



# SEXUAL HEALTH Update

Provided by Local Sexual Health Clinics

## GONORRHOEA ROUND-UP

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Royal North Shore Hospital

*Neisseria gonorrhoeae* was identified over 100 years ago, but the infection may have first arisen in humans in the 6th-9th centuries in the Middle East. In the pre-antibiotic era, urethral irrigation was used as a treatment for infection in the urethra. Potassium permanganate was used in World War 1 (the soldiers' nick-named this treatment "pinkie panky"). Sulphonamides were used, then penicillin when it was discovered.

Initially, these antibiotics were very effective, and penicillin was successfully used for decades as a single-dose treatment - considered to be very important when treating STIs. But gonorrhoea has shown remarkable capacity to develop resistance to the antibiotics used to treat it. So resistance has developed to penicillins, quinolones and tetracyclines. Resistance is mediated by either a single-step plasmid mutation which produces a major resistance, or a chromosomal mutation which produces a step-wise more gradual resistance over time.

The 3rd generation cephalosporin ceftriaxone, used as a single intramuscular injection, has been very effective in treating gonorrhoea at all mucosal sites (urethra, rectum, cervix and throat). So it is alarming to experts that true high-resistant cases to ceftriaxone have recently been reported in Japan, France and Spain.

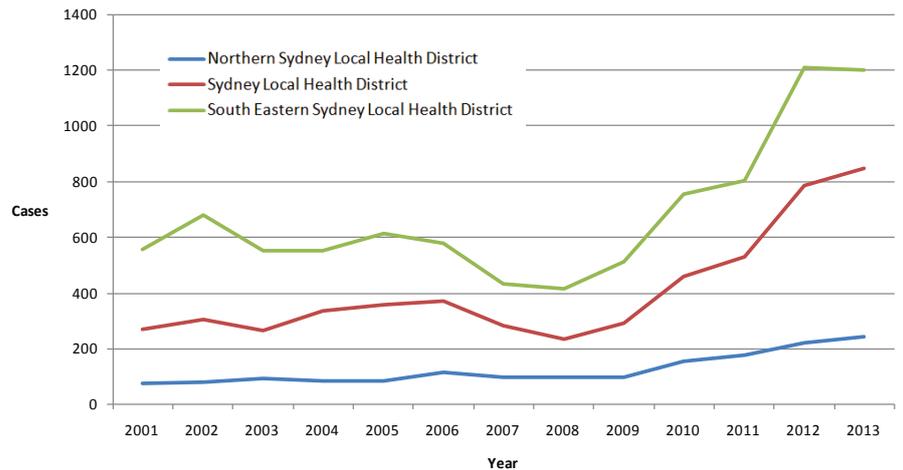
This means surveillance is critically important, because more resistant cases will eventually develop. **To help surveillance, doctors diagnosing gonorrhoea based on a PCR test should take a swab for culture because PCR tests cannot be used for sensitivity testing.**

Despite this concern, ceftriaxone is still the treatment of choice for gonorrhoea. It is important to give 500mg intramuscular, and add azithromycin 1gm oral stat (this is synergistic with the ceftriaxone). It is very important to have recent sexual partners tested and presumptively treated.

**Because in Sydney most gonorrhoea is occurring among men who have sex with men (MSM), it is important to take swabs from all mucosal sites at risk of infection - for MSM this usually means a rectal and throat swab.**

Infections at these sites usually do NOT cause any symptoms, so regular screening is the only way to detect infections. Infection with gonorrhoea in the urethra nearly always causes a urethral discharge.

**Figure 1: Gonorrhoea notifications in male residents of Sydney, South Eastern Sydney & Northern Sydney Local Health Districts, 2001 – 2013**



Source: Public Health Units from Sydney, South Eastern Sydney and Northern Sydney Local Health Districts

### KEY MESSAGES:

- \* When doing an STI screen in MSM, take a throat swab to test for gonorrhoea and chlamydia, a rectal swab to test for gonorrhoea and chlamydia, and 1st-void urine to test for chlamydia (and gonorrhoea if patient has symptoms)
- \* To treat gonorrhoea, use ceftriaxone 500 mg imi stat plus azithromycin 1gm oral stat
- \* Get recent sexual partners (those from the previous 3-6 months) tested AND presumptively treated
- \* Do syphilis and HIV tests (as gonorrhoea is a marker of risky sexual behaviour)
- \* Do a test of cure for gonorrhoea one week after treatment by taking a swab for culture

## STIs IN GAY MEN ACTION GROUP HAS A NEW WEBSITE



The new website is hosted under the NSW STI Programs Unit website. It provides sexual health resources to GP and relevant clinicians including STI testing guidelines for MSM and a collection of the past and current Sexual Health Newsletters.

The main NSW STI Programs Unit website also provides a resource portal to support GP and other clinicians on general sexual health issues.

