FACT SHEET 4: Kimberley Contact Tracing Guidelines

Why?

Contact Tracing (*also known as partner notification*) is a key part of STI management and is integral to 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 it identifies those infected to prevent risk of complications from STIs.

Contact tracing in the Kimberley can be particularly difficult due to the transient population, regular phone number and address changes of patients, use of multiple names, cultural issues for the patient and cultural barriers between the health care provider and patient.

When should I start the contact tracing process?

- All symptomatic patients likely to have STIs should have contacts recorded if possible at their initial consult - before results are available.
- Where tests are part of routine screening in asymptomatic patients formal contract tracing can wait until review, however the need to contact trace if tests are positive should be discussed at the first consult for all STI tests ordered.
- It is important to ensure the index patient's contact details are up to date and arrange a follow up appointment for results.
- Consider documenting secondary addresses and phone numbers and future travel plans, especially in symptomatic patients.
- If you will not be following up the patient nor doing the contact tracing, you must inform them that someone else will be doing follow up
- Reiterate confidentiality.

Named contacts should be notified and treated as soon as possible after a positive result is received

NOTE: If index case is a symptomatic male, contacts should be notified and treated straight away - without waiting for the results.

Whose role is it?

- Contact tracing is ideally led by the clinician who ordered the tests.
- The person who reviews the positive result must ensure that contact tracing is carried out even if they are not the person who ordered the tests.
- Make sure that you are familiar with your clinic's usual process for following up positive STI results.
- Your local STI Coordinator is a resource that 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:

- Put them on recall for the clinic driver to pick them up.
- Send a nurse or health worker to pick them up and bring them to the clinic.
- Send a nurse or health worker to test and/or treat them in their home or another safe and private location.

Referral process for contacts not in local area

In the Kimberley

- Contact the STI Coordinator in the area where you believe the contact to be. If you are unsure who the STI Coordinator for that area is, call Kimberley Population Health Unit (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.

In other regions and states

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

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I've found them. Now what?

- Test contact for relevant STIs as per fact sheet 1 if asymptomatic or refer to fact sheet 2 (male) or fact sheet 3 (female) if symptomatic.
- Treatment should be offered regardless of whether the contact is symptomatic or not, and even if the contact declines testing.
- 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 5 days after contact(s) are treated.
- Discuss importance of condoms to prevent STIs in future.

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.
- The most common infections in the Kimberley, Chlamydia and Gonorrhoea, are highly contagious and curable but lack of treatment causes serious complications so high priority should be given to these. However, if you have been trying for 2 weeks, contact KPHU for assistance and advice.

Particular urgency and priority is needed when:

- A pregnancy is involved.
- The condition is life threatening or causes other major health complications e.g. HIV.
- The condition has a low prevalence in the Kimberley e.g. Syphilis.

Tips for contact tracing in regional and remote WA

Insensitive contact tracing can be counterproductive

- Trust is important when it comes to sexual health work.
- Highlight the importance of treating others so that the community is safer.
- Don't push someone too hard for contact's names in the first one or two STI consults with someone (particularly if they rarely present to the clinic).
- Be careful when contacting people using mobile phone numbers. Many people change their phone numbers regularly or share one phone number between several people. 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.
- Be transparent about which other health staff will know results, and about need for notifications to the Department of Health.
- Aboriginal Health Workers (AHWs) are helpful when trying to locate someone, however, the clinician must always respect the AHW's cultural position/obligations and the patient's confidentiality when engaging with 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.
  - Scrolling through a local population list and getting them to point to their contacts name.
  - Explaining that you aren't going to judge them for going wrong way skin group, being married or having sex with someone who is married (these three behaviours illicit particular shame).
  - Explain the risk of re-infection and the health risks again, including risks to unborn babies and to fertility.
- Recalls for non-sensitive issues can be used to recall or ask where to find patients (e.g. due for health check, to see doctor etc.).
- A discussion about STI testing and treatment can be incorporated as part of an adult health check (715) in cases where you want to protect the index patient's identity.
- Where possible, send someone from the same gender to contact trace.
- Use resources such as STI Pamphlets and visual aids.

Resources

Silverbook: Guidelines for Managing STIs WA
Australasian Contact Tracing Manual
Let Them Know

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Table 1: Guidelines on how far back in time to trace contacts

These periods should be used 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.

Infection	How Far Back To Trace
Chancroid	2 weeks before ulcer appeared or since arrival in endemic area
Chlamydia	6 months
Donovanosis	Weeks to months, according to sexual history
Gonorrhoea	2 months
Hepatitis A	50 days from onset of symptoms
Hepatitis B	6 months prior to onset of acute symptoms
Hepatitis C	6 months prior to onset of acute symptoms; if asymptomatic according to risk history
HIV	Start with recent sexual or needle-sharing partners; outer limit is onset of risk behaviour or last known negative HIV test result if known
Lymphogranuloma venereum	1 month or since arrival in endemic area
Mycoplasma genitalium	Unknown*
Syphilis	Primary syphilis – 3 months plus duration of symptomsSecondary syphilis – 6 months plus duration of symptomsEarly latent syphilis – 12 months
Trichomoniasis	Unknown*
TB	3 months prior to diagnosis, unless there is evidence of protracted symptomatic illness prior to this date

* There is currently insufficient data to provide a definitive period for some infections, though partner notification is likely to be beneficial and is recommended in these cases and should be guided by the sexual history.

Table 1 and 2: Reproduced from "STI Contact Tracing Tool for General Practice", 2011, NSW Sexually Transmissible Infections Programs Unit

Table 2: 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.

For more on medico-legal matters see Chapter 5 of Australasian Contact Tracing Manual.

How to Contact Trace

1. Introduce the reasons

'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 onto 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. Or
- 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

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.thedramadownunder.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.

Provide treatment letter(s) to be given to contacts; see www.gpnsw.com.au for downloadable templates. Schedule a follow up visit or phone call to determine if the patient was able to inform their partners. If not notified offer further assistance.

5. Document discussions in patient notes.

*Men who have sex with men