

Welcome and Thankyou

Welcome to the first edition of the STIGMA Update. This, the first of a regular newsletter, is designed to provide General Practitioners and other health professionals with up to the minute information on STIs in inner-city gay men

including epidemiology, testing guidelines and new health promotion initiatives.

The active participation of GPs in the testing, treatment and notification of STIs in gay men has

allowed STIGMA to develop strategic responses and programs for addressing these issues. On behalf of all the STIGMA members I would like to say thankyou for your contribution.

Dr Chris Bourne

STI Epidemiology

While the rates of some notifiable STIs (e.g. Gonorrhoea and HIV) have remained stable in NSW for some years, others have been steadily and worryingly increasing (e.g. Syphilis and Chlamydia).

Dr Chris Bourne (Head, NSW STI Programs Unit, Senior Staff Specialist Sydney Sexual Health Centre and Chair of STIGMA) recently presented data on the epidemiology of STIs among gay men in the former South Eastern Sydney region (no Illawarra data included) to inner city GPs. Points worth highlighting include:

- **Chlamydia** notifications in *all* men have increased from approximately 500 cases in 1999 to approximately 2000 cases in 2006;
- **Rectal Chlamydia** accounts for over 200 of these cases (> 10%) which is a 2-fold increase since 2002, potentially indicating increased rates of unprotected receptive anal intercourse;

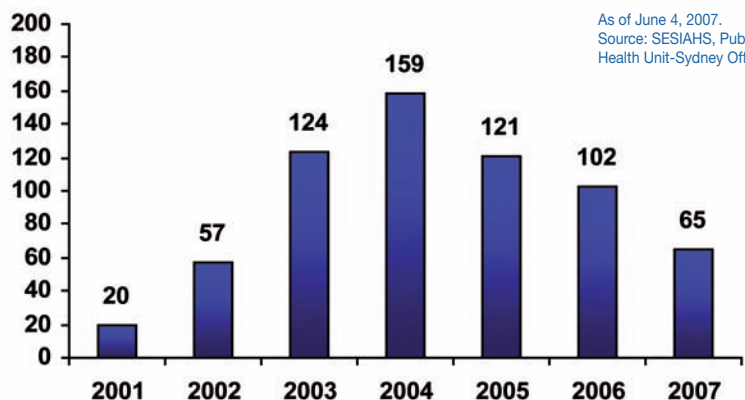
- **Gonorrhoea** notifications have remained steady and high (rather than decreasing) among men at about 600 cases since 1999;
- **Infectious syphilis** notifications dramatically increased between 2001 and 2004 from 20 and 159 cases per year and while this seems to be decreasing in subsequent years it remains relatively high with over 100 cases diagnosed in 2006;
- **Enhanced syphilis surveillance** since April 2006 has provided additional useful de-

identified data from treating doctors to guide sexual health promotion programs: 90% of male infectious syphilis cases have male partners and about 50% indicated that they were HIV positive;

- **Reinfections with infectious syphilis** have also increased as a proportion of new cases and most were HIV positive.

Similar trends exist in inner western Sydney men although with lower numbers.

Infectious syphilis notifications, south-eastern Sydney residents



As of June 4, 2007.
Source: SESIAHS, Public Health Unit-Sydney Office.

Testing for Anal Gonorrhoea and Chlamydia

One difficulty a lot of GPs face is recommending anal tests to men who report only protected anal intercourse or no anal intercourse. There is often embarrassment on behalf of both the patient and the practitioner; however, a recent study has indicated that all sexually active gay men are at risk of anal Gonorrhoea and Chlamydia.

Jin and colleagues¹ recently demonstrated that risk behaviours for anal infections were not restricted to unprotected anal intercourse (UAI). As part of the Health in Men (HIM) study, HIV-negative men were annually tested for Gonorrhoea and Chlamydia. **34% of diagnoses of anal gonorrhoea and 36% of diagnoses of anal Chlamydia occurred in men who reported NO receptive UAI with either casual or regular partners.**

In those who reported no receptive UAI, anal gonorrhoea was strongly associated with a variety of *non-intercourse-receptive anal practices* with casual partners, including receptive fingering, fisting and rimming. Receptive fingering and use of dildos with casual partners were related to anal Chlamydia.

This study highlights the importance of *screening all sexually active gay men for Chlamydia and Gonorrhoea*

in the anus not just those reporting receptive anal intercourse.

In order to ensure that testing happens more frequently STIGMA is recommending GPs provide asymptomatic patients with the opportunity to do a **self collected anal swab**. These swabs are highly effective with nucleic acid amplification tests (NAAT) and may be less embarrassing for patients.

Instruct the patient to moisten the tip of a rayon-tipped swab with normal saline and then insert the swab in the anal canal approximately 3-4 cm and rotate. They can collect this at the same time as their urine specimen.

It is unlikely that many GPs would get sexual histories as detailed as those given in the HIM interviews so a suggested approach is to *offer the recommended tests as a package at least annually* to ensure a more comprehensive STI check up.

This approach will contribute significantly to increased diagnosis and treatment of more anal STIs and ultimately reduce the burden of STIs in Sydney gay men.

1. Jin, F, Prestage, G P, Mao, L, Kippax S C, Pell, C M, Donovan, B, Cunningham, P H, Templeton, D J, Kaldor, J M & Grulich, A E. Incidence and risk factors for urethral and anal gonorrhoea and Chlamydia in a cohort of HIV-negative homosexual men: the Health in Men Study. *Sex. Transm. Inf.* 2007; 83: 113-119; originally published online 27 Sep 2006; doi:10.1136/sti.2006.021915 accessed 3/6/2007 via <http://sti.bmj.com/cgi/content/full/83/2/113>

Whytest.org

STIGMA's www.whytest.org website has two interactive features designed to help reduce the impact of STIs on the gay community.

The 'Remind Me' service allows gay men to register for a free SMS or e-mail reminder when they are due for their next check up.

The 'Tell Them' service allows gay men who have been diagnosed with an STI to let their partners know. The notification can either be anonymous or, if sent via e-mail, allows for the senders details to be included.

Posters, postcards or business cards promoting this service are available by e-mailing sgep@acon.org.au or calling Gavin on 9206 2037.

STIGMA Writing Group

Co-Chairs Brad Gray and Michael Badorrek (ACON), Dr Craig Rodgers, Glenn Flanagan (PLWHA). Feedback, comments or suggestions to bgray@acon.org.au or 9206 2082

www.whytest.org has two interactive features!

STI check-up reminder
Be reminded by email or SMS for your next and regular STI check-ups

Tell your sex partners
via SMS or e-postcard that you've got or recently had an STI