2015 BASHH CEG guidance on tests for
Sexually Transmitted Infections

BASHH Clinical Effectiveness Group • April 2015 (amended December 2015)

The following is a summary of the relevant current BASHH guidelines
It is for guidance only and tests should be adapted according to the individual clinical history.
A list of the abbreviations used can be found at the end of this document

Asymptomatic patients

1. Serology

   • All patients should be offered testing for HIV and syphilis.

   • The following patients should be tested for:

     o Hepatitis A:

     • MSM in the context of a local outbreak.
     • IDU.
     • Persons infected with HBV, HCV or HIV.

     o Hepatitis B:

     • MSM.
     • CSW.
     • IDU.
     • Persons infected with HCV or HIV.
     • Sexual assault victims.
     • Person born in (or has had a sexual partner born in) a country with a high prevalence of HBV infection.
     • Needlestick victims.
     • Person has had a sexual partner who was infected with HBV or who was at high risk of HBV infection.
     • Born to a mother infected with HBV.

     o Hepatitis C:

     • IDU.
     • HIV-infected MSM (and sex partners of).
     • Person exposed to potentially contaminated needles (e.g. needlestick victims).
     • Born to a mother infected with HCV.

     • All patients should be offered re-testing after the appropriate window periods.
2. **Gonorrhoea and chlamydia**

- The sites sampled should relate to the type of sexual activity reported.
- Incubation periods should be noted and patients should be offered re-testing if appropriate, including tests of cure.
- GC culture:
  - GC culture should be taken in GC NAAT positive cases, prior to treatment.
  - GC culture should be considered in patients who are known contacts of GC if immediate epidemiological treatment is to be given.

<table>
<thead>
<tr>
<th>Patient</th>
<th>Type of sex</th>
<th>Oral</th>
<th>Vaginal</th>
<th>Anal</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSM</td>
<td></td>
<td>Receptive: Pharyngeal swab GC/CT NAAT</td>
<td>Insertive: 1\textsuperscript{st} pass urine GC/CT NAAT</td>
<td>Insertive peno-anal: - 1\textsuperscript{st} pass urine GC/CT NAAT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Insertive: 1\textsuperscript{st} pass urine GC/CT NAAT</td>
<td></td>
<td>Receptive peno-anal: - Rectal swab GC/CT NAAT</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Receptive oro-anal: - consider rectal swab GC/CT NAAT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Heterosexual male</th>
<th>Oral</th>
<th>Vaginal</th>
<th>Anal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fellatio: 1\textsuperscript{st} pass urine GC/CT NAAT</td>
<td>1\textsuperscript{st} pass urine GC/CT NAAT</td>
<td></td>
<td>Peno-anal: - 1\textsuperscript{st} pass urine GC/CT NAAT</td>
</tr>
<tr>
<td>NB: cunnilingus does not require a pharyngeal swab from the male</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Female</th>
<th>Oral</th>
<th>Vaginal</th>
<th>Anal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fellatio: consider pharyngeal GC/CT NAAT</td>
<td>Self-taken V/V swab for GC/CT NAAT</td>
<td></td>
<td>Receptive: consider GC/CT NAAT</td>
</tr>
</tbody>
</table>

**WSW:** should be tested as heterosexual female if previous heterosexual contact has occurred, otherwise no test is routinely recommended.
Symptomatic patients

1. Serology

- All patients should be offered screening for HIV and syphilis
- The following patients should be tested for:
  
  o Hepatitis A:
    - MSM in the context of a local outbreak.
    - IDU.
    - Persons infected with HBV, HCV or HIV.
  
  o Hepatitis B:
    - MSM.
    - CSW.
    - IDU.
    - Persons infected with HCV or HIV.
    - Sexual assault victims.
    - Persons born in (or who have had a sexual partner born in) a country with a high prevalence of HBV.
    - Persons exposed to potentially contaminated needles (e.g. needlestick victims).
    - Persons who have had a sexual partner who was infected with HBV or who was at high risk of HBV infection.
    - Born to a mother infected with HBV.
  
  o Hepatitis C:
    - IDU.
    - HIV-infected MSM (and sex partners of).
    - Person exposed to potentially contaminated needles (e.g. needlestick victims).
    - Born to a mother infected with HCV.

