STI Testing In HIV Positive MSM Patients: A Missed Opportunity?

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Background

Approximately 1/20 men that have sex with other men (MSM) are human immunodeficiency virus (HIV) positive¹. An increasing amount of STIs have been diagnosed in HIV positive MSMs compared with HIV negative MSMs³. Therefore, it is important for HIV positive MSMs to undergo regular STI screening as they are at an increased risk of transmitting STIs and HIV^{2,3}.

Aims and Objectives

The aim of this audit is to assess if HIV positive MSMs are receiving regular STI screening in line with national guidelines.

Primary objectives:

- To assess if HIV positive MSMs are undergoing regular STI screening at least annually.
- To assess if high risk HIV positive MSMs are being screened every 3 months.

Secondary objectives:

- To assess the uptake of hepatitis B vaccination in HIV positive MSMs.
- To assess if HIV positive MSMs are receiving annual screening for hepatitis C.

BHIVA Guidelines (2008) and BASHH Guidelines (2014)

- All HIV positive individuals should have a full sexual health screen annually³.
- All HIV positive individuals should be vaccinated against hepatitis B, regardless of sexual orientation³.
- Annual screening of hepatitis B and C³.
- MSM at high risk of STIs should be tested every 3 months².

Methodology

This audit includes HIV positive MSMs that visited the Fowler Centre, Wolverhampton in the past 12 months, between October 2015 and November 2016. Patients were classified as high risk if they had >2 sexual partners in the last 12 months or drug use (chemsex). The data was collected retrospectively and consists of patient case notes and laboratory results using an audit pro-forma.

References

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- Fakoya A, Lamba H, Mackie N, Nandwani R, Brown A, Bernard EJ, Gilling-Smith C, Lacey C, Sherr L, Claydon P, Wallage S. British HIV Association, BASHH and FSRH guidelines for the management of the sexual and reproductive health of people living with HIV infection 2008. HIV Medicine. 2008;9:681-720. [Cited 2016 Nov 6].

The hepatitis B immunity status was also investigated. Patients were classed as vaccinated against hepatitis B if there was a good response to the vaccine. Natural immunity indicates previous infection with hepatitis B.

(n=50)	Number of cases
Vaccinated	39 (78%)
Natural immunity	3 (6%)
No immunity	8 (16%)

Figure 3: Table showing hepatitis B immunity

Discussion and Limitations

With 40% of patients not being screened for STIs there is a large potential for missed diagnoses and increased risk of exposure for partners to both STIs and HIV. However, with this audit it is unknown how many patients were offered screening, how many declined screening and overall staff education on the topic as potential causes for the reduced screening levels. Secondly, the data regarding high risk behaviours was not readily available. Despite this it is reasonable to assume that high risk patients are unlikely to be screened 3 monthly as the whole population is not being screened annually. Despite the lack of STI screening, vaccination against hepatitis B was very good. This is likely due to the baseline screening offered to all HIV positive individuals. A potential reason for the lack of hepatitis C screening may be lack of staff education concerning the guidelines and the knowledge that HIV positive MSMs are at a higher risk of acquiring hepatitis C³.

Conclusion and Recommendations

There is a significant lack of STI and hepatitis C screening in HIV positive MSMs. This could be improved with the following recommendations:

- Staff education on guidelines and encourage staff to offer screening.
- A new pro-forma to allow data such as high risk behaviour and overdue screening to be easily accessed.
- Patient education about HIV, sexual health screening and practicing safer sex.