



Sexual Health: Is it relevant in the context of opioid use?

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Rural Sexual Health Nurse Practitioner

“...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity.

Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.”

(WHO, 2006a)

Sexual History Taking



Sexual History

Goulburn Valley Health Sexual Health Summary Date Completed: ____/____/____ (Please date any additional changes)		Unit Record No: _____ Name: _____ Address: _____ Date of Birth: _____ Sex: Male/Female Place Identification Label here
Preferred Name	Allergies	
Medicare number/Postcode	Relevant ongoing medication history Medication: _____ Dates: _____	
Relevant Medical, Psychological, Psychiatric and Surgical History	Vaccinations Hep B: <input type="checkbox"/> Yes <input type="checkbox"/> No Anti HB's: Result: _____ Date: _____ Hep A: <input type="checkbox"/> Yes <input type="checkbox"/> No HIV antibodies: Result: _____ Date: _____ Other: _____ Blood Donor: _____	
Past History of STI, diagnosis and treatment details (previous to attendance of GVH)	Contraception History Method: _____ Date Commenced/ceased, complications: _____	
STI Conditions: BBV: <input type="checkbox"/> Gonorrhoea <input type="checkbox"/> HBV <input type="checkbox"/> Chlamydia <input type="checkbox"/> HIV <input type="checkbox"/> Trichomoniasis <input type="checkbox"/> HCV <input type="checkbox"/> Syphilis <input type="checkbox"/> None known <input type="checkbox"/> PID <input type="checkbox"/> UTI <input type="checkbox"/> NSU <input type="checkbox"/> HSV <input type="checkbox"/> HPV <input type="checkbox"/> Pubic Lice <input type="checkbox"/> Molluscum	Pap Smear / Colposcopy History Date: _____ Result/Treatment: _____	
Date of last STI screen (other than at GVH) Date: _____ Blood/Swabs taken	Pregnancy History	
Sex Assault: Childhood / Adult Counselling offered	Sex Work History	

Reference No: N/A
Version No: 01
Date: _____

SEXUAL HEALTH SUMMARY

MR633

Goulburn Valley Health Sexual Health Progress Notes Date: ____/____/____ Time: _____		Unit Record No: _____ Name: _____ Address: _____ Date of Birth: _____ Sex: Male/Female Place Identification Label here
Triage <input type="checkbox"/> Asymptomatic screen <input type="checkbox"/> SW Cert <input type="checkbox"/> Wart treatment <input type="checkbox"/> Symptoms <input type="checkbox"/> Blood tests <input type="checkbox"/> Vaccine <input type="checkbox"/> Contact of infection <input type="checkbox"/> Results <input type="checkbox"/> Script <input type="checkbox"/> TOC <input type="checkbox"/> PCI <input type="checkbox"/> Info/advice <input type="checkbox"/> Other: _____	Referral to see: <input type="checkbox"/> Doctor <input type="checkbox"/> Doctor/nurse <input type="checkbox"/> GP <input type="checkbox"/> Other STI clinic <input type="checkbox"/> FPV <input type="checkbox"/> MSHC <input type="checkbox"/> Other: _____	Site Test ✓ INT Date Swabs Vulva Micro _____ Other _____ Vagina Micro _____ Wet _____ Trich _____ Gono _____ Chlam _____ MG _____ Cervix Micro _____ Gono _____ Chlam _____ MG _____ Pap _____ Ur Micro _____ Gono _____ Chlam _____ MG _____ FPV/MSU M/C/S _____ Gono _____ Chlam _____ MG _____ BHCG _____ Anal Gono _____ Chlam _____ MG _____ Throat Gono _____ MG _____ HSV Swab _____ Other _____ Serology Hep A Ab _____ Hep B cAb _____ sAb _____ sAg _____ Hep C Ab _____ PCR _____ LFT _____ HIV Ab _____ Syphilis _____ HSV EIA _____ WB _____ Rubella _____ Other _____
BBV risk <input type="checkbox"/> IDU never <input type="checkbox"/> IDU < 3/12 <input type="checkbox"/> IDU < 12/12 <input type="checkbox"/> IDU > 12/12 Last shared: Unsafe tattoos/piercing? <input type="checkbox"/> Y <input type="checkbox"/> N Blood transfusion? <input type="checkbox"/> Y <input type="checkbox"/> N		
Sexual history Who/When: _____ Practices: _____ Barriers: _____ Overseas Contacts: <input type="checkbox"/> Y Specify: <input type="checkbox"/> N Partner HPC: <input type="checkbox"/> Y <input type="checkbox"/> N Surgery HPC: <input type="checkbox"/> Y <input type="checkbox"/> N Number partners in past 3/12: M: _____ Condoms: _____ F: _____ Condoms: _____ Bisexual Partner: <input type="checkbox"/> Y <input type="checkbox"/> N HIV Positive Partner: <input type="checkbox"/> Y <input type="checkbox"/> N LMP _____ IMB <input type="checkbox"/> Y <input type="checkbox"/> N PCB <input type="checkbox"/> Y <input type="checkbox"/> N		
Examination <input type="checkbox"/> LPU <input type="checkbox"/> Meatus <input type="checkbox"/> Glands <input type="checkbox"/> Shaft <input type="checkbox"/> Scrotum <input type="checkbox"/> Testes <input type="checkbox"/> Perineum <input type="checkbox"/> Anus <input type="checkbox"/> Vulva <input type="checkbox"/> Vagina <input type="checkbox"/> Cervix <input type="checkbox"/> Bimanual <input type="checkbox"/> Perineum <input type="checkbox"/> Anus	Relevant history <input type="checkbox"/> Chaperone declined Chaperone name: _____ Diagnosis/Treatment/Plan <input type="checkbox"/> Did not have tests done today <input type="checkbox"/> Discussed blood tests <input type="checkbox"/> Declined swabs <input type="checkbox"/> Declined Hepatitis B Vaccine Results <input type="checkbox"/> Attend <input type="checkbox"/> Phone <input type="checkbox"/> Contact client if abnormal result A/ID contact details checked Practitioner Print name: _____ Signature: _____	

