

## STD Screening\* Overview for MSM

Clinicians should ask all men if they've been sexually active with men, women, or both

Screening	Test	Frequency	Comment
HIV	Serology	At least annually **	Screening recommended every <u>3 to 6 months</u> ** for MSM with: <ol style="list-style-type: none"> <li>1. diagnosis of a bacterial STD in the prior year (gonorrhea, Chlamydia infection or early syphilis**),</li> <li>2. multiple or anonymous sex partners,</li> <li>3. illicit drug use, especially methamphetamine (self or partner),</li> <li>4. unprotected anal intercourse with a partner of unknown or discordant HIV status in the prior year</li> </ol>
Chlamydia and Gonorrhea	First-catch urine NAAT (preferred) or urethral swabs <b>AND</b> Rectal cultures or nucleic acid amplification tests (NAAT), only if reporting receptive anal sex ("bottoming") + <b>AND</b> Pharyngeal culture or NAAT for gonorrhea only if receptive oral intercourse (giving oral sex) +	At least annually **	
Syphilis	Serology (i.e. RPR or other syphilis screening test)	At least annually (and at HIV diagnosis, for positive MSM)	

ADAPTED FROM [Seattle King County Public Health](#) and [NYC City Health Department](#)

\* Screening refers to testing in the absence of signs, symptoms or known exposure to an STD.

+ Existing data suggest that the Aptima Combo 2 test performs well on rectal and pharyngeal specimens and is more sensitive than culture. Laboratories performing the test must first perform an internal validation study. Clinicians should use caution in interpreting results of the Roche PCR (Roche Diagnostics) assay for gonorrhea, which is not specific, and the Becton Dickenson strand displacement assay, which has not been well studied and may be insensitive.

\*\* Persons with early syphilis should be retested at 1, 3, 6, 9 and 12 months. Persons rescreening following an episode of urethral gonorrhea or Chlamydia infection should be retested for urethral gonorrhea and Chlamydia.

