

Guidelines: Testing for sexually transmitted infections for men who have sex with men

These guidelines are designed to assist healthcare workers who care for men who have sex with men (MSM). They have been adapted from the Australian Sexually Transmitted Infections Management Guidelines 2016. www.stiguideguidelines.org.au

MSM who do not have symptoms of STIs are the focus of these guidelines, but they also apply to testing at anatomical sites other than the location of any current symptoms. Gonorrhoea, syphilis, and chlamydia frequently do not produce symptoms regardless of the anatomical site of infection. Therefore, after behavioural risk assessment and appropriate counselling, it is important to offer comprehensive testing to all MSM.

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 in the following ways:

- Pharyngeal swab: Gonorrhoea culture/NAAT* + Chlamydia NAAT
- Anorectal swab: Gonorrhoea culture/NAAT and Chlamydia NAAT
- First pass urine: Gonorrhoea and Chlamydia NAAT
- Serology:
 - HIV
 - Syphilis
 - Hepatitis A IgG: if non immune vaccinate
 - Hepatitis B sAb; Hepatitis B sAg: if non immune vaccinate
 - Hepatitis C Ab if has risk factors (HIV positive; Injecting drug use).

More frequent testing

Three-monthly testing is recommended for men who:

- have episodes of unprotected anal sex
- have more than 10 partners in the past 6 months
- attend sex-on-premises venues (SOPVs)
- use recreational drugs
- seek partners via the Internet, or
- are HIV positive.

Repeat testing

People diagnosed with chlamydia or gonorrhoea should be retested in 3 months to detect reinfection, rather than as a 'test of cure'. Men recently infected with an STI often recommence sex within a network of men with high prevalence of infection and treatment of partners is often incomplete. Prevalence is higher amongst men who have had recent chlamydia and gonorrhoea infections. Gonorrhoea and chlamydia DNA may persist for 4–6 weeks and the treatments are highly effective, so a 'test of cure' using a NAAT or culture test soon after treatment is not required.

Notes

Patient self collection of an anal swab is acceptable for the detection of anal gonorrhoea and chlamydia.

* NAAT = Nucleic Acid Amplification Test (e.g. PCR)

Gonorrhoea NAAT is available on first passed urine collections. Syphilis PCR is available for testing oral or anogenital ulcers.