[www.stipu.nsw.gov.au/page/STIGMA](http://www.stipu.nsw.gov.au/page/STIGMA)

# Newly Updated

## STI TESTING GUIDELINES FOR MSM 2014

Sexually Transmitted Infection (STI) Testing Guidelines for Men Who Have Sex with Men (MSM) have been developed to encourage regular STI screening of MSM, including those with HIV, who do not have symptoms of STIs.

The 2010 Guidelines have recently been updated and renamed to the 'Australian Sexually Transmitted Infection and HIV Testing Guidelines for Asymptomatic Men Who Have Sex with Men 2014'.

They have been endorsed by the Australasian Society for HIV Medicine (ASHM), and Australasian Sexual Health Alliance (ASHA), and approved as an accepted clinical resource by the Royal Australian College of General Practitioners (RACGP).

Key changes from the 2010 guidelines include:

- HIV testing - at least annually and up to 4 times a year for high risk MSM
- More frequent (up to 4 times a year) gonorrhoea and chlamydia testing in sexually active HIV-positive MSM
- Testing for pharyngeal chlamydia
- Use only the nucleic acid amplification test (NAAT) for gonorrhoea testing (without gonococcal culture), however the culture is recommended before the treatment of positive NAAT to detect antibiotic resistance
- Self-collected or clinician-collected urethral meatal swab as an alternative to FVU for urethral chlamydia testing
- Use of electronic reminders to increase STI/HIV re-testing rates among MSM

The rates of STIs remain high in inner-Sydney and HIV positive gay men are overrepresented in syphilis notifications. Up to 40% of some STIs detected in gay men are asymptomatic (particularly syphilis and rectal infections), hence regular testing is an important personal and public health intervention.

The epidemiological association with increases in new HIV infection means that improving the detection and treatment of STIs is also an integral part of HIV prevention activities. Promoting consistent condom use still remains one of the most effective sexual health promotion messages for MSM.

The 2014 guidelines can be downloaded at: <http://stipu.nsw.gov.au/stigma/sti-testing-guidelines-for-msm/>

### AUSTRALIAN SEXUALLY TRANSMITTED INFECTION & HIV TESTING GUIDELINES 2014

#### FOR ASYMPTOMATIC MEN WHO HAVE SEX WITH MEN

Men who have sex with men (MSM) in Australia are disproportionately and increasingly affected by sexually transmissible infections (STIs) including HIV. This has been attributed, in part, to changes in sexual behaviour such as reduction in condom use for anal intercourse in recent years. Many STIs do not lead to symptomatic presentations, therefore regular STI testing will identify a large number of infections which would otherwise remain undiagnosed and untreated. The term 'men who have sex with men' is simply a behavioural descriptor and is not considered a sexual identity, although most MSM in Australia identify as gay.

These guidelines have been developed to encourage regular STI screening of MSM, including those with HIV, who do not have symptoms of STIs. The recommendations include STI testing at anatomical sites other than the location of any symptoms which may have prompted a clinical consultation.

After behavioural risk assessment and appropriate pre-test discussion, **all of the STI tests** listed should be offered to:

All men who have had any type of sex with another man in the previous year → **At least once a year**

All MSM who fall into one or more categories listed below:  
 • any unprotected anal sex  
 • more than 10 sexual partners in six months  
 • participate in group sex  
 • use recreational drugs during sex  
 • are HIV positive:  
   - syphilis serology: at each occasion of CD4/VL<sup>2</sup> monitoring;  
   - chlamydia/gonorrhoea testing: consider at each occasion of CD4/VL<sup>2</sup> monitoring

→ **Up to 4 times a year\***

SITE/SPECIMEN	STI	TECHNOLOGY	COMMENT
Pharyngeal swab	Chlamydia & gonorrhoea	NAAT <sup>1</sup>	Self-collected or clinician-collected
Anorectal swab	Chlamydia & gonorrhoea	NAAT <sup>1</sup>	Self-collected or clinician-collected
First void urine <sup>2</sup>	Chlamydia	NAAT <sup>1</sup>	Alternative: self-collected or clinician-collected penile meatal swab
Serology	Syphilis	EIA <sup>3</sup>	If HIV negative
	HIV	EIA <sup>3</sup>	
	Hepatitis A	HAV IgG EIA <sup>4</sup>	Test if not vaccinated. Vaccinate if antibody negative
	Hepatitis B	HBV core antibody, surface Antigen EIA <sup>4</sup>	Test if not vaccinated. Vaccinate if no history or documentation of full vaccination course
Hepatitis C	HCV IgG EIA <sup>4</sup>	Only in HIV-positive or if history of injecting drug use	

<sup>1</sup> NAAT = Nucleic Acid Amplification Test  
<sup>2</sup> Urine = Urine  
<sup>3</sup> EIA = Enzyme Immunoassay  
<sup>4</sup> Serology = Blood or Serum  
<sup>5</sup> VL = Viral Load  
<sup>6</sup> NAAT = Nucleic Acid Amplification Test (eg. Transcription-Mediated Amplification (TMA), Strand Displacement Amplification (SDA), Polymerase Chain Reaction (PCR))  
<sup>7</sup> STI = Sexually Transmissible Infection  
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<sup>100</sup> STI = Sexually Transmissible Infection



## Invitation

### THE GAY FRIENDLY GP LIST

Some GPs have nominated themselves on the Gay Friendly GP list: [www.acon.org.au/mens-health/gay-friendly-gps-in-sydney](http://www.acon.org.au/mens-health/gay-friendly-gps-in-sydney)

We would like to invite any interested GPs to be on this list so that we may refer gay men to GPs with particular interest in and knowledge of working with gay men.

