NEWSLETTER #7

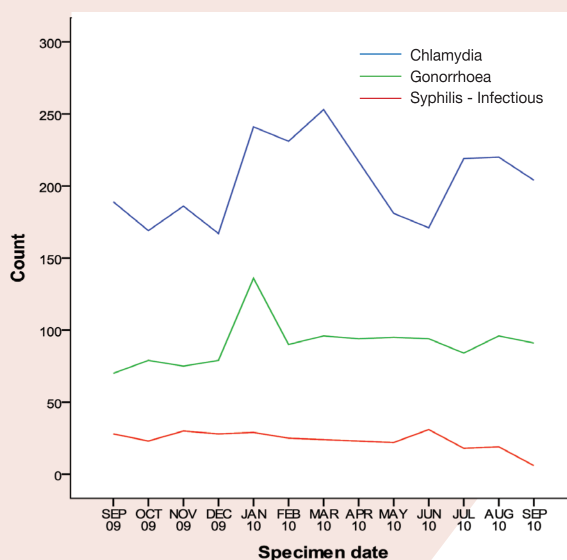
STIs in Gay Men Action Group

November 2010

Newsletter 7 is a series of questions and answers on different STIs affecting gay men as an adjunct to Active Learning Modules (ALMs), currently being implementing across Divisions of General Practice (on STIs and Contact tracing). These ALMs were developed by the NSW STI Programs Unit and The Australasian Society for HIV Medicine and delivered by local sexual health physicians and counselors

The STIGMA newsletter will be available both online and as a hard copy. Your feedback to Thanos.Lygdas@ashm.org.au is greatly appreciated about the on line option.

STI notifications in male residents of central and south eastern Sydney* Sep 2009-Sep 2010



* Includes notifications from the areas covered by the former South Eastern Sydney and Central Sydney AHS. LGA's included are; Ashfield, Botany Bay, Burwood, Canada Bay, Canterbury, Hurstville, Kogarah, Leichhardt, Marrickville, Randwick, Rockdale, Strathfield, Sutherland Shire, Sydney, Waverley, Woollahra.

This report is produced by the South Eastern Sydney Illawarra Public Health Unit using the NSW Health Notifiable Conditions Information Management System (NCIMS) accessed through HOIST.

The publication of this data within the STIGMA newsletter has been approved by the Directors, Public Health, SESIAHS and SSWAHS.

The largest proportions of gonorrhoea and syphilis diagnoses in inner Sydney continue to occur in gay men.

Please find the questions for our STI Quiz below or complete the questions and get the answers online at. http://www.ashm.org.au/e_learning/sti_qa/player.html

STI Quiz

Q1.

What is the best strategy for viral hepatitis testing in gay men?

a) Test for hepatitis A, B and C antibodies each time a gay man has other STI tests
b) No special testing is needed
c) Test once for antibodies to hepatitis A IgG and hepatitis B core antibody. If initial antibody tests are negative, then vaccinate against these (no further testing is required). Test for hepatitis C only if there appear to be particular risk factors.

Q2.

A young gay man presents with a 2-day history of urethral discharge. What tests should he have?

a) Urethral swab for gonorrhoea
b) Urine sample to test for gonorrhoea and chlamydia, PLUS throat swab for gonorrhoea, PLUS rectal swab to test for gonorrhoea and chlamydia.
c) Urine sample to test for gonorrhoea and chlamydia

Q3.

A young gay man attends for his regular STI screening. He does not have any symptoms, but has had a few causal sexual contacts since he was last screened 6 months ago. He has been vaccinated against HAV and HBV. What tests would you offer?

a) A urethral swab to test for gonorrhoea and chlamydia
b) Serology tests for HIV, syphilis and herpes virus
c) Urine sample to test for gonorrhoea and chlamydia, PLUS throat swab for gonorrhoea, PLUS rectal swab to test for gonorrhoea and chlamydia. Serology for syphilis and HIV.

Q4.

A young gay man attends and tells you, his GP, that a very recent sexual partner has just been diagnosed with syphilis and has had treatment. Your patient has no symptoms such as an ulcer or rash.
What is the best strategy?

a) Examine him, and test him for antibodies to syphilis (e.g EIA, RPR, TPHA) and review in one week.
b) Examine him, test him for antibodies to syphilis (e.g EIA, RPR, TPHA), and treat him presumptively for infectious syphilis with benzathine penicillin 1.8gm imi stat. In addition screen him for gonorrhoea and chlamydia (as above).
c) Ask him to come back for a STI screen, including test for syphilis, in 3 weeks, and again in 3 months.

