

SEXUALLY TRANSMITTED INFECTION TESTING GUIDELINES FOR MEN WHO HAVE SEX WITH MEN

There is a sustained epidemic of gonorrhoea in Sydney among men who have sex with men (MSM)¹ and the potential exists for increases in other bacterial sexually transmitted infections (STIs) experienced by other international cities with large MSM populations.^{1,2,3,4,5} These STIs have been in men both with and without HIV infection in the context of increasing rates of unprotected anal sex⁶. There is a potential for these bacterial STIs to fuel HIV transmission.^{2,3} It is also becoming more apparent that diagnosed STI cases are from a pool of people 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 case control studies mostly conducted in sexual health clinic settings, expert opinion and guidelines from other countries² (Level 3-4 NHMRC evidence⁷) 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 testing⁸.

TESTING RECOMMENDATIONS:

All men who have had any sex with another man in the previous year should be offered at least once a year:

- ▶ **HIV serology**²
- ▶ **Syphilis serology** (including a TPHA, TPPA or EIA test)²
- ▶ **Pharyngeal culture** for gonorrhoea²
- ▶ **Anal culture or NAAT*** for gonorrhoea^{2,9} and **NAAT*** for chlamydia¹⁰:

Clinical indicators for anal tests⁹ include:

- Any anal sex with casual partners
- Any unprotected anal sex
- Any anal symptoms (bleeding, itching, discharge, pain)
- HIV+
- Past history of gonorrhoea
- Contact with any STI
- Request for a test

- ▶ **First catch urine NAAT** for chlamydia *
- ▶ **Hepatitis A serology** → Immunise if negative¹¹
- ▶ **Hepatitis B serology** → Immunise if negative¹¹

* NAAT = Nucleic acid amplification tests (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

- ◆ More frequent testing (as above) may be indicated in men who have frequent changes of sexual partner/s including men who attend sex on premises venues².
- ◆ These recommendations apply whether or not condoms are used⁹.
- ◆ A regular partner, increasing age or bisexuality are not necessarily protective of an STI⁹.

Current treatments for uncomplicated chlamydia, gonorrhoea & syphilis¹²

▶ Anogenital chlamydia

Azithromycin 1g po stat

▶ Anogenital and pharyngeal gonorrhoea¹³

Ceftriaxone 250mg IMI in 2ml 1% lignocaine

▶ For advice on syphilis treatment, please contact your local sexual health service.

Sydney Sexual Health Centre 9382 7440

Livingstone Road Sexual Health Centre 9560 3057

Immunisation tips for MSM

HIV negative MSM

Once an immunocompetent patient is immunised against HAV and HBV further Hepatitis A or B serology is unnecessary.¹¹

HIV positive MSM

HBV surface antibody levels may be indicated after double dose Hepatitis B vaccination in HIV+ MSM.¹¹

Endorsed by the



Australasian College of Sexual Health Physicians

www.acshp.org.au

Guidelines also available at www.sesahs.nsw.gov.au/publichealth

References:

1. New South Wales Health Department. Notifiable Sexually Transmissible Diseases, NSW, 1991-1999. *NSW Public Health Bull* 2000; 12(1):16-18
2. CDCP. Sexually transmitted disease treatment guidelines 2002. *MMWR* 2002;51 (No.RR-6). <http://www.cdc.gov/std/treatment/TOC2002TG.htm>
3. CDCP. Resurgent bacterial sexually transmitted disease among men who have sex with men-King County, Washington, 1997-99. *MMWR* 1999;48:773-7
4. CDCP. Outbreak of syphilis among men who have sex with men-Southern California, 2000. *MMWR*;50:117-20
5. Public Health Laboratory System. Increased transmission of syphilis in Brighton and Greater Manchester among men who have sex with men. *CDR weekly* 2000;43:383-6
6. van de Ven P, Prestage G, French J, Knox S, Kippax S. Increase in unprotected anal intercourse with casual partners among Sydney gay men in 1996-1998. *Aust NZ J Public Health* 1998;22:814-818.
7. National Health and Medical Research Council. A guide to the development, implementation and evaluation of clinical practice guidelines. Canberra: Commonwealth of Australia;1999. www.nhmrc.health.gov.au/publication/cp-home.htm. viewed December 18, 2001
8. Donovan B, Knight V, McNulty A, Wynne-Markham V, Kidd MR. Gonorrhoea screening in General Practice: perceived barriers and strategies for improved screening rates. *Med J. Australia* 2001; 175:412-414
9. Donovan B, Bodsworth, Rohrsheim R, McNulty A, Tapsall J. Characteristics of homosexually-active men with gonorrhoea during an epidemic in Sydney, Australia. *Int J STD & AIDS* 2001;12:437-443
10. Knight V, Bourne C. Anogenital chlamydia in homosexually active men at a public sexual health service. (Submitted)
11. National Health and Medical Research Council. The Australian Immunisation Handbook, 7th Edition, AGPS, Canberra 2000 Pg 118-140.
12. Venerology Society of Victoria Incorporated. National management guidelines for sexually transmissible diseases and genital infection. Carlton, Australia, 2002
13. Tapsall J. Gonococcal Surveillance. *Commun Dis Intell* 2002;26:83-84



SOUTH EAST HEALTH
South Eastern Sydney Area Health Service



CENTRAL SYDNEY AREA
HEALTH SERVICE