

**WORKSHOP ON STI AND HIV SCREENING FOR MEN WHO HAVE SEX WITH MEN (MSM)**

FRIDAY 14TH FEBRUARY 10:00 TO 16:00

ROYAL SOCIETY OF MEDICINE, 1 WIMPOLE STREET, W1G 0AE

**ATTENDEES**

**Professor Jonathan Ross**

University Hospitals Birmingham  
NHS Foundation Trust (Chair)

**Dr Michael Brady**

Terrence Higgins Trust

**Dr Dan Clutterbuck**

NHS Borders

**Mr Tom Doyle**

Yorkshire MESMAC

**Professor Graham Hart**

Faculty of Population Health Sciences

**Dr Gwenda Hughes**

Public Health England

**Dr Anthony Nardone**

Public Health England

**Dr Raj Patel**

University of Southampton

**Mr David Stuart**

56 Dean Street

**Dr Ann Sullivan**

Chelsea and Westminster Hospital  
NHS Foundation Trust

**Mr Paul Steinberg**

London Borough of Lambeth

**Dr Janet Wilson**

Centre for Sexual Health Leeds General Infirmary

**Dr Andy Winter**

NHS Greater Glasgow and Clyde

**BASHH**



## BASHH RECOMMENDATIONS...

Men who have sex with men (MSM) in the UK are at increased risk of acquiring sexually transmitted infections (STIs) compared to the heterosexual population and there is a need for clear guidance on testing for this group. The British Association for Sexual Health and HIV convened an expert working group to formally review the current evidence and produce recommendations for practice within sexual health services. The group met on 14.2.14 and details of the presentations and discussion which form the basis for these recommendations are available at [www.bashh.org](http://www.bashh.org).

### WHAT SAMPLES SHOULD BE TAKEN TO TEST MSM FOR STIs?

The following samples are recommended:

- clinician taken samples from the urethra, pharynx and rectum
  - first pass urine is a suitable alternative to a urethral sample
  - self taken samples from the urethra, pharynx and rectum are acceptable alternatives but the evidence base for their use is very limited
- venous blood
  - self taken blood spot or oral samples are suitable alternatives for HIV point of care testing

### WHAT STIs SHOULD MSM BE TESTED FOR?

MSM should be offered testing for:

GONORRHOEA

SYPHILIS

HIV

HEPATITIS B

HEPATITIS C\*

CHLAMYDIA

Hepatitis A may occur in local epidemics affecting MSM but routine vaccination is not currently recommended.

*\*Consider if there is sex associated with trauma or injury, history of recreational drug use/chem sex, known to be HIV positive, or rectal lymphogranuloma venereum.*

Point of care tests for chlamydia and gonorrhoea are an area of active development but those currently available have limited sensitivity/specificity, are relatively expensive and/or are associated with a significant delay before the result is available. Their limited use is recommended e.g. when an alternative sample for testing is not available, following informed patient choice.

Appropriate training of clinical staff and patients is important to ensure that an optimal specimen is obtained and the risk of contamination is minimised.

### HOW FREQUENTLY SHOULD STI TESTING BE OFFERED TO MSM?

All sexually active MSM should be tested for STIs at least annually.

MSM at high risk of STIs should be tested every 3 months. High risk includes:

- any unprotected sexual contact (oral, genital or anal) with a new partner
- following the diagnosis of a new STI
- drug use may be a marker of high risk behaviour and a detailed sexual history is required in this group.

### HOW SHOULD STI SERVICES BE DELIVERED TO MSM?

STI testing for MSM should be available via:

- sexual health clinics
- community clinics including primary care and outreach services
- online services
- recall strategies which should be used to offer repeat testing after 3 months to MSM diagnosed with a STI e.g. using text messaging

Available services should be advertised to MSM with social media being a particularly effective approach. Services should be easily accessible e.g. clinics open on evenings/weekends, online services and community venues available for testing (e.g. pharmacies). To encourage MSM who may be predominantly asymptomatic to attend regularly for testing, care must be taken to ensure that testing is provided at times convenient to patients and that visits to services where necessary are efficient and easy to make. Consideration should be given to booked appointment services available at short notice for this group.

### DELIVERING STI PREVENTION FOR MSM ATTENDING FOR STI TESTING

The most effective interventions to prevent MSM acquiring STIs are not known. However, MSM should be offered information and advice on preventing the transmission and acquisition of STIs when being tested for infection e.g. via one to one interventions, motivational interviewing. MSM at high risk of STIs should be prioritised.

### AUDIT TARGETS

For MSM attending a sexual health service with a new episode of care:

- 97% offer of STI screen
- 80% uptake of STI screen