Reference No: N/A
Version No: 01
Date: _____

SEXUAL HEALTH PROGRESS NOTES

MR634

The Sexual Health NP Clinic:



- provides information, support, clinical service and appropriate specialist referral for issues surrounding:
- Sexually transmitted infections, including screening & treatment
- Contraception
- Counselling
- Emergency contraception
- Pregnancy testing – options counselling & referral
- Cervical screening
- Genital pain and discomfort
- **Blood borne virus screening & counselling**
- HIV nPEP & PrEP
- HCV treatment
- Contact tracing
- Free condoms & SSPs



STIs and BBVs

Chlamydia trachomatis

Neisseria gonorrhoeae

Trichomonas vaginalis

Mycoplasma genitalium

Treponema pallidum (syphilis)

Hepatitis A virus (vaccine)

Hepatitis B virus (vaccine)

Hepatitis C virus

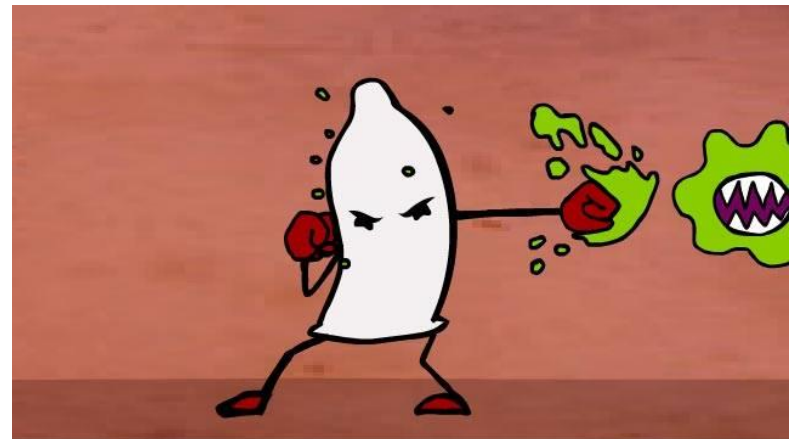
Human Immunodeficiency Virus (HIV)

Herpes simplex virus

Human papilloma virus (vaccine)

