

EVALUATION OF AUSTRALIAN SEXUALLY TRANSMITTED INFECTION (STI) AND HIV TESTING GUIDELINES 2014 FOR ASYMPTOMATIC MEN WHO HAVE SEX WITH MEN (MSM) AMONG GENERAL PRACTITIONERS IN SYDNEY

Kao SC¹, Adam PCG², Varma R^{3,4}, Read P^{4,5}, Bourne C^{3,4}, Templeton DJ^{4,6,7}
on behalf of the Sexually Transmissible Infections in Gay Men Action Group (STIGMA)

¹ HIV and Related Programs (HARP) Unit, Population Health, Sydney Local Health District, Australia
² Centre for Social Research in Health, The University of New South Wales, Australia | ³ Sydney Sexual Health Centre, Sydney Hospital, NSW Australia
⁴ Kirby Institute, UNSW Australia, Australia | ⁵ Kirketon Road Centre, Sydney NSW, Australia
⁶ Central Clinical School, University of Sydney, Australia | ⁷ RPA Sexual Health, Community Health, Sydney Local Health District, Australia



BACKGROUND

- MSM continue to be disproportionately affected by STIs and HIV.
- STI/HIV notification rates have been increasing in recent years among MSM
- The purpose of this study was to evaluate the utility and acceptability of the 2014 STI/HIV testing guidelines, and to assess knowledge of the guideline recommendations among general practitioners

STIGMA (Sexually Transmitted Infections in Gay Men Action) group

- established in 2000 in response to the increasing prevalence of STIs among inner Sydney MSM
- collaboration between sexual health & HIV clinical services, public health units, health promotion, community-based organisations, research centres and general practice
- aims to reduce the community prevalence of STIs through a multifaceted approach including health promotion/education, research and guideline development.

STIGMA Testing Guidelines

- Initially developed in 2002
- Revised in 2005, 2008, 2010 and 2014
- Mainly distributed to GPs in inner Sydney - Sydney, South Eastern and Northern Sydney Local Health Districts (LHD)

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

- Changes to testing recommendations in the 2014 guidelines
 1. Pharyngeal *C. trachomatis* testing now recommended
 2. *N. gonorrhoeae* NAAT testing without culture in the pharynx and anus only
 3. Time required since last void for *C. trachomatis* First Void Urine (FVU) collection reduced from one hour to 20 minutes
 4. Urethral meatal swab (self-collected or clinician-collected): alternative to FVU for genital *C. trachomatis* testing
 5. STI testing up to 4 times per year for sexually active HIV-positive MSM
 6. Electronic reminders for clinicians and MSM themselves to encourage STI/HIV retesting

METHODS

- Questionnaire designed by Sexual Health Physicians, researchers and GPs
- Recruitment targeting metropolitan Sydney GPs (areas covered by STIGMA) via mass mail outs and online networks: Local Health Districts, Medicare Locals, ASHM and STIPU
- Recruitment commenced in November 2014 and was completed in October 2015

RESULTS

Demographics

- 96 respondents, of whom 85 completed questionnaire fully
- Respondent characteristics:
 - Median age group: 41-50 years old
 - Location of Practice: 60% from metro Sydney
 - General Practitioner: 87% (others: nurses and sexual health physicians)
 - Gender: 52% female and 48% male
 - s100 prescriber: 18%
 - 85% saw MSM in their practice
- of those, 49% consulted less than 10 MSM in past month
 - 51% had not consulted any HIV-positive MSM in past month

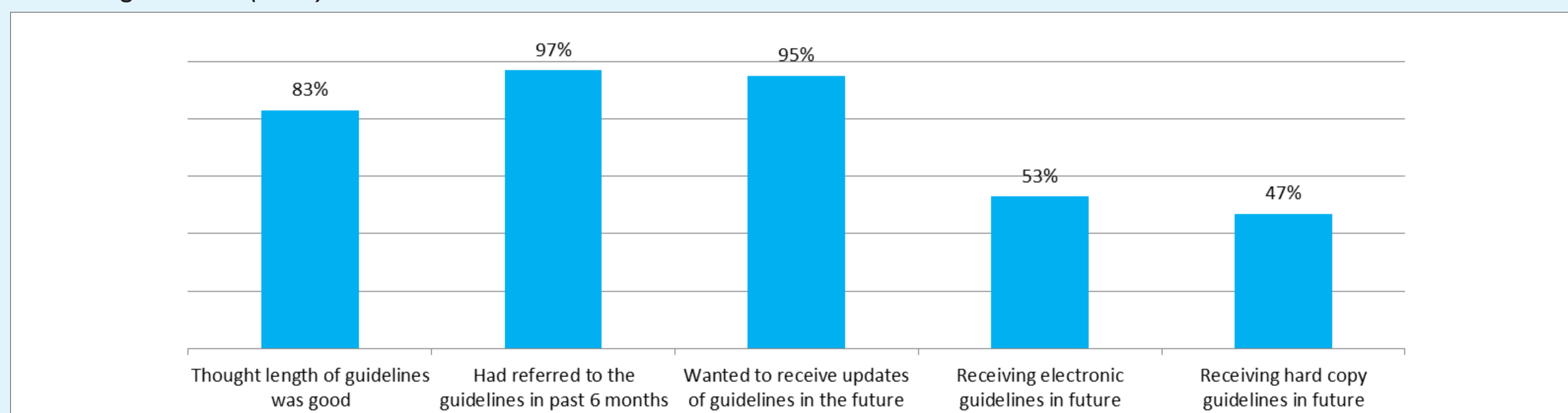
Participants' familiarity with and use of the guidelines

