Sexually transmitted infection screening guidelines for men who have sex with men

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Men who have had sex with another man in the previous year should be offered tests for STIs at least once a year.

Currently there are epidemics of gonorrhoea, syphilis and chlamydia among men who have sex with men (MSM) living in large cities of developed countries. In Australia, these epidemics are largely confined to Sydney and Melbourne so far, and MSM with HIV infection are over-represented in the notifications.[1]

Both the rate of new HIV infections and the rate of unprotected anal intercourse with casual sexual partners among MSM rose from the end of the 1990s, but have since plateaued. Apart from the increased burden of STI-related disease among MSM, concurrent STIs can increase the risk of HIV transmission, and so STI control is key to improving the health of MSM.

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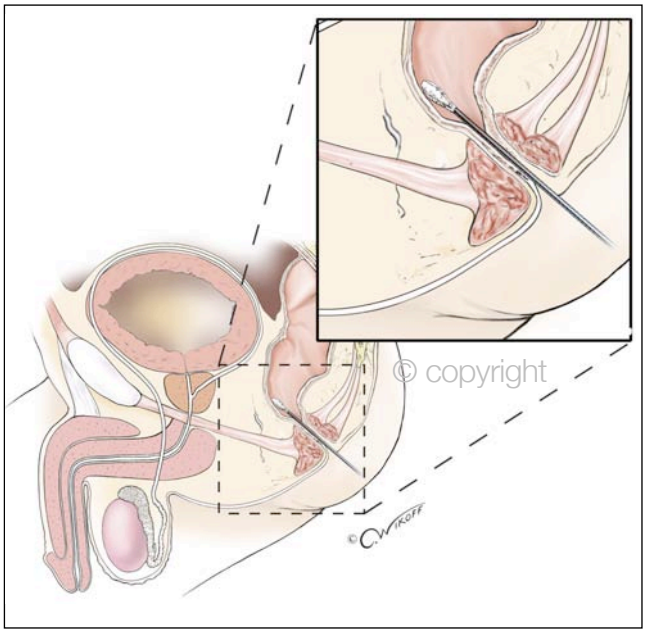

Figure. A saline-moistened anal swab inserted into the distal rectum can be collected in two ways: by the patient himself while squatting, as illustrated here, or by the doctor while the patient is in the left lateral position with both knees drawn forward.

Importance of early detection

While reinvigorating gay community health promotion programs is fundamental to improving sexual health knowledge and behaviour, increased detection and treatment of STIs in MSM is another important strategy. MSM need to be educated about all STIs, not only HIV, and to be advised to adopt health-seeking behaviour to enable early detection of STIs. Doctors caring for MSM, especially those with HIV infection, also need to be alert to behavioural and clinical triggers to ensure timely STI testing, especially of the anorectum. Like STIs in the cervix and pharynx, anorectal STIs often have no symptoms, so STI testing is critical to early detection and treatment.

Sample collection and investigations

Nucleic acid amplification tests (NAAT) – e.g. polymerase chain reaction (PCR) tests – are widely available and highly sensitive tools for asymptomatic STI testing. Patient self-collection of anogenital samples, such as urine, vaginal swabs and tampons, for STI testing has proven acceptable and appropriate across many population groups. Undertaking all the STI tests in one visit can be time consuming if the doctor collects all the samples. However, a suggested approach for MSM is once the doctor has taken blood for serological testing and provided an explanation of self-collection techniques, the patient can be in the bathroom collecting his own urine and

STI testing recommendations for men who have sex with men*

Recommended tests

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 for gonorrhoea culture
- anal swab for gonorrhoea and chlamydia NAAT (see clinical indicators below)
- first catch urine for chlamydia NAAT
- serology for:
  - HIV
  - syphilis (including a TPHA, TPPA or EIA test)
  - hepatitis A (immunise if negative)
  - hepatitis B (immunise if negative).

Clinical indicators

Clinical indicators for anal tests in MSM include:

- any anal sex
- any anal symptoms (bleeding, itching, discharge, pain)
- HIV positive status
- past history of gonorrhoea or chlamydia
- sexual contact with someone recently diagnosed with an STI
- request for a test.

Clinical indicators for three- to six-monthly testing include:

- multiple partners – e.g. men who have attended sex-on-premises venues, use of recreational drugs, partners sought via the internet.

Follow up testing

People diagnosed with chlamydia or gonorrhoea should be retested in three months.

Consider: Herpes simplex virus (HSV) type-specific serology in selected MSM.

Notes

These recommendations apply whether or not condoms are used. A regular partner, increasing age or bisexuality is not necessarily protective of a STI.

Copies of these guidelines are available at the RACP website (www.racp.edu.au/public/sexualhealth.htm).

* Adapted with permission of the Sexually Transmitted Infection in Gay Men Action Group. Abbreviations: NAAT = Nucleic acid amplification test; TPHA = *Treponema pallidum* haemaggulination test; TPPA = *Treponema pallidum* particle agglutination assay; EIA = enzyme immunoassay.

saline-moistened anal swab (see Figure), while the doctor is completing the pathology forms. If the patient has no symptoms, examination can be deferred until the follow up visit when results are given. Delegation of some of the sample collection to patients involves them in their own preventive health care.

STI testing guidelines for MSM recommend at least annual testing of men who have had any sex in the last 12 months (see the box on this page). More frequent testing of men who have multiple sexual partners is also recommended. While bacterial STIs, especially anorectal infections, are the main focus of STI testing recommendations, herpes simplex virus (HSV) serology may be considered in selected MSM – for example, MSM with HIV and partners of MSM with genital herpes. Many men with HIV remain sexually active so including syphilis serology and offering other STI testing in the routine monitoring consultation for people with HIV infection are especially important. This group of men regularly attend for health care and represent an ideal opportunity for early STI detection.

More recently, lymphogranuloma venereum (LGV), caused by an invasive form of *Chlamydia trachomatis, L1-3*, has emerged in some MSM, usually as a haemorrhagic proctitis. If you suspect LGV, ask your local laboratory to refer *Chlamydia*-positive NAAT samples to one of the major public laboratories for LGV-specific genotyping. Refer to the STI treatment Table for LGV management given in the previous article in this series (see the January issue of *Medicine Today*).[2]

Copies of the guidelines, often referred to as 'STIGMA STI testing guidelines for MSM', are available online (www.racp.edu.au/public/sexualhealth.htm). MT

References

1. Donovan B, Bowden F. Sexually transmissible infections: what's new? Med Today 2005; 6(12): 51-53.
2. Donovan B. Management of sexually transmissible infections. Med Today 2006; 7(1): 63-65.

DECLARATION OF INTEREST: Dr Bourne is the Chair of the 'Sexually transmitted infection in gay men action group' and developed the 'Sexually transmitted infection testing guideline for men who have sex with men' for the partnership.

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