

# SEXUALLY TRANSMITTED INFECTION TESTING GUIDELINES

## FOR MEN WHO HAVE SEX WITH MEN

Rates of gonorrhoea, infectious syphilis<sup>1</sup> and chlamydia<sup>2</sup> in Sydney among some men who have sex with men (MSM) are persistently high, which is similar to other cities with large MSM populations<sup>3,4,5,6</sup>. These sexually transmitted infections (STI) have been diagnosed in men, both with and without HIV infection, in the context of increasing rates of unprotected anal sex.<sup>7</sup> Bacterial<sup>3</sup> and viral<sup>8</sup> STIs can fuel HIV transmission and there has been a recent increase in new HIV infections in Sydney. Many of the diagnosed STIs are in men without symptoms.

Along with other planned strategies, these guidelines are to assist health care workers who care for MSM, particularly doctors providing HIV/AIDS care.

Evidence from clinic and outreach settings, population cohort studies, expert opinion and guidelines from other countries<sup>3</sup> (Level 3-4 NHMRC evidence<sup>9</sup>) has been used to develop the following recommendations. Until there is higher-level evidence from studies including general practice settings in Australia, these guidelines provide a basis for developing a culture of appropriate STI testing of MSM.

Men with gonorrhoea, syphilis and chlamydia frequently do not have symptoms regardless of anatomical site. Therefore, after behavioural risk assessment and appropriate counselling, it is important to offer selective testing for asymptomatic men who have sex with men.<sup>10,11</sup>

### RECOMMENDATIONS:

With or without symptoms, all men who have had any sex with another man in the previous year should be offered tests for STIs at least once a year in the following way:

- **Pharyngeal swab\*** Gonorrhoea
- **Anal swab\*** Gonorrhoea<sup>10,11</sup> and Chlamydia<sup>9</sup>
- **First catch urine** Chlamydia<sup>11</sup>
- **Serology** HIV<sup>11</sup>  
Syphilis (including a TPHA, TPPA or EIA test)<sup>11</sup>  
Hepatitis A - Immunise if negative<sup>11</sup>  
Hepatitis B - Immunise if negative<sup>11</sup>

#### → Clinical indicators for

- Anal tests<sup>10</sup> include:
  - Any anal sex
  - Any anal symptoms (bleeding, itching, discharge, pain)
  - HIV+
  - Past history of gonorrhoea or chlamydia
  - Sexual contact with someone recently diagnosed with an STI
  - Request for a test

- 3-6 monthly testing include men who have multiple partners. Indicators may be: attending sex-on-premises-venues (SOPVs), use of recreational drugs<sup>3</sup> or seeking partners via the internet<sup>12</sup>

- Follow-up testing: People diagnosed with chlamydia or gonorrhoea should be retested in 3 months.
- These recommendations apply whether or not condoms are used.<sup>10</sup>
- A regular partner, increasing age or bisexuality is not necessarily protective of an STI.<sup>10</sup>

**CONSIDER** Herpes simplex virus (HSV) type-specific serology.<sup>3</sup>

\* NAAT = Nucleic acid amplification test (like PCR, LCR, SDA, TMA) have only been validated for use in urethral, cervical and urine samples, so results should be interpreted with caution when used at other sites.

## BACTERIAL STI TEST TECHNOLOGY AT THE THROAT, ANUS AND URETHRA:

NAAT are highly sensitive and robust tests, which have been validated for use in urethral, cervical and urine samples for gonorrhoea and chlamydia testing. Many practitioners also use NAAT on throat and rectal samples, where results should be interpreted with caution. The specificity at these sites is incompletely understood and the individual and public health significance of a positive chlamydia throat test has not been determined. Routine chlamydia testing of the throat is not recommended until there is further evidence.<sup>13</sup>

## HERPES SIMPLEX (HSV) TYPE-SPECIFIC SEROLOGY<sup>3</sup>

HSV-1 and HSV-2 infections are highly prevalent in MSM, and, with or without symptoms, increase the risk of acquiring and transmitting HIV<sup>8</sup>. People with HIV infection are at increased risk of chronic, disabling mucocutaneous ulcers and other complications. Therefore, *some experts recommend routine HSV serological testing for MSM*. Only type-specific HSV glycoprotein G antibody tests should be used; no other serological test accurately differentiates between HSV-1 & -2 antibody. HSV-seropositive MSM, especially if antibody to HSV-2 is present, should be informed of the increased risk of acquiring or transmitting HIV and recognition of the symptoms of anogenital herpes, including prodrome and other mild and non-specific symptoms.

## FOLLOW-UP TESTING:

A 'test of cure' is not required after treatment for gonorrhoea and/or chlamydia.<sup>11</sup> Gonorrhoea and chlamydia DNA may persist for 4-6 weeks and the treatments are highly effective. Most reinfection occurs because partner notification is incomplete and men recommence sex within a network of men with high prevalence of infection. Prevalence is higher amongst men who have had recent chlamydia and gonorrhoea infections.<sup>14</sup>

## IMMUNISATION TIPS FOR MSM<sup>15</sup>

### HIV negative MSM

Once an immunocompetent patient has completed the immunisation schedule for HAV and HBV, further Hepatitis A or B serology is unnecessary.

### HIV positive MSM

HBV surface antibody levels may be indicated after double dose Hepatitis B immunisation in HIV+ MSM.

Australian National Management Guidelines for Sexually Transmissible Infections, 2002.

[www.mshc.org.au/](http://www.mshc.org.au/) then 'Management guidelines'

OR

Clinical Guidelines for the Management of Sexually Transmitted Infections among Priority Populations, 2004

[www.acshp.org.au/sexual\\_health/guidelines](http://www.acshp.org.au/sexual_health/guidelines)

→ **ENDORSED BY THE AUSTRALASIAN CHAPTER OF SEXUAL HEALTH MEDICINE** ←

Guidelines available at [www.acshp.org.au](http://www.acshp.org.au) ; [www.sesahs.nsw.gov.au/publichealth](http://www.sesahs.nsw.gov.au/publichealth)

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# STIGMA

SEXUALLY TRANSMISSIBLE INFECTIONS IN GAY MEN ACTION GROUP

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