Pubic lice

Scabies



Contraception

Oral Pills

Combined oestrogen & progestogen

Progestogen only

LARCs

Implanon

Mirena

Kyleena

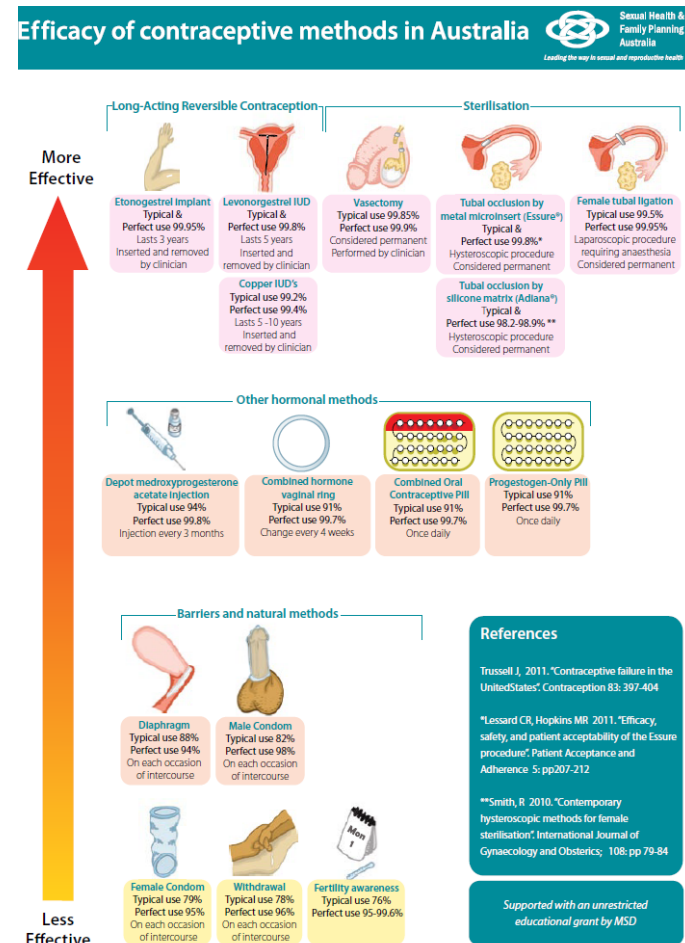
Depoprovera

Emergency contraception

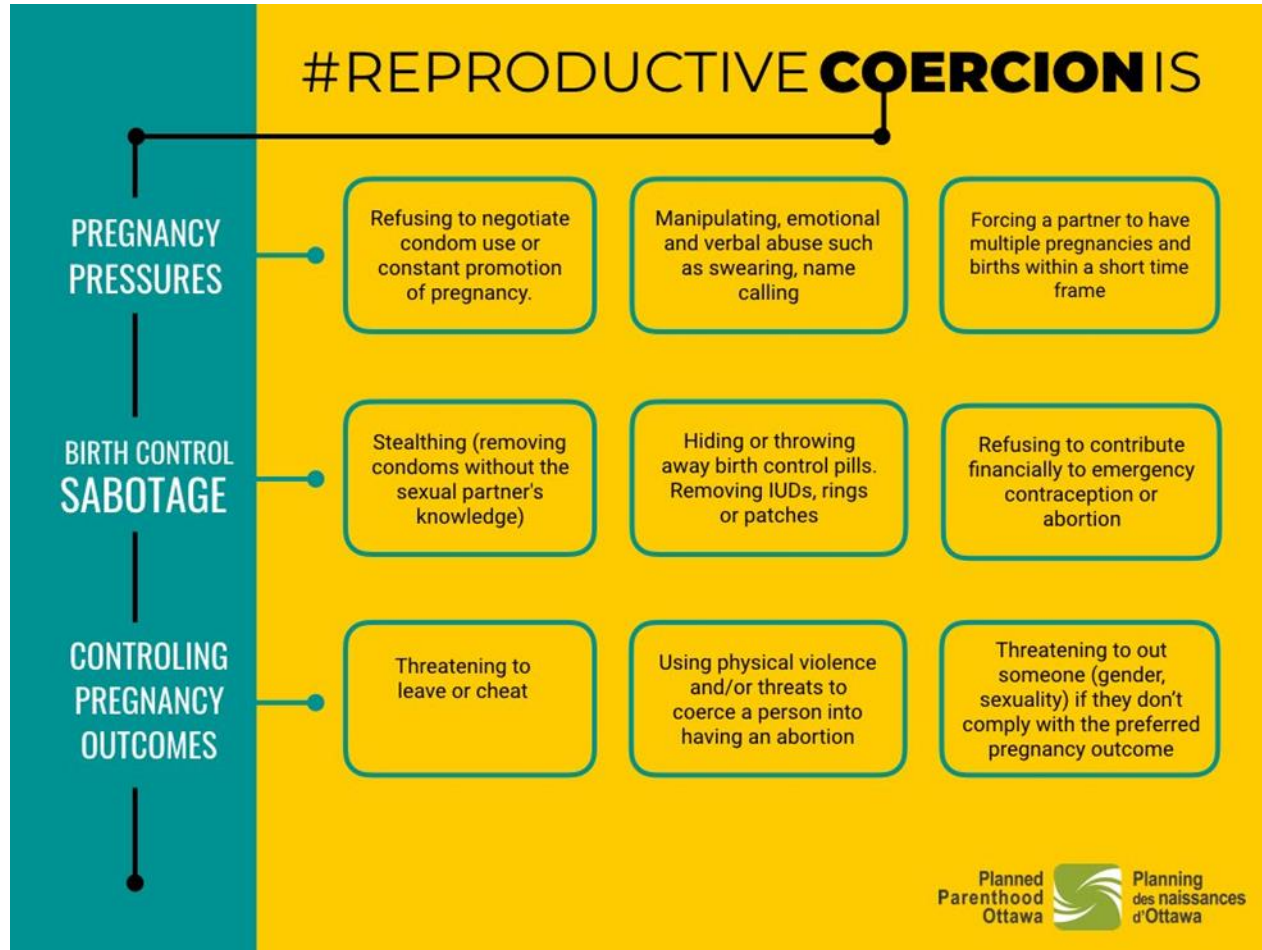
Levonorgestrel (3 days)

