STD PCHD

Strengthening STD Prevention and Control for Health Departments

Technical Assistance Note # 12c | STD clinical preventive services for MSM

From Strategy Area III: Promote CDC-Recommended Screening, Diagnosis, and Treatment

12. Promote CDC-recommended screening, diagnosis, and treatment of STDs among high priority populations:
    c. **For MSM**, particularly those seen in lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) health centers, HRSA-funded HIV care settings, primary care settings, and clinics providing HIV PrEP: Assess screening and treatment practices to identify and prioritize providers, organizations, and areas to target for promotion and improvement. Provide education and technical assistance to targeted providers and organizations to promote recommended screening and treatment

Why DSTDP included these strategies

The incidence of many STDs in gay, bisexual, and other men who have sex with men (MSM) is greater than that reported in women and men who have sex with women only. In addition to the negative effects of untreated STDs, elevated STD burden is of concern because it may indicate high risk for subsequent HIV infection. Data on sexual behaviors and gender of sex partners are limited at the national level, so understanding these trends on a local level is critical.

Extragenital screening for chlamydia and gonorrhea is also critical; urethra-only screening for these infections in MSM misses most infections. Though nucleic acid amplification tests (NAATs) have not been cleared by the Food and Drug Administration (FDA) for the diagnosis of extragenital chlamydia or gonorrhea, laboratories may validate their FDA-cleared NAATs for use on extragenital specimens. Partnerships with laboratories are essential for facilitating these approvals.

STD programs should work with health care providers who serve MSM, especially LGBTQ health centers, HRSA-funded HIV care settings, primary care settings, and clinics providing HIV pre-exposure prophylaxis (PrEP), to ensure awareness of the need to screen for STDs. It is not always possible to obtain data on STD screening rates from every provider, but if these data are available, the program should monitor and evaluate the data to determine where screening rates need improvement. STD programs may choose to focus on high-priority providers in at-risk communities who can provide such data. In areas where STD incidence and prevalence are high in MSM, provider awareness-raising, education and technical assistance should be intensified. Where possible, STD programs should use quality improvement (QI) methods to measure and increase screening in health care settings where MSM receive care.

Key definitions

Extragenital: Situated or originating outside the genital region or organs. For STD screening, usually refers to the pharynx (throat) and rectum (butt)
LGBTQ: Lesbian, gay, bisexual, transgender, and/or queer
MSM: Gay, bisexual, and other men who have sex with men
PrEP: Pre-exposure prophylaxis for HIV prevention

Considerations for implementation

Know the providers of care and services to MSM

- Identify and establish relationships with local LGBTQ providers:
    - Examine laboratory and provider data, and insurance data if available, from the program's jurisdiction to identify providers of care to MSM
    - Ensure these providers are following CDC's STD screening guidance for MSM
    - Interact with LGBTQ organizations, CBOs serving MSM, and HIV/AIDS support groups to create a professional network of people who can support screening and linkage to care efforts
- Obtain any readily available screening data from insurance plans, clinics, municipalities and other organizations to assess screening rates and find areas for improvement:
    - Encourage these organizations to collect and report gender of sex partners and anatomical location of chlamydia and gonorrhea infections
    - Consider modifying data systems and analyses to include these variables

Actively promote screening, diagnosis, treatment and linkage to care for MSM

- Add gender of sex partners and anatomical site of chlamydia and gonorrhea infections to case report forms and surveillance summaries to ensure data are available to drive resource allocation
- Raise awareness of the need for STD screening:
    - Conduct trainings, presentations at professional meetings, technical assistance, and other education efforts
    - Provide regular Health Alerts or other provider communications
- Prioritize and monitor STD screening of MSM in Ryan White care, especially of extragenital sites
    - Inclusion of non-syphilis STD measures in Ryan White care audits can be an effective monitoring tool for quality STD screening in those settings
- Encourage health plans and provider groups to adopt quality improvement measures that include syphilis and extragenital STD screening rates of MSM
- Work with all clinical settings and medical providers to:
    - Promote MSM standards of care and routinely elicit risk-based sexual histories
    - Screen for rectal chlamydia and gonorrhea infection in men who had receptive anal intercourse in the past year
    - Screen for pharyngeal gonorrhea infection in men who had receptive oral intercourse in the past year. CDC does not recommend testing for pharyngeal chlamydia infection, but most providers use combination tests for both chlamydia and gonorrhea
- Discuss and offer or refer for initiation of Pre-Exposure Prophylaxis (PrEP) for HIV-negative men with any STD, but especially syphilis or rectal chlamydia or gonorrhea
- Implement effective strategies for improving screening rates in clinic settings, including standing orders for STD testing
- Consider self-collection of rectal and pharyngeal specimens when a full exam is not feasible
- Work with laboratories to:
    - Internally validate NAAT for diagnosis of extragenital chlamydia and gonorrhea infections. If this is not feasible, work with the Association of Public Health Laboratories (APHL) to identify and link clinical providers to laboratories that have already validated rectal and pharyngeal specimens for chlamydia and gonorrhea testing

- Work with MSM-focused community-based organizations (CBOs) to:
    - Facilitate STD testing of MSM who may not be accessing testing elsewhere. Many CBOs offer HIV-only testing, which is a missed opportunity for identifying new STD infections
    - Educate and promote extragenital testing as an essential sexual health practice
    - Educate and promote PrEP, especially for those HIV-negative MSM with a history of STDs
- Encourage MSM constituents to request regular risk-based STD screenings from their healthcare providers
- Navigate high-risk, HIV-negative MSM constituents to PrEP services
- To go above and beyond:
    - Monitor screening rates in jurisdictions where STD prevalence is high, or where prevalence has significantly increased in recent years
    - Conduct quality improvement in one or more providers who do not screen routinely. Develop regular assessments of screening rates, conduct training and technical assistance, and collaborate on ways to continuously improve rates
    - Consider calculating, monitoring, evaluating, and reporting STD rates for MSM
    - Consider evaluating the sexual history documentation and practices of providers, to make sure they are eliciting the behavioral information needed to determine which anatomical sites have been exposed and how frequently their clients should be tested

Other resources

- CDC STD fact sheet on screening recommendations: https://www.cdc.gov/std/tg2015/screening-recommendations.htm
- CDC STD web page on MSM: https://www.cdc.gov/std/life-stages-populations/msm.htm
- NCSD's MSM Sexual Health Standards of Care: http://www.ncsddc.org/resource/msm-sexual-health-standards-of-care/

For more information or feedback on this document, contact your DSTDP Prevention Specialist or email STD_PCHD@cdc.gov. CDC's Division of STD Prevention, Program Development and Quality Improvement Branch, developed this document for recipients of PS19-1901 STD PCHD to provide additional clarification of strategies outlined in that NOFO and to support program implementation. The content here does not represent additional NOFO requirements nor official CDC recommendations. Issue date: April 2019