Q5.

A young gay man presents feeling unwell for 1 week, with headache, tiredness, fevers, sore throat and a rash on his trunk. You ask about recent sexual activity, and he tells you he had receptive anal sex with two male partners about 4 weeks ago. He has previously been vaccinated by you for HAV and HBV.
What initial tests will you order?

a) HIV test
b) Antibody tests for glandular fever, influenza, and HIV
c) Antibody tests for syphilis, HIV, influenza, glandular fever, CMV, toxoplasmosis and hepatitis C.

This newsletter is produced twice yearly by the STIGMA GP Working Group and is written for general practitioners in metropolitan Sydney.

This working group focuses on informing GPs of issues relating to gay men and STIs and includes sexual health specialists, health promotion and education specialists and GP representatives. Feedback or suggestions to: diana.bernard@sswahs.nsw.gov.au

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Answers

Q1.

Answer: c

Gay men are at increased risk of sexual transmission of both HAV and HBV. Once the antibody status of a gay man is established at baseline testing, then if the person is sero-negative, vaccination should be provided. Protection is so effective that no further testing is usually required.

Q2.

Answer: b

In a gay man, it is important to test other possible sites of infection, not just the site at which there are symptoms. Gonorrhoea and chlamydia infection of the rectum typically do not cause symptoms; similarly gonorrhoea infection of the throat does not cause symptoms.

If the urethral discharge is quite obvious and profuse, then a urethral swab to culture for gonorrhoea should also be taken

Presumptive treatment with azithromycin should be provided, and presumptive treatment for gonorrhoea with an injection of ceftriaxone provided if the urethral discharge is profuse and yellowish.

Q3.

Answer c

Infection of the rectum and throat is commonly asymptomatic, and so screening is required. In fact asymptomatic rectal chlamydia is the commonest bacterial STI in a gay man.

Herpes serology is not recommended in routine screening. It has limited usefulness: a) there is often poor specificity; b) serology does not indicate site of infection; c) positive serology does not qualify for treatment on the PBS and d) it can create relationship concerns for a person who has no manifestations of disease.

Q4.

Answer: b

It is best to presumptively treat recent sexual contacts of infectious syphilis, rather than just test. In the early stages, tests for syphilis might be negative (seroconversion can take 4 weeks, rarely longer). If on review, the young man has serological evidence of syphilis, it will be necessary to check about other recent sexual partners, and help him contact them to be also tested and treated for syphilis. If he is penicillin allergic, then treat with doxycycline 100mg BD for 14 days.

Q5.

Answer: c

Secondary syphilis could cause these systemic symptoms, as well as several other viral infections. Serology for EBV, CMV and Toxoplasmosis would need to be IgM tests (to detect recent infection) not IgG which is a marker of past infection. Tests for other less common causes, as indicated, by exposure risk. (eg.overseas travel, vector-borne infections like Lyme disease, or zoonotic infections).

Counsel the patient about the possibility of HIV causing the symptoms, offer support and brief explanation of HIV, and review quickly with results. With the latest generation of HIV tests, seroconversion can often be detected by 2-4 weeks of infection, but occasionally takes up to 3 months. Therefore it should be repeated at this time to exclude HIV.

LGV

During 2010 there have also been 25 cases of locally acquired LGV notified in males in Sydney (33 in NSW). This compares with just 3 cases in 2009. Median age of the cases is 40 years (range 25-69 years) and cases are from the LGA's of Marrickville, Randwick, Sydney, Woollahra and Waverley. The Public Health Units are currently undertaking enhanced surveillance of LGV cases to identify concurrent illnesses, risk factors and provide education and counselling where required.

Other clinical resources you may require

- STI Information for Gay Men: http://www.thedramadownunder.info/
- ACON: 9206 2000 or www.acon.org.au
- NSW Sexual Health info line: 1800 451 624 or www.health.nsw.gov.au/sexualhealth
- Sydney Sexual Health: 9382 7440
- Albion St Centre: 9332 9600
- Kirketon Rd Centre: 9360 2766
- RPA Sexual Health Clinic: 9515 3131
- Northern Sydney SHC: 9926 7414

Invitation to gay friendly GPs

We continue to invite any interested GPs to be on our STIGMA Website Gay friendly list so gay men can find and be referred to GPs with particular interest in and knowledge of working with gay men. See list http://www.stigma.net.au or contact vramanathan@csgpn.com.au