

# Aotearoa New Zealand STI Management Guidelines for Use in Primary Care

## Men who have sex with men

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### Overview

- This guideline is based on the Australian Sexually Transmitted Infection & HIV Testing Guidelines 2019, and is intended for all men who have sex with men (MSM), including trans MSM
- Most sexually transmitted infections (STIs) are asymptomatic. Testing and treatment of asymptomatic MSM is the most effective method to interrupt transmission and reduce the burden of disease
- The main barriers to STI control in MSM are insufficient frequency of testing and incomplete testing. For example, chlamydia and gonorrhoea tests should be performed at all 3 sites (see below) **regardless of reported sexual practices**, and syphilis serology should be performed every time an HIV test or HIV treatment monitoring is performed
- HIV is now a medically preventable infection. All men who are eligible should be actively offered HIV pre-exposure prophylaxis (PrEP)
- All people living with HIV should be advised to commence treatment and, where possible, attain an undetectable viral load. This provides the best outcome for their health, and eliminates transmission to others

### Testing advice

All sexually active MSM should be screened at least annually

MSM in the following categories should have a full sexual health check every 3 months, including HIV and syphilis serology:

- New partner or multiple sexual contacts
- Group sex
- Use of PrEP
- Use of recreational drugs during sex (chemsex)

An annual digital anorectal examination for HIV-positive MSM older than 50 years is advised to detect early human papillomavirus (HPV)-related anal cancers.

<ul style="list-style-type: none"> <li>• Offer examination</li> <li>•</li> </ul> <p>Examination is required if symptomatic with <u>urethral discharge</u>, dysuria, <u>testicular pain or swelling</u>, <u>anal pain or discharge</u>, or a contact of <u>gonorrhoea</u></p> <ul style="list-style-type: none"> <li>•</li> </ul> <p>Examine inguinal lymph nodes, genital and perianal skin, penis, scrotum and testes</p>	
<b>Test</b>	<b>Considerations</b>
First-pass urine for <u>chlamydia</u> and <u>gonorrhoea</u>	First 20-30 mL urine, preferably >1 hour after last void
Pharyngeal NAAT swab for <u>chlamydia</u> and <u>gonorrhoea</u>	Regardless of reported sexual practices or condom use as asymptomatic infection is common Can be self-collected
Anorectal NAAT swab for <u>chlamydia</u> and <u>gonorrhoea</u>	
<u>HIV</u> and <u>syphilis</u> serology	
<b>Consider:</b>	
Urethral culture swab for <u>gonorrhoea</u> (if available)	Only indicated if frank urethral discharge is present It is not necessary to insert the swab into the urethra
<u>Herpes</u> PCR swab	If genital ulceration
<u>Hepatitis B</u> serology	If immune status unknown Offer vaccination if not immune - may be free at sexual health services
<u>Hepatitis A</u> serology / vaccination	Hepatitis A is spread faeco-orally Outbreaks have occurred in MSM overseas Consider vaccination, however hepatitis A serology and vaccination are not funded for this indication in Aotearoa New Zealand

<p><u>Hepatitis C</u> serology</p>	<p>If risk factors present, e.g. injecting drug use, on PrEP, HIV positive</p> <p>Repeat annually if risk factors present</p> <p>If history of treated hepatitis C, and ongoing risk, hepatitis C virus RNA should be requested instead of hepatitis C antibody</p>
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NAAT – nucleic acid amplification test

PCR – polymerase chain reaction

## Specimen collection guidance

Clinician collected | Self-collection

## Follow up

### PrEP

- PrEP is highly effective in preventing HIV infection and should be actively offered to any person who is eligible
- PrEP can be prescribed by any practitioner who has an up-to-date knowledge of the safety issues, and is competent to prescribe (see [ASHM training materials](#))
- All patients taking PrEP should be tested 3-monthly, including multi-site STI testing, HIV and syphilis serology, and renal function testing as indicated, in accordance with Aotearoa New Zealand [PrEP guidelines](#)

## Repeat testing

- Patients with any positive test should have a repeat STI screen in 3 months to detect re-infection, because they may be at ongoing risk for other STIs
- If test results are positive, refer to the management section for the relevant STI
- Even if all test results are negative, use the opportunity to:
  - Educate about condom use and risk minimisation
  - Vaccinate for [hepatitis A and B](#), if susceptible (may be free at sexual health services)
  - Vaccinate for HPV if aged under 27 years (funded). Consider HPV vaccination (unfunded) if aged over 27 and frequent partner change, or if HIV positive

- Discuss recreational drug use and harm minimisation
- Discuss and activate clinical and personal reminders for regular testing according to risk, especially if behaviours indicate the need for more frequent testing

### **Auditable outcomes**

- 100% of MSM are offered STI testing at least annually
- 100% of MSM on PrEP have 3-monthly multi-site STI testing, including HIV and syphilis serology

### **Useful patient resources**

Healthy Sex

**Endorsement:** These guidelines have been endorsed by the Blood Borne Viruses and Sexually Transmitted Infections Standing Committee (BBVSS).

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