- Most (75%, n=61) participants were aware of the content of the guidelines
- Only 49% actually received a copy of updated guidelines.
- Of the participants who actually received the guidelines, almost all (97%) had referred to the guidelines in the past 6 months (Figure 1)

Participants' feedback on the guidelines

- Most participants (83%) were satisfied with the length of the guidelines (Figure 1)
- Almost all participants (95%) wanted to receive updates in the future (Figure 1)

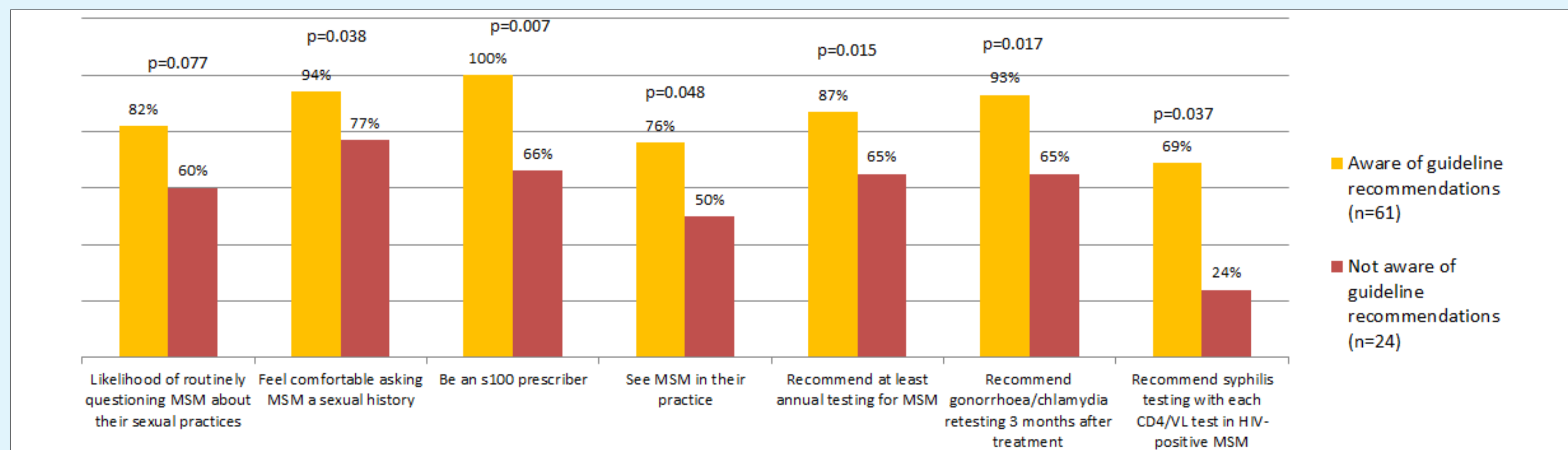
Figure 1. Responses regarding the length, utility and future updates of the guidelines among participants who received a copy of the 2014 guidelines (n=32)



Comparison of participants aware vs. not aware of recommendations in the 2014 testing guidelines

- No differences in age, gender or being a GP

Figure 2. Sexual history taking and characteristics of clinical practise relating to recommendations provided in the 2014 testing guidelines (n=85)



CONCLUSION

Familiarity with the content of the guidelines had a range of positive outcomes on GPs' practise, including more frequent sexual history taking and better STI/HIV testing practices. The utility of the guidelines could be further strengthened by increasing the number of GPs who actually receive the guidelines in a format that suits their needs.