risk behaviours** such as condom use and regular testing for STIs.