- All patients should be offered re-testing after the appropriate window periods.

2. Genital ulcers

- All patients with genital ulceration should be tested routinely for HSV by PCR using a swab taken from the ulcer.

- All patients should have syphilis excluded by serology (repeat after window period) and with DGM if immediately available. Consider testing for *Treponema pallidum* with NAAT if available.

- In MSM, consider testing for LGV with a chlamydia NAAT taken from the lesion followed by a test to confirm whether LGV or non-LGV CT infection if available.
• Tests for tropical genital ulcerative diseases should be considered according to the history (see current BASHH CEG guidelines on LGV, Chancroid and Donovanosis for further details).

3. Other symptoms

• The sites sampled should relate to the type of sexual activity and symptoms reported.

• Occasionally other sites may need to be sampled according to the history (e.g. conjunctivae, Bartholin’s ducts).

• Incubation periods should be noted and patients should be offered re-testing if/when appropriate, including tests of cure.

• In women, testing the urethra is only recommended if a culture is being taken for gonorrhoea in a woman who has had a hysterectomy.

• GC culture should be taken in cases where microscopy is positive for GC, prior to treatment being given.

• GC culture should be taken in GC NAAT positive cases, prior to treatment.

• GC culture should be considered in patients who are known contacts of GC if immediate (epidemiological) treatment is to be given.

<table>
<thead>
<tr>
<th>Patient</th>
<th>Type of sex</th>
<th>Oral</th>
<th>Vaginal</th>
<th>Anal</th>
</tr>
</thead>
</table>
| MSM     | Insertive   | - microscopy of urethral slide if urethral symptoms
- 1st pass urine GC/CT NAAT
- GC culture if GC strongly suspected
|        | Receptive   | - pharyngeal GC/CT NAAT
- GC culture if GC strongly suspected or contact |
|         | Insertive   | - microscopy of urethral slide if urethral symptoms
- 1st pass urine GC/CT NAAT
- consider GC culture if GC suspected or if GC contact
|        | Receptive   | - Rectal swab - GC/CT NAAT
(and LGV CT specific NAAT if CT+ [in HIV-positive MSM or if proctitis])
- Rectal swab - microscope slide (if proctitis)
- Rectal swab - HSV PCR (if proctitis)
- consider rectal GC culture if GC suspected or if GC contact |
<table>
<thead>
<tr>
<th>Heterosexual male</th>
<th></th>
<th></th>
<th>Insertive</th>
</tr>
</thead>
</table>
| Fellatio  
- microscopy of urethral slide (if urethral symptoms)  
- 1<sup>st</sup> pass urine GC/CT NAAT | - microscopy of urethral slide if urethral symptoms  
- 1<sup>st</sup> pass urine GC/CT NAAT | - microscopy of urethral slide if urethral symptoms  
- 1<sup>st</sup> pass urine GC/CT NAAT  
- consider urethral GC culture if GC suspected or if GC contact |
| Female | | | Receptive |
| Fellatio  
- Pharyngeal swab for GC NAAT may be considered  
Cunnilingus - no test | Cervix  
- microscopy plus  
- GC/CT NAAT plus  
- GC culture if GC strongly suspected  
Vagina  
- Microscopy of stained slide of vaginal discharge for BV or candida  
Test for TV  
- wet mount microscopy and  
- NAAT if available or  
- culture | Rectal swab GC/CT NAAT (and LGV CT specific NAAT if CT+ and proctitis)  
- Rectal swab - microscope Slide (if proctitis)  
- consider rectal GC culture if GC suspected or if GC contact |

For further information please consult the full BASHH guidelines at (www.bashh.org)
Abbreviations

BV = Bacterial vaginosis
CSW = Commercial Sex Workers
CT = Chlamydia trachomatis
DGM = Dark ground microscopy
GC = Gonococcus/Neisseria gonorrhoea
HBV = Hepatitis B virus
HCV = Hepatitis C virus
HSV = Herpes simplex virus
IDU = Injecting drug users
LGV = Lymphogranuloma venereum
MSM = Men who have sex with men
NAAT = Nucleic acid amplification test
PCR = Polymerase chain reaction
TV = Trichomonas vaginalis
V/V = Vulvo-vaginal
WSW = Women who have sex with women