

Test all sexually active persons < 30 years and anyone at risk. See Express STI Testing Questionnaire [www.nzshs.org/guidelines](http://www.nzshs.org/guidelines).  
Be aware of the difference between a Nucleic Acid Amplification Test (NAAT) swab (e.g. PCR) and a culture swab.

**Note: Most laboratories are automatically performing multiplex NAAT testing for chlamydia & gonorrhoea (+/-trichomoniasis). False positive gonorrhoea results are possible in low prevalence populations – see NZSHS Management of Gonorrhoea 2017, and Response to the Threat of Antimicrobial Resistance [www.nzshs.org/guidelines](http://www.nzshs.org/guidelines).**

## Recommended tests – Females

### Asymptomatic and/or opportunistic testing

- Offer examination including speculum.
- Vulvovaginal NAAT swab for chlamydia & gonorrhoea testing (self-collected if not examined).
- Anorectal NAAT swab for chlamydia & gonorrhoea testing if patient has anal sex or anorectal symptoms (self-collected if not examined).
- Serology: Universal HIV and syphilis.
- Targeted hepatitis B and C serology if hepatitis B immune status unknown and risk factors present e.g. Maori, Pasifika, areas of high endemicity, IDU or incarceration [www.hepatitisfoundation.org.nz/](http://www.hepatitisfoundation.org.nz/)

### Symptomatic

- Examination is required for clinical assessment if symptomatic of vaginal discharge, dysuria, lower abdominal pain, abnormal bleeding, anal pain or discharge, or a contact of gonorrhoea:
- Examine the inguinal nodes, vulval and perianal skin, vestibule and introitus.
  - Vulvovaginal NAAT swab for chlamydia & gonorrhoea testing prior to speculum insertion.
  - Insert speculum and examine vagina and cervix.
  - Endocervical culture swab for gonorrhoea (if gonorrhoea culture available).
  - High vaginal culture swab for candida & BV & trichomoniasis (if NAAT for trichomoniasis not available).
  - Anorectal NAAT swab for chlamydia & gonorrhoea testing if patient has anal sex or anorectal symptoms.
  - Serology: Universal HIV and syphilis.
  - Targeted hepatitis B and C serology if hepatitis B immune status unknown and risk factors present e.g. Maori, Pasifika, areas of high endemicity, IDU or incarceration [www.hepatitisfoundation.org.nz/](http://www.hepatitisfoundation.org.nz/)

## Recommended tests – Men who have sex with women (MSW)

### Asymptomatic and/or opportunistic testing

- Offer examination, as below.
- First void urine for chlamydia & gonorrhoea NAAT testing (first 30ml), preferably  $\geq 1$  hour after last void.
- Serology: Universal HIV and syphilis.
- Targeted hepatitis B and C serology if hepatitis B immune status unknown and risk factors present e.g. Maori, Pasifika, areas of high endemicity, IDU or incarceration [www.hepatitisfoundation.org.nz/](http://www.hepatitisfoundation.org.nz/)

### Symptomatic

Examination is required for clinical assessment if symptomatic of urethral discharge, dysuria, testicular pain or swelling, anal pain or discharge or a contact of gonorrhoea.

- Examine the genital and perianal skin, inguinal lymph nodes, penis, scrotum, and testes.
- Urethral culture swab for gonorrhoea (if gonorrhoea culture available) followed by:
- First void urine for chlamydia & gonorrhoea NAAT testing (first 30ml), preferably  $\geq 1$  hour after last void.
- Serology: Universal HIV and syphilis.
- Targeted hepatitis B and C serology if hepatitis B immune status unknown and risk factors present e.g. Maori, Pasifika, areas of high endemicity, IDU or incarceration [www.hepatitisfoundation.org.nz/](http://www.hepatitisfoundation.org.nz/)

## Recommended tests – Men who have sex with men (MSM)

### All MSM should be tested at least once a year.

- Extragenital (pharyngeal and anorectal) testing is required irrespective of reported sexual practices or condom use.
- Pharyngeal NAAT swab for chlamydia & gonorrhoea testing.
- Anorectal NAAT swab for chlamydia & gonorrhoea testing (self-collected if not examined).
- First void urine for chlamydia & gonorrhoea NAAT testing (first 30ml), preferably  $\geq 1$  hour after last void.
- If anorectal symptoms refer or discuss with a sexual health specialist
- Serology: Universal HIV, syphilis, hepatitis A and B (if hepatitis A and B immune status unknown).
- Targeted hepatitis C if HIV positive, IDU or incarceration.

### MSM who fall into one or more categories below require testing up to 4 times a year:

- Any unprotected anal sex
- More than 10 sexual contacts in 6 months
- Participate in group sex
- Are HIV positive
- Use of PrEP or PEP
- Use recreational drugs during sex.