COLLECTION METHODS

- **URINE** - First Pass – no need for early morning sample
- **SWAB** - Endocervical, vaginal, or anorectal
- **CERVICAL SCREENING** - order test on liquid-based cytology [LBC] sample

No refrigeration required
Can be collected or posted
24 hour reporting upon receipt of specimen

BULK BILLED TEST

If the patient has signed the request form and provided their Medicare number.

FOR MORE INFORMATION

Laboratory Queries: Call VCS on 03 9250 0300 and ask for the lab
Clinical Queries
- Call VCS on 03 9250 0300 and ask for the Liaison Physician
- Call 1800 009 903: Clinicians’ Advice Lineat Melbourne Sexual Health Centre (Health Professionals only)

Further clinical information can be obtained from:
- mshc.org.au/Health Professional/STI Tool
- mshc.org.au/gpassist

NAAT* tests have very high specificity but false positive results will occasionally occur. Please call for advice if you receive an unexpected positive result.

CHLAMYDIA AND GONORRHOEA

- Are the most common bacterial STIs in Australia
- Are commonly asymptomatic
- Chlamydia is found in around 5% of men and women under 30
- Gonorrhoea is much less common but is increasing in incidence
- Can result in PID, pelvic pain, ectopic pregnancy and infertility

WHO SHOULD BE TESTED?

**Chlamydia**
All men and women who have ever had sex and who are under the age of 30---annually1

**Chlamydia and gonorrhoea**
Men and women who:
- Have symptoms eg. discharge; dyspareunia; urethral symptoms; pelvic or testicular pain
- Have had a recent change of sexual partner
- Have had sexual contact with someone from overseas
- Have another STI
- Are sex workers or injecting drug users
- Are from the indigenous community
- MSM** should have urine, pharyngeal and anorectal tests---at least annually4

TREATMENT

**Chlamydia**: Azithromycin (B1) 1 g orally stat or doxycycline (D) 100 mg bd for 10 days.
**Gonorrhoea**: Azithromycin 1 g stat plus Ceftriaxone 500 mg IM stat

FOLLOW-UP

- Re-test for chlamydia 3 months after treatment as re-infection is common
- Consider patient delivered partner therapy [PDPT] for chlamydia if partners are unwilling to present for treatment. See guidelines at ideas.health.vic.gov.au or call for advice (details opposite)
- Prior to treatment (which should nevertheless not be delayed) a swab for culture and antimicrobial susceptibility testing should be taken when a gonococcal NAAT test is positive3
- Do not re-test for gonorrhoea less than 2 weeks after treatment
- Sexual partners also need treatment

---Guidelines for Preventative Activities in GP, 8th edition
3 RACGP Newsletter, 14 July 2017
4 Nucleic Acid Amplification Test
** Men who have sex with men
## Chlamydia and Gonorrhoea Collection Methods

Please label all specimens clearly with surname, first name and DOB

### HOW DO I DO THE TEST?

<table>
<thead>
<tr>
<th>URINE</th>
<th>CERVICAL, VAGINAL OR ANORECTAL</th>
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| **URINE (FIRST PASS)**  
- No need for early morning sample.  
- Check the expiry date on the tube before taking the sample. | **ENDOCERVICAL SAMPLE**  
- Insert swab into the cervical os  
- Rotate once  
**DO NOT INSERT SWAB COMPLETELY INTO THE CERVICAL CANAL**  
- Withdraw and place in transport tube | **ANORECTAL**  
Can be taken by practitioner or self-collected by patient.  
- Insert swab 3cm  
- Rotate once  
- Withdraw and place in transport tube |
| **INSTRUCT THE PATIENT TO:**  
1. Unscrew cap and remove the swab  
2. Hold the swab in the stream to saturate with first pass urine.  
3. Return the swab to the tube.  
Close securely. | **VAGINAL**  
(If no speculum examination required).  
Can be taken by practitioner or self-collected by patient.  
- Insert swab 4-5cm into vagina  
- Rotate once  
- Withdraw and place in transport tube |}

### CERVICAL SCREENING

Take screening sample in LBC.  
Request CST (cervical screening test) +/- chlamydia/gonorrhoea.  
Ask patient to sign the request form and provide their Medicare number.  
If you would like to watch a video demonstrating the correct technique for taking a high-quality Cervical Screening Test (CST) visit [www.vcspathology.org.au/practitioners/resources](http://www.vcspathology.org.au/practitioners/resources)