Aotearoa New Zealand STI Management Guidelines for Use in Primary Care

Men who have sex with men

Overview

- This guideline is based on the <u>Australian Sexually Transmitted Infection &</u>
 <u>HIV Testing Guidelines 2019</u>, 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, <u>chlamydia</u> and <u>gonorrhoea</u> tests should be performed at all 3 sites (see below) **regardless of reported sexual practices**, and <u>syphilis</u> serology should be performed every time an HIV test or HIV treatment monitoring is performed
- <u>HIV</u> is now a medically preventable infection. All men who are eligible should be actively offered HIV pre-exposure prophylaxis (<u>PrEP</u>)
- 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 <u>transmission</u> to others

Testing advice

All sexually active MSM should be screened at least annually

MSM in the following categories should have a full <u>sexual health check</u> every 3 months, including <u>HIV</u> and <u>syphilis</u> 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.

Offer examination

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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>

Examine inguinal lymph nodes, genital and perianal skin, penis, scrotum and testes

Test	Considerations
First-pass urine for chlamydia and	First 20-30 mL urine, preferably >1
gonorrhoea	hour after last void
Pharyngeal NAAT swab for	Regardless of reported sexual
<u>chlamydia</u> and <u>gonorrhoea</u>	practices or condom use as
Anorectal NAAT swab for	asymptomatic infection is common
<u>chlamydia</u> and <u>gonorrhoea</u>	Can be self-collected
HIV and syphilis serology	
Consider:	
	Only indicated if frank urethral
Urethral culture swab for	discharge is present
gonorrhoea (if available)	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
Hepatitis A 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
<u>Hepatitis C</u> serology	If risk factors present, e.g. injecting drug use, on PrEP, HIV positive Repeat annually if risk factors present If history of treated hepatitis C, and ongoing risk, hepatitis C virus RNA should be requested instead of hepatitis C antibody

NAAT - nucleic acid amplification test

PCR - polymerase chain reaction

Specimen collection guidance

Clinician collected | Self-collection

Follow up

PrEP

- <u>PrEP</u> 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 <u>ASHM</u> <u>training materials</u>)
- 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 <u>PrEP guidelines</u>

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 <u>hepatitis A and B</u>, 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 <u>Healthy Sex</u>

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

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