

# SAMPLE STD SCREENING PROTOCOL FOR MEN WHO HAVE SEX WITH MEN (MSM)

In all MSM patients, the following screening tests should be performed at the **initial visit** and repeated at least yearly. Repeat screening at **3-6 month intervals is recommended for MSM at highest risk** (e.g. multiple sex partners, anonymous partners, or sex in conjunction with drug use).<sup>i</sup> In general, screening should be performed regardless of reported condom use.



## MOST STDs ARE ASYMPTOMATIC, SO SCREENING IS VITALLY IMPORTANT.

Routine periodic (at least yearly) sexual risk screening and assessment should precede and inform physical examination and laboratory-based screening.

### Patient should not urinate for 1.5 hours before testing

- 1) Screen for **Gonorrhea** and **Chlamydia** at the **urethral site**:
  - a) Examine the genitalia for any of the following: ulcers, papules, rashes or penile discharge. Collect a sample of any penile discharge for Gram Stain and/or GC & CT culture, AND
  - b) Collect first-void urine sample for **nucleic acid amplified testing (NAAT)** for GC and CT, if available.<sup>ii</sup>
  
- 2) Screen for **Gonorrhea** at the **pharyngeal site** in patients with history of receptive oral sex:
  - a) Collect NAAT<sup>ii</sup> specimen according to test kit directions,<sup>iii</sup> OR
  - b) If NAAT unavailable, collect culture specimen according to lab directions.
  
- 3) Screen for **Gonorrhea** and **Chlamydia** at the **rectal site** in patients with history of receptive anal sex:
  - a) Collect NAAT<sup>ii</sup> specimen according to test kit directions,<sup>iii</sup> OR
  - b) If NAAT unavailable, collect culture specimen according to lab directions.
  
- 4) Perform blood draw [with red top tubes] for serologic testing for:
  - a) **HIV** (unless known positive),
  - b) **Syphilis** (RPR and/or VDRL),
  - c) **Hepatitis C virus** (unless known positive), AND
  - d) Consider **Herpes Simplex Virus Type 2 (HSV-2)** type-specific serologic test (unless known positive).

### VACCINATE MSM FOR HEPATITIS A AND B (UNLESS KNOWN POSITIVE OR VACCINATED)

Pre-vaccination antibody testing may be cost-effective in MSM, but should not be a barrier to vaccination.

Vaccinating an already-immune person is **not** harmful. **If pre-vaccination testing is done, the first vaccine dose should be given at the same visit that serologic testing is done.**

<sup>i</sup> Sources: MMWR—Sexually Transmitted Diseases Treatment Guidelines, 2006; MMWR—Incorporating HIV Prevention into the Medical Care of Persons Living with HIV, June 2005.

<sup>ii</sup> NAATs are available commercially under the names Amplicor (by Roche), Aptima (by GenProbe) and Probe Tec (by BD). If NAAT urine testing not available, use NAAT urethral swab or perform urethral culture for GC & CT.

<sup>iii</sup> NAATs for pharyngeal and rectal GC & CT require internal validation by the lab that processes your test samples. see Renault, et al. Use of NAATs for STD diagnosis of GC and CT in non-FDA-cleared anatomic specimens. MLO. 11-22. July 2006. Available on the web at [www.sfdph.org/sfcityclinic/providers/UseofNAATsforSTD.pdf](http://www.sfdph.org/sfcityclinic/providers/UseofNAATsforSTD.pdf)