Ulipristal acetate (5 days)

IUD (5 days)



Reproductive Coercion



Sex work

Providing Medical Certificates to Sex Workers

The Department of Human Services wrote to general practitioners in August 2007 with information about providing medical certificates to sex workers. The information is reproduced with the permission of the Department for the benefit of all medical practitioners.

Medical practitioners may be asked to provide a patient who is a sex worker with a medical certificate to enable them to work. The relevant legislation and regulations are the:

- Prostitution Control Act 1994
- Prostitution Control Regulations 2006
- Health (Infectious Diseases) Regulations 2001
- Health Act 1958

It is an offence under the Prostitution Control Act 1994 for sex workers to work if they have a sexually transmissible infection (STI). The legislation requires brothel and escort agency management to ensure sex workers with an STI do not work, and that sex workers use condoms and have up to date medical certificates.

Testing for STIs in sex workers reduces the risk of transmission into the broader community and provides a defence for sex workers against possible legal action, alleging they infected a client.

The role of medical practitioners

Sex workers should have quarterly blood tests for HIV and syphilis and monthly vaginal/cervical swab tests for chlamydia, gonorrhoea and trichomonas. Sex workers will seek a Certificate of Attendance to verify they have complied with these testing requirements.

Medical practitioners may be asked to provide a certificate stating that the sex worker has attended and received STI screening. The certificate should state the client's name (the 'working name' may be used rather than the true name), the date the STI screen has been performed, the words 'attended for STI screen' and, if bloods were taken, 'including blood tests' and the practitioner's signature.

If a prescribed STI listed under the Prostitution Control Act 1994 is detected in a sex worker, medical practitioners are required to discuss with the worker the

legal obligation to cease sex work whilst infected. These STIs are currently:

- HIV/AIDS
- Genital and anal herpes (when lesions are visible)
- Genital and anal warts (when lesions are visible)
- Genital chlamydia
- Lymphogranuloma venereum
- Gonorrhoea
- Infectious syphilis
- Chancroid or Donovanosis (these are tropical conditions that are very rare in Victoria).

As regular screening forms part of a regulatory process, it is important that suitable record keeping is maintained.

Additional information can be obtained from the website of the Melbourne Sexual Health Centre at www.mshc.org.au.

See Services for Health Professionals, Management Guidelines, MSHC Treatment Guidelines, Commercial Sex Workers.

STI notification forms and information are available on the Department of Human Services IDEAS website at www.health.vic.gov.au/ideas.

Communications Research

The Board has commissioned some independent research to learn how it can improve its communication with the medical profession in Victoria. It aims to identify how the Board can improve its current publications and communications and how it can more effectively guide the profession. The research will cover both the content and the methods used (e.g. newsletters, website, use of email etc).

Research agency, Market Access, will be working with the Board on the project, which will involve a mix of qualitative and quantitative research. Market Access will be seeking interviews with a small number of medical practitioners, before implementing a wider scale online survey.

