1 Care map information

Quick info:
This pathway is developed to align with the Third National Sexually Transmissible infections Strategy to reduce transmission of, and morbidity and mortality caused by STIs.
Localisation of care pathways is to ensure a state wide approach to relevant and evidence based information on the assessment and management of the targeted STIs, Chlamydia, Gonorrhoea and Syphilis.

2 Patient resources

Quick info:
Sexual Health Fact sheets
Useful Videos
Anonymous partner notification
ATSI resources

3 Clinical resources

Quick info:
Taking Sexual history
Melbourne Sexual Health Clinic
STI Testing technique
Swab collection guide
Sexual Health talk
ATSI resources
Anonymous partner notification
Interpreter Service
Translating and Interpreting Service (TIS)
131 450 - 24 hours per day, 7 days per week

4 Aboriginal & Torres Strait Islander Health

Quick info:
ATSI resources
STI notification

5 Presentation

Quick info:
Be aware of asymptomatic cases

This care map is in development by . It is not yet approved for clinical use. A printed version of this document is not controlled so may not be up-to-date with the latest clinical information.
Chlamydia: 75% of women and 50% of men will not have symptoms and
Gonorrhoea: up to 80% of women and 15% of men will not have symptoms
Syphilis: approximately 50% of individuals will not identify symptoms

6 Symptomatic

Quick info:
Consider [Chlamydia](#) or [Gonorrhoea](#) if the following symptoms are present:
Females:
- Dysuria
- Vaginal discharge
- Pelvic pain
- Intermenstrual bleeding
Males:
- Dysuria
- Urethral discharge

Consider [Syphilis](#) if the following symptoms are present:
- Genital ulcers, usually painless
- Rash on the palms of the hands or soles of the feet that is persistent or unexplained
- Unexplained fever and lymphadenopathy

7 Asymptomatic / Screening

Quick info:
Be aware of asymptomatic cases
Chlamydia: 75% of women and 50% of men will not have symptoms and
Gonorrhoea: up to 80% of women and 15% of men will not have symptoms
Syphilis: approximately 50% of individuals will not identify symptoms

8 Opportunistic High risk groups

Quick info:
- People < 30 years of age
  - NB: Women who have sex with women (WSW) are at the same risk as heterosexual women.
  - ≥ 30 years, offer testing according to assessment of risk, presence of anogenital symptoms, or if patient requests a sexual health check.
    - More than 2 sexual partners in the past year.
    - A new sexual partner in the last 3 months.
    - Another STI.
    - A sexual partner with an STI.
    - Prior to termination of pregnancy (TOP).
    - Prior to intrauterine device (IUD) insertion.
    - During routine antenatal screening.
    - Statistically high risk cultural groups - immigrants and refugees from developing countries
    - IV drug and Ice users
    - People from custodial settings.

9 Sex workers
Quick info:
Sex workers are required by Victorian Law to be screened every 3 months for:
- Chlamydia
- Genital and anal herpes (when lesions are visible)
- Gonorrhoea
- Syphilis
- HIV

10 Men who have Sex with Men (MSM)

Quick info:
All men who have sex with men (MSM) should have the following test at least once a year.
- Chlamydia
- Gonorrhoea
- Syphilis
- HIV
- Hepatitis A, B and C

MSM who fall into one or more of the following categories should be offered testing up to 4 times a year:
- Any unprotected anal sex
- More than 10 sexual partners in six months
- Participate in group sex
- Use recreational drugs during sex
- HIV-positive MSM should have:
  • syphilis testing at each occasion of CD4/VL monitoring
  • Chlamydia/gonorrhoea testing should be considered at each occasion of CD4/VL monitoring.

11 HIV positive

Quick info:
HIV information
Sexually Transmitted Infections
Development > Sexually Transmitted Infections > Sexually Transmitted Infections

Key Dates
Published: , by
Valid until:

Evidence summary for Sexually Transmitted Infections