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** 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 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.
   
   ‘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?’

   **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.thedramadownunder.info](http://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](http://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

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 does 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.

**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 communities** due to stigma and issues around confidentiality.
- **Incarcerated or detained** partners may be more difficult to contact.
- **Casual or ex-partners** who are less likely to be notified.
- **If the patient requests.**

For more information about undertaking provider referral contact tracing see the Need Help & Online Resource sections.

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.

### Need More Help

- Call the **NSW Sexual Health Infoline on 1800 451 624** for information and support with contact tracing.
- Support is available for complicated contact tracing from your **local sexual health clinic**.

### Online Contact Tracing Resources

#### Patient
- [www.letthemknow.org.au](http://www.letthemknow.org.au)
  - Information on STIs & practical tips for patients. Offers the option of notifying contacts via email, SMS or letter.
- [www.thedramadownunder.info](http://www.thedramadownunder.info)
  - For MSM with information about STIs. Offers the option of notifying contacts via email or SMS.
- [www.bettertoknow.org.au](http://www.bettertoknow.org.au)
  - For Aboriginal People STI information, how & where to access STI Testing. Offers the option of notifying contacts anonymously via email or SMS.

#### Provider
- GP NSW - Contact Tracing
- Australasian Contact Tracing Manual
- NSW Contact Tracing Guidelines
- NSW Health STI Factsheets
- NSW Health Infectious Diseases A-Z Index
- Contact Tracing Interview Video

*Men who have sex with men*

### 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>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia</td>
<td>6 months</td>
</tr>
<tr>
<td>Gonorrhoea</td>
<td>2 months</td>
</tr>
</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) &/or specialist physician |
| Hepatitis C        | 6 months prior to onset of acute symptom; if asymptomatic, according to risk history  
                     For newly acquired cases contact your local PHU &/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.*


### 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 National Management Guidelines For STIs.*
- 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 emergency departments. [www.acon.org.au/hiv/pep](http://www.acon.org.au/hiv/pep)
- 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.