

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:
 - Hepatitis A:
 - MSM in the context of a local outbreak.
 - IDU.
 - Persons infected with HBV, HCV or HIV.
 - 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.
 - 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:
 - o GC culture should be taken in GC NAAT positive cases, prior to treatment.
 - o GC culture should be considered in patients who are known contacts of GC if immediate epidemiological treatment is to be given.

	Type of sex	Oral	Vaginal	Anal
Patient				
MSM		Receptive : Pharyngeal swab GC/CT NAAT Insertive: 1 st pass urine GC/CT NAAT		Insertive peno-anal: - 1 st pass urine GC/CT NAAT Receptive peno-anal: - Rectal swab GC/CT NAAT Receptive oro-anal: - consider rectal swab GC/CT NAAT
Heterosexual male		Fellatio: 1 st pass urine GC/CT NAAT NB: cunnilingus does not require a pharyngeal swab from the male	1 st pass urine GC/CT NAAT	Peno-anal: - 1 st pass urine GC/CT NAAT
Female		Fellatio : consider pharyngeal GC/CT NAAT	Self-taken V/V swab for GC/CT NAAT	Receptive: consider GC/CT NAAT

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

Symptomatic patients

1. Serology

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 - Hepatitis A:
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 - Persons infected with HBV, HCV or HIV.
 - 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.
 - 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.

	Type of sex	Oral	Vaginal	Anal
Patient				
MSM		Insertive - microscopy of urethral slide if urethral symptoms - 1 st 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 - 1 st 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

Heterosexual male		Fellatio -microscopy of urethral slide (if urethral symptoms) - 1 st pass urine GC/CT NAAT	- microscopy of urethral slide if urethral symptoms - 1 st pass urine GC/CT NAAT	Insertive - microscopy of urethral slide if urethral symptoms - 1 st pass urine GC/CT NAAT - consider urethral GC culture if GC suspected or if GC contact
Female		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	Receptive - 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 <i>trachomatis</i>
DGM	=	Dark ground microscopy
GC	=	Gonococcus/ <i>Neisseria gonorrhoea</i>
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 <i>vaginalis</i>
V/V	=	Vulvo-vaginal
WSW	=	Women who have sex with women