Please contact Shih-Chi Kao, ph: 9515 1293 or email: [shih-chi.kao@sswahs.nsw.gov.au](mailto:shih-chi.kao@sswahs.nsw.gov.au)

**Gay Friendly GP List**  
 Last updated: February 2014

Suburb	GP	Address	Phone	Sex	Notes
Abbotsford	Dr. Anne	Abbotsford Family Medical Practice, 409 Great North Road	02 9719 7988	F	Italian
Abbotsville	Dr. Carole	Fourtain Street General Practice, 21 Fourtain Street	02 9699 1491	F	*
Abbotsville	Dr. Bradley	Fourtain Street General Practice, 21 Fourtain Street	02 9699 1491	M	*
Abbotsville	Dr. Ian	Abbotsville Medical Centre, 44 Kenneth Road	02 9907 1177	M	*
Abbotsville	Dr. Vijaya L. Jayaram	Abbottsford General Practice, Shop 7/L, Level 4, Abbottsford Shopping Mall, 280 Liverpool Road	02 9797 7555	F	Tamil
Abbotsville	Dr. Michael Forta	Suite 5/74 Old Barrowby Rd	02 9679 1300	M	*
Abbotsville	Dr. Markette Isaacs	407 Darling Street	02 9810 1482	F	French
Abbotsville	Dr. Riju Ramnatha	77 Elliott Street	02 9810 1523	M	French
Abbotsville	Dr. Azad	Health Focus Surgery, 94 Burwood Road	02 9758 7002	F	*

BB - Bulk Billing Indicator ✓ - This doctor bulk bills ✗ - This doctor does not bulk bill ○ - This doctor bulk bills but with conditions N/A - Information not available

## SUBSCRIBE

We extend an invitation to GPs, practice nurses and relevant clinicians to receive this free twice-yearly newsletter and updates on sexual health.

To subscribe please email your name, job title and workplace to: [Jeffrey.Dabbhadatta@sesiahs.health.nsw.gov.au](mailto:Jeffrey.Dabbhadatta@sesiahs.health.nsw.gov.au)

## SEXUAL HEALTH SERVICES

RAPID HIV TESTING AVAILABLE AT THESE CLINICS



Health  
 South Eastern Sydney  
 Local Health District

### Sydney Sexual Health Centre

[www.sshc.org.au](http://www.sshc.org.au)

Macquarie St, Sydney  
 ph: 02 9382 7440

### Short Street Centre

Short Street, Kogarah  
 ph: 02 9113 2742

### SouthZone Sexual Health Centre

Community Health Centre,  
 Sutherland Hospital  
 ph: 02 9113 2742

### The Albion Centre

[www.thealbioncentre.org.au](http://www.thealbioncentre.org.au)  
 150 Albion Street, Surry Hills  
 ph: 02 9332 9600

### Clinic 180

180 Victoria Street, Kings Cross  
 ph: 02 9357 1299



Health  
 Sydney  
 Local Health District

### RPA Sexual Health

[www.slhd.nsw.gov.au/communityHealth/sexualHealth.html](http://www.slhd.nsw.gov.au/communityHealth/sexualHealth.html)

Marsden Street, Camperdown  
 ph: 02 9515 1200



Health  
 Northern Sydney  
 Local Health District

### Clinic 16

[www.clinic16.com.au](http://www.clinic16.com.au)

Herbert Street, St Leonards  
 ph: 02 9462 9500

**WANT 2 TALK ABOUT SEXUAL HEALTH?**  
 NSW SEXUAL HEALTH INFOLINE  
 1800 451 624  
 Mon - Fri  
 9am - 5:30pm

[www.playsafe.health.nsw.gov.au](http://www.playsafe.health.nsw.gov.au)



STIs in Gay Men Action Group

This newsletter is an initiative of the STIs in Gay Men Action group (STIGMA). It is written for general practitioners, practice nurses and relevant clinicians in Metropolitan Sydney.

Partners include:

South Eastern Sydney Local Health District, Sydney Local Health District, Northern Sydney Local Health District, Ministry of Health, ASHM NSW, Eastern Sydney Medicare Local, Inner West Sydney Medicare Local, Sydney North Shore and Beaches Medicare Local, Centre for Social Research in Health, The Kirby Institute, Australian Federation of AIDS Organisations (AFAO), Positive Life NSW and ACON.

Feedback and suggestions to:

[Jeffrey.Dabbhadatta@sesiahs.health.nsw.gov.au](mailto:Jeffrey.Dabbhadatta@sesiahs.health.nsw.gov.au)