The project will be undertaken over the next three months. The Board reassures



Sexual Assault



1 in 3 women and 1 in 6 men are victims of sexual assault

Nearly half are aged between 15 and 24

Few ATSI and OS born people report sexual assault

26% of victims had an identified disability

2 % of reported rapes are false reports

Sexual assault is part of the spectrum of abusive behaviour in intimate partner violence (IPV)

Study of reported rapes in Victoria 2000-2003

Sexual assault is an act of violence.

It is an arbitrary event in the victim's life.

It is unexpected and unpredictable.

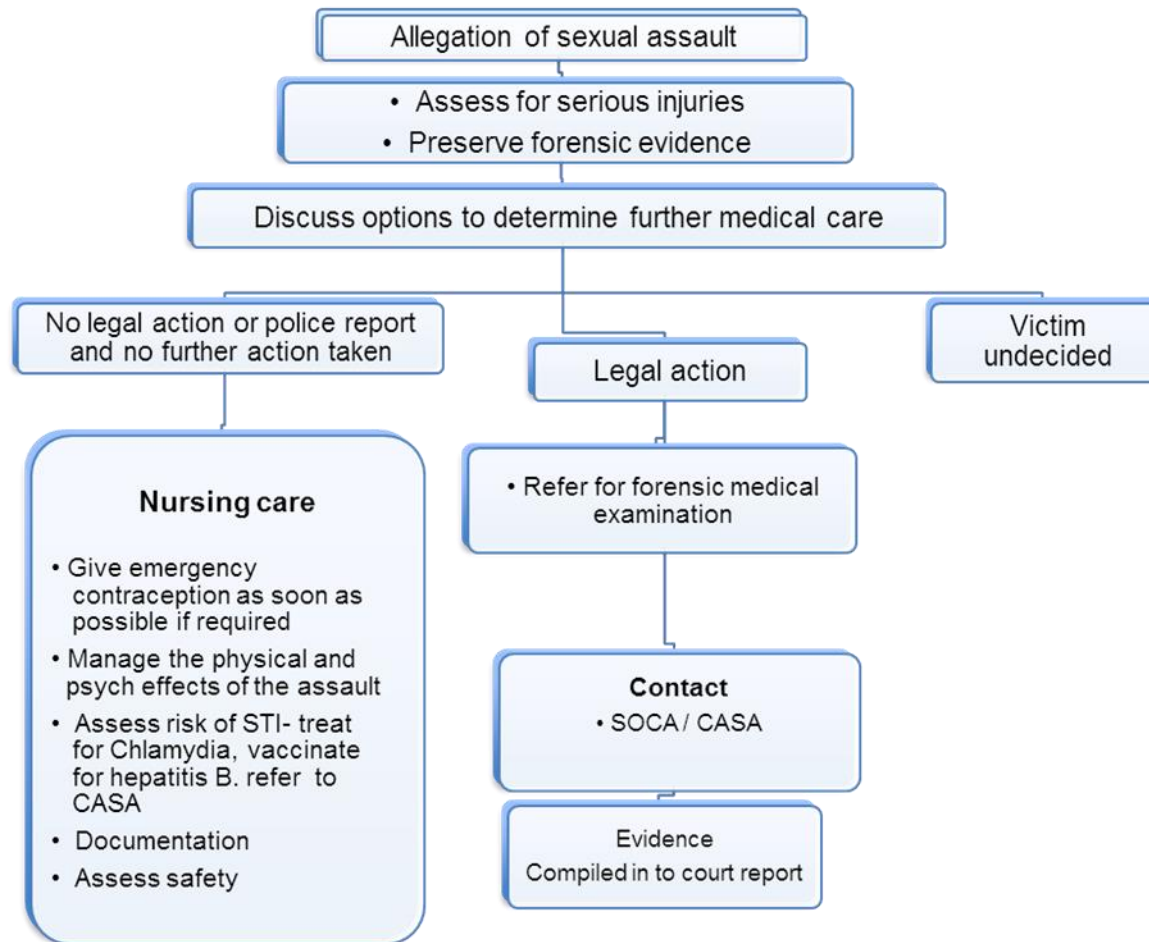
There is no time to prepare.

The victim is faced with a life threatening situation which cannot be effectively resolved by the victim's usual way of coping or managing.

The victim is helpless and powerless

Groth (1977)

Sexual Assault



Resources



www.mshc.org.au

<http://sti.guidelines.org.au/>

www.fpv.org.au

<https://www.safesteps.org.au/>

www.1800respect.org.au

<https://www.mariestopes.org.au/>

www.thewomens.org.au



Thank you.



Victoria Park Lake, Shepparton, Victoria.