

How far back to trace

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How far back in time patients should be advised to contact partners depends on the nature of the infection, its clinical presentation, and the sexual history. Partner notification should aim to identify the person who was the source of the infection as well as partners who may have subsequently been infected by the index patient. Ideally, the relevant period should cover the time from the earliest date a patient may have been infected.

Table 1 summarises how far back in time patients should be advised to contact partners. These are also shown for each individual STI in the [Conditions](#) section

NOTE: These 'trace back' periods are intended as a guide only because there is limited evidence to support the recommendations. The periods are largely based on expert opinion and guidelines from other countries which vary considerably. The recommended period reflects the diminishing likely yield of infection in partners contacted from more distant times. This is not the case for HIV which is potentially transmissible over many years. For most STIs, there are few data on the likelihood of transmission of infection over time or on the yield from case findings in the Australasian context. It is therefore difficult to recommend definitive 'trace back' periods. The suggested periods should be considered the minimum and the possibility of partners outside of these periods being infected should be considered within the context of the sexual history, individual circumstances, and the clinical presentation. Advice from specialist services may be warranted, for example, for less common and/or more serious infections.

Sexual health specialists differ in their recommended approach to the management of partners of patients diagnosed with pelvic inflammatory disease (PID) and epididymitis as the results of STI testing are generally not available at the initial visit and a sexually transmitted pathogen is often not found. These conditions are discussed in more detail in the [Conditions](#) section.

Table 1: Guidelines on how far back in time to trace contacts¹

Infection	How Far Back To Trace
Chancroid	2 weeks before ulcer appeared or since arrival in endemic area
Chlamydia	6 months
Donovanosis	Weeks to months, according to sexual history
Gonorrhoea	2 months
Hepatitis A	50 days from onset of symptoms
Hepatitis B	6 months prior to onset of acute symptoms
Hepatitis C	6 months prior to onset of acute symptoms; if asymptomatic according to risk history
HIV	Start with recent sexual or needle-sharing partners; onset of risk behaviour or last known negative HIV test result
Lymphogranuloma venereum	1 month or since arrival in endemic area
Mycoplasma genitalium	Unknown* Be guided by the sexual history
Syphilis	Primary syphilis – 3 months plus duration of symptoms Secondary syphilis – 6 months plus duration of symptoms Early latent syphilis – 12 months
Trichomoniasis	Unknown*

¹ These periods should be used as a general guide only: discussion about which partners to notify should take into account the sexual or relevant risk history, clinical presentation and patient circumstances.

* There is currently insufficient data to provide a definitive period for some infections, though partner notification is likely to be beneficial and is recommended in these cases and should be guided by the sexual history.

Page last updated September 2022.



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