STI TESTING GUIDELINES

For men who have sex with men

Gonorrhoea, chlamydia, infectious syphilis and HIV continue to be diagnosed at high rates among men who have sex with men (MSM). These sexually transmitted infections (STI) are being diagnosed in MSM with and without HIV infection in the context of changing patterns of sexual behaviour.

Bacterial and viral STIs are known to enhance HIV transmission and are mostly asymptomatic. Recent mathematical models suggest regular and more frequent STI and HIV screening could reduce the prevalence of STIs and HIV among MSM.

These guidelines have been developed to encourage regular STI screening of MSM who do not have symptoms of STIs. The recommendations include STI testing at anatomical sites other than the location of any symptoms which may have prompted a clinical consultation.

After behavioural risk assessment and appropriate counselling, the following tests are recommended for MSM.

Recommendations:

1. At least once a year: all men who have had any type of sex with another man in the previous year should be offered all of the following STI tests:

• Pharyngeal swab	Gonorrhoea NAAT*/ culture
• Anal swab	Gonorrhoea NAAT/ culture and Chlamydia NAAT
• First void urine †	Chlamydia NAAT
• Serology	HIV
	Syphilis
	Hepatitis A, if negative > immunise
	Hepatitis B, if negative > immunise
	Hepatitis C (if HIV+ or injecting drug use)

2. More frequent testing: 3-6 monthly testing is recommended for men who

- have episodes of unprotected anal sex
- have more than 10 partners in the past six months
- participate in group sex or use recreational drugs during sex

3. HIV positive MSM: 3 monthly syphilis testing as part of routine HIV monitoring.

4. Repeat testing: People diagnosed with chlamydia or gonorrhoea should be retested in 3 months.

* NAAT = Nucleic acid amplification test eg. PCR, SDA, TMA

† First void urine = initial part of the urine stream. Not first urine of the day and not mid stream urine.

Endorsed by:

The Royal Australasian College of Physicians
Adult Medicine Division
The Australasian Chapter of Sexual Health Medicine

The Australasian Society for Infectious Diseases

The Royal Australian College of General Practitioners

ashm

These guidelines were developed by STIs Gay Men Action Group (STIGMA) and reproduced with permission, 2011. www.stigma.net.au

STIs in Gay Men Action Group

EXPLANATIONS OF KEY STI TESTING RECOMMENDATIONS

Reliability of NAATs at non-genital sites
NAATs are highly sensitive and robust tests, which have been validated for use in urethral, rectal and urine samples for gonorrhoea and chlamydia testing. However, gonococcal NAATs are subject to cross reactions from non-*Neisseriae* and non-gonococcal *Neisseriae* species, so laboratory best practice recommends initially positive gonococcal NAAT samples undergo supplemental NAAT targeting different part(s) of the gonococcal genome before test results are issued.

Anal infections
All MSM should be offered anal swabs even if they have not reported receptive anal sex. Receptive anal sexual practises such as receptive fingering, toy insertion or oral-anal sex are independent risk factors for anal gonorrhoea and chlamydia, even in men who use condoms for receptive anal intercourse. MSM with HIV are at high risk of anal STIs. Anal STIs are also independent risk factors for HIV acquisition by HIV-negative MSM, so identification of anal STIs by regular screening could reduce HIV transmission.

Patient self collected anal swabs have been shown to be acceptable and effective at detecting anal gonorrhoea and chlamydia using NAATs.

Genotyping of C. *trachomatis* to identify lymphogranuloma venereum (LGV) should be considered where a positive chlamydia result is received in the presence of symptomatic proctitis. LGV is currently rare in predominantly asymptomatic HIV negative and HIV positive Australian MSM.

Pharyngeal infections
Pharyngeal gonococcal infections are common and asymptomatic in MSM. Self collected pharyngeal swabs have also been shown to be acceptable and effective for detecting gonorrhoea using NAATs.

The individual and public health significance of a positive chlamydia pharyngeal test has not been determined, so routine pharyngeal chlamydia testing is not recommended.

Repeat testing
Repeat testing at 3 months after gonorrhoea and chlamydia infections is recommended to detect reinfection, rather than as a 'test of cure', as currently recommended treatments are highly effective.

Syphilis testing
MSM with HIV have been overrepresented among infectious syphilis notifications and mathematical modelling indicates 3-monthly syphilis testing of these MSM will significantly impact on syphilis control efforts within Australia. Syphilis screening should be included in the routine HIV monitoring blood tests taken every 3 months.

Herpes simplex type-specific serology
Herpes simplex virus (HSV)-1 and HSV-2 infections are highly prevalent in MSM and increase the risk of acquiring and transmitting HIV. However HSV-2 treatment has not been shown to reduce HIV acquisition, so screening asymptomatic MSM is not currently recommended.

Human papillomavirus infection
While MSM especially those with HIV are at increased risk for HPV infection and anal cancer associated with high risk Human Papillomavirus (HPV) infection, cytological screening for anal cancer is not currently recommended.

Hepatitis C virus testing
Hepatitis C virus (HCV) is rare in HIV negative MSM who do not inject drugs, so HCV testing is not recommended. However, annual HCV testing is recommended for HIV positive MSM, some of whom have acquired HCV during sex.

Immunisation tips for MSM

- **HIV negative MSM**
  Once an immunocompetent patient has completed the primary immunisation schedule against Hepatitis A or Hepatitis B virus, further serology and booster doses are not necessary.
- **HIV positive MSM**
  Hepatitis B virus (HBV) surface antibody levels should be checked annually in HIV positive MSM to guide the need for HBV vaccine booster doses.
- **HPV immunisation**
  A quadrivalent HPV vaccine has been shown to be effective in preventing HPV 6,11,16,18 infections and anogenital warts in young men who have sex with men and reduces the risk of anal intraepithelial neoplasia. This vaccine is approved in Australia for use in males between 9 & 26 years of age. Most MSM become HPV infected soon after onset of sexual activity so early vaccination is likely to be required.

STI Care and Treatment Guidelines
www.racp.edu.au/page/sexual-health-publications

STI information for gay men and resources to inform partners
www.thedramadownunder.info

AFAO
napwa
Australian Federation of AIDS Organisations
PO Box 51 Newtown NSW 2042
www.afao.org.au
September 2011

STOP THE DRAMA DOWNUNDER!

STI TESTING GUIDELINES

For men who have sex with men

Updated 2011