# Australian STI Management Guidelines for Use in Primary Care

## Trans and gender diverse people

### Overview

- Trans and gender diverse people are those whose gender is different from what was presumed for them at birth.
- Rates of sexually transmitted infections (STIs) among trans and gender diverse people in Australia are largely unknown: limited data suggest these rates are higher than those of the general population and increase if there are other risk factors e.g. drug use, sex work, sex with men who have sex with men.
- Worldwide, trans women are at higher risk of human immunodeficiency virus (HIV) and people at risk of HIV should be offered pre-exposure prophylaxis (PREP).
- Trans and gender diverse people experience high rates of sexual assault therefore sensitive history taking is imperative.
- To undertake training on the sexual health of trans and gender diverse people, access the ASHM & ACON e-learning module or for more information visit TransHub.

### Testing advice

**Useful Resource –** Trans and Gender Diverse Sexual Health Care e-learning

- Ask patients their preferred name, pronouns and preferred names for anatomical sites which could be front hole rather than vagina or genitals; avoid assumptions about sexual practices and partners.
- Offer screening based on anatomy, sexual practices and patient preference and explain why you are asking what you are asking e.g. people with a vagina may be offered a self-collected vaginal swab or a first pass urine which may be considered less invasive if someone has genital dysphoria.
- People with a neovagina (i.e. surgically created vagina) should be offered

first pass urine testing.

- One way to ask about screening is to say, 'People can get chlamydia and gonorrhoea in the urine, throat, bum and cervix. You can do your own swabs of these sites if needed. Would you like testing for any of these sites today?

| Site/Specimen | Test | Consideration |
|---|---|---|
| Oropharyngeal | NAAT/PCR gonorrhoea/chlamydia | In people who have sex with men who have sex with men or trans and gender diverse people |
| Rectal | | Self-collected |
| First pass urine | | |
| Blood | HIV antibody/antigen | If not HIV positive |
| | Syphilis serology | |
| | Hepatitis C antibody | Test once yearly in people living with HIV, on PrEP or with history of injecting drug use. |
| | Hepatitis A antibody | Test if not vaccinated<br>Vaccinate if antibody negative |
| | Hepatitis B<br>Surface antigen (HBsAg), Core antibody (Anti-HBc), Surface antibody (Anti-HBs) | Test if not vaccinated<br>Vaccinate if no history or no documentation of full vaccination course. |

NAAT – nucleic acid amplification test

## Clinical indicators for testing

- People who request STI testing
- People who have symptoms
- People who are at increased risk of STI: new sexual partner, living or travelling to areas of higher prevalence in Australia or in other countries
- People with a known exposure to any STI or history of an STI within the past 12 months
- People with a partner of a special subpopulation or any of the above.

## Special considerations:

- Cervical screening testing should be offered as per Australian guidelines for people with a cervix. Self-collected human papillomavirus (HPV) testing may be suitable for people who are underscreened. People with neovaginas do not require screening.
- Testosterone is not adequate contraception for people with a uterus. There are various hormonal and non-hormonal options that can be offered in this situation.
- Similarly, use of oestrogen and progesterone by people with testes does not guarantee contraception.
- Atrophic vaginitis is common in trans men and causes an inflammatory discharge.
- Use of hormone therapy does not affect STI screening, but it can affect the vaginal microbiome and the interpretability of vaginal microscopy to investigate vaginal discharge.
- Testosterone may affect lubrication and additional lubrication may be required for any internal testing or screening. Some trans people may refuse internal screening, even with lubrication, and other screening solutions should be found in these instances.

**Follow-up**

If test results are positive, refer to STI management section for advice on:

- Chlamydia
- Gonorrhoea
- Hepatitis A
- Hepatitis B
- Hepatitis C
- HIV
- Syphilis

Even if all test results are negative, use the opportunity to:

- Educate about condom use, contraception, safe injecting practices, consent, CST and vaccinations for HAV, HBV and HPV as indicated.
- Educate about HIV risk minimisation, including non-occupational post-exposure prophylaxis (NPEP) and PrEP.
- Vaccinate for hepatitis A and B, if susceptible.

- Discuss and activate reminders for regular screening tests according to risk, especially if they would benefit from frequent screening.

**Auditable Outcomes**

100% of trans and gender diverse people are tested according to these guidelines

**Resources**

- ASHM & ACON's Trans And Gender Diverse Sexual Health Care E-Learning

**Endorsement:** These guidelines have been endorsed by the Blood Borne Viruses and Sexually Transmitted Infections Standing Committee (BBVSS).

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