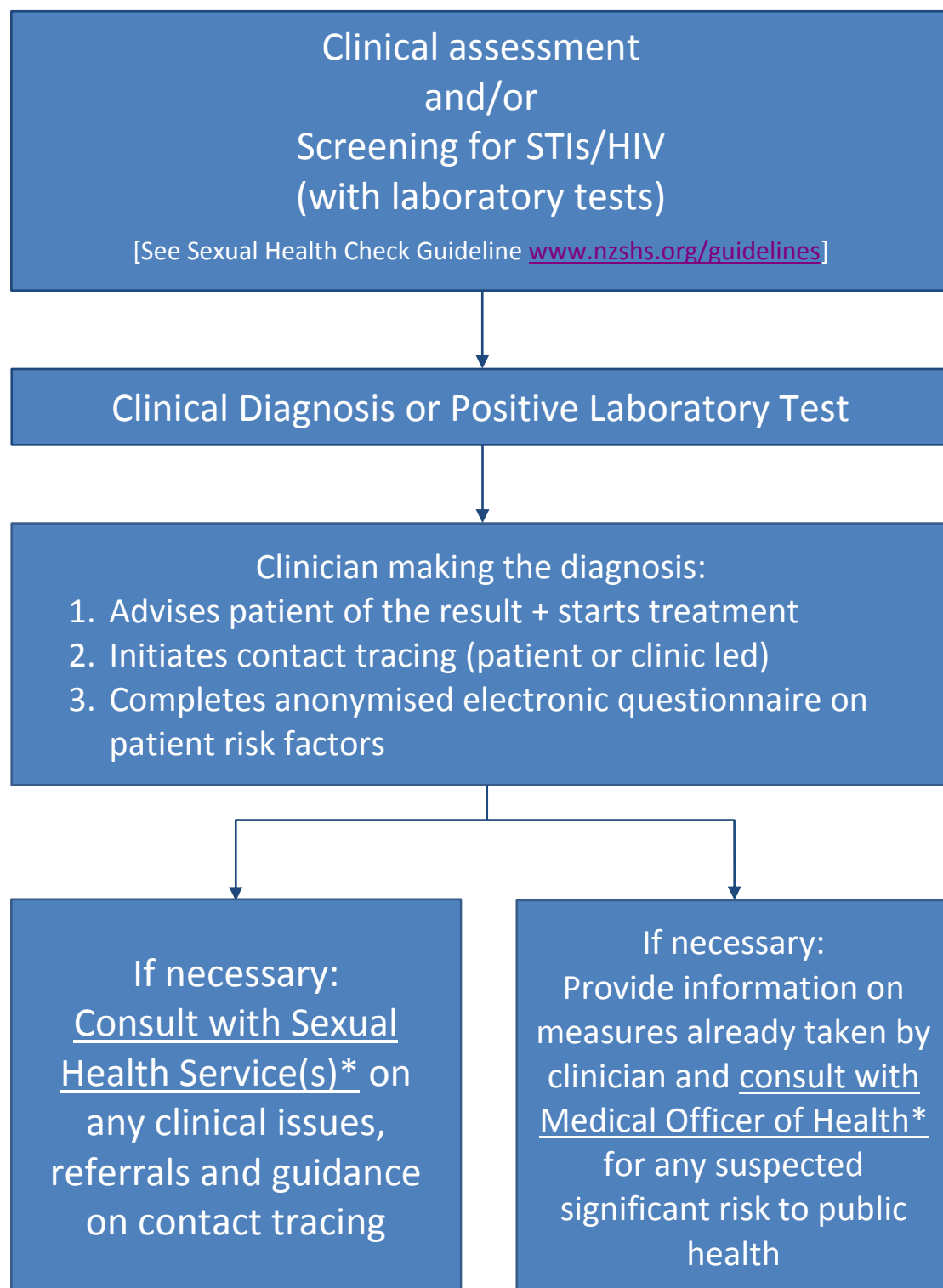


Contact Tracing Flow Chart for General Practitioners



For further information on initial management:

- [NZSHS STI Management Guidelines for use in Primary Care 2017](#) or
- [Australasian Contact Tracing Manual](#)

****Referral to Sexual Health Services** or Medical Officer of Health may be warranted:**

The Health Act 1956 requires STI notification of the diseases in the right hand panel to be de-identified. (The person's name, address, place of work/education and contact details are explicitly excluded from notification). This is to reduce potential stigma and avoid patients not seeking medical care for STIs. You will only be asked to identify the person in rare cases, and only if the Medical Officer of Health requires this to manage the public health risk the person presents.

A significant 'public health risk' (i.e. substantial risk of serious harm) is when the patient poses harm to one or more people who may become infected through contact with the patient. The seriousness of the public health risk is assessed by having regard to the nature of the infectious disease (e.g. ease and mode of transmission), and the relevant circumstances of the particular case.

Discuss with the patient if possible before the referral.

Some relevant circumstances where referrals may be appropriate are:

- The high risk nature of the patient's sexual activities or behavior cannot be adequately managed by voluntary measures.
- An outbreak of drug resistant gonorrhoea.

Under the Health Act 1956, the Medical Officer of Health has powers to do contact tracing across public health districts.

NOTE: Contact tracing is expected to be initiated by primary care and will mostly be partner led. Referral to Public Health will be unusual and represent a situation of a substantial risk of serious harm as outlined above. Primary care will be asked to provide a summary of the measures that have been tried prior to referral.

** Sexual health services in some health districts have been designated as 'statutory contact tracers' by their DHB or Medical Officer of Health. This means subpart 5 of Part 3A of the Health Act prescribes various process steps. These are not required for non statutory contact tracing.

Gonorrhoea

Clinical Diagnosis and/or Laboratory Confirmed

Primary Care:

- Initiate immediate management <http://www.nzshs.org/guidelines>
- If necessary, consult with Sexual Health Services.
- Initiate contact tracing www.nzshs.org/guidelines
- Complete anonymised electronic questionnaire on patient risk factors.

Syphilis

Clinical Diagnosis and/ or laboratory confirmed

Primary Care:

- Refer to Sexual Health Services www.nzshs.org/guidelines
- Discuss with Sexual Health Services for partner notification/contact tracing.
- Complete anonymised electronic questionnaire on patient risk factors.

HIV

Laboratory confirmed or health practitioner notified

Primary Care:

- Refer to Infectious Diseases or Sexual Health Services.
- Refer to HIV Clinical Nurse Specialist Service,(if available) for partner notification/contact tracing immediately.
- Complete anonymised electronic questionnaire on patient risk factors.

AIDS

Clinical Diagnosis

Primary care:

- Refer to Infectious Diseases or Sexual Health Services.
- Refer to HIV Clinical Nurse Specialist Service, (if available) for partner notification/contact tracing.
- Complete the anonymised electronic questionnaire on patient risk factors.