

Deciding which STIs to prioritise for contact tracing

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The [Conditions](#) section provides medical information that is necessary to assess the relevance of contact tracing for individual STIs and BBV infections. When deciding on which STIs should be the focus of contact tracing, a number of factors should be considered:

- **Potential seriousness of the condition** - Higher priority and greater resources should be given to conditions that are life-threatening or commonly have other major sequelae; for example, detection and treatment of syphilis can prevent the development of secondary and tertiary disease; timely identification of HIV infection is important given the benefit of antiretroviral therapy; and
- STIs in pregnancy may have serious effects on both the person and their baby.
- **Commonness of the condition** - The relative importance of contact tracing may be greater when a condition is rare in a particular population; for example, HIV infection among heterosexuals or chancroid in a low prevalence area.
- **Direct benefit to contacts** - Higher priority should be given to infections where the consequences of lack of treatment are more serious. Examples include the detection of chlamydia and gonorrhoea to prevent pelvic inflammatory disease and infertility.
- **Likelihood of further transmission** - Contact tracing becomes more urgent if there is imminent risk of a contact transmitting an infection to others. For example, where the contact is having condomless sex with other partners, continues to reuse injecting equipment, or where the contact is pregnant.
- **Ethical and legal context** - The health care provider has ethical and legal responsibilities for the health and well being of the contacts and/or potential contacts of the index patient. These obligations may be even greater when a medical procedure such as blood transfusion or artificial insemination is involved. These responsibilities may be transferred through the involvement of another agency, for example, blood bank, public health unit or sexual health service (see [Privacy, Confidentiality and Public Health Laws](#)). The health care provider should directly contact the agency concerned and establish and document that the agency is assuming responsibility for the contacts.

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