

## Wellbeing of Men who have Sex with Men (MSM): Sexual health other than HIV

### Key Facts

- MSM have higher rates of sexually transmitted infections than heterosexual men
- MSM are at high risk of human papilloma virus related disease and would benefit from HPV vaccination

### What can I do?

- Provide STI testing to MSM within primary care, otherwise sign post to Sexual Health Services
- Encourage regular testing(HIV/ syphilis/ chlamydia and gonorrhoea) as part of a regular sexual health check up. This will result in earlier identification and treatment as these infections are often asymptomatic
- When testing for chlamydia and gonorrhoea offer testing from pharyngeal and rectal sites in addition to urine
- Inform patients they can seek sexual health care outwith the region in which they reside
- Encourage safer sex including the use of condoms, help MSM to access free condoms
- Promote hepatitis B vaccination
- Raise awareness of the benefits of HPV vaccination based on the JCVI statement ( <https://www.gov.uk/government/publications/jcvi-statement-on-hpv-vaccination-of-men-who-have-sex-with-men>)

### Background

Published epidemiology data on the rates of sexually transmitted infections (STI) in Scotland are primarily based on laboratory data which contains no information on sexual orientation. Data from England is derived from attendees at genito-urinary medicine clinics and data collected as part of the National Chlamydia Screening Programme and consequently does contain information on sexual orientation.

Although only 2.6% of the male population in England is estimated to be MSM, they account for a significant proportion of STI diagnosis <sup>1</sup>

Proportion of all male STIs diagnosis among MSM (England, 2013)

- infectious syphilis - 81%
- gonorrhoea - 63%
- chlamydia - 17%
- genital herpes - 11%
- genital wart (first episode) - 8%

In recent years, Lanarkshire Sexual Health Services have diagnosed an increased number of syphilis cases. As a result, targeted resources were produced to highlight the importance of being tested for this particular STI \*\*Add poster PDF and leaflet is possible??\*\*

The number of diagnoses of STIs reported in MSM in England has risen sharply in recent years and accounts for the majority of increased diagnosis seen among men in general. Between 2012 and 2013 gonorrhoea increased by 26%, syphilis 12%, chlamydia 11% and genital herpes 7% <sup>1</sup>.

High rates of gonorrhoea transmission are a particular concern due to the emergence of gonorrhoea isolates with decreased susceptibility to cefixime among MSM <sup>1</sup>. First line treatment for all suspected or proven gonorrhoea is currently intramuscular ceftriaxone and oral azithromycin together unless contraindicated due to allergy or isolate known to be sensitive to ciprofloxacin <sup>2</sup>. Sexual Health Services should be consulted for the latest advice on the management including treatment for all cases of gonorrhoea.

A number of different factors are likely to have contributed to the sharp rise in diagnosis among MSM. There is more testing especially of extra genital (rectal and pharyngeal) sites but high levels of unsafe sexual behaviour probably contributed to this rise <sup>1</sup>.

In the UK younger MSM have higher rates of STI, one in four STI diagnoses are reported from men age 16 to 24 <sup>3</sup>.

One in three gay men in Scotland have never tested for any STIs <sup>4</sup>. Encouraging MSM to have regular testing (HIV/ syphilis/ chlamydia and gonorrhoea) as part of a regular sexual health check up will result in earlier identification and treatment as these infections are often asymptomatic. This should be at least annually but more frequent testing for example three or six monthly may be appropriate when risks appear greater <sup>5</sup>.

MSM have an increased risk of hepatitis B and C infections. MSM are eligible for hepatitis B vaccination free of charge within primary care and sexual health settings. Unless there is documented evidence of a completed vaccination schedule hepatitis B testing should be included as part of regular STI testing.

To date the increased incidence of hepatitis C in men who have sex with men is thought to be confined to men who experience sex associated with trauma or injury, men using recreational drugs (including taking recreational drugs during sex, known as 'ChemSex, see 'lifestyle'), men who are HIV positive or have a history of lymphogranuloma venereum <sup>5</sup>

Lymphogranuloma venereum (LGV), is a condition caused by a strain of *Chlamydia trachomatis*. LGV occurs predominantly in MSM and is associated with high levels of concurrent STIs, in particular HIV, and with multiple anonymous partners and high risk sexual behaviour. In Scotland during 2013, eleven LGV diagnoses were recorded, all of which were made in men<sup>6</sup>. All cases of rectal chlamydia in men should be discussed with

Sexual Health services to discuss appropriate management including whether specific LGV testing is warranted.

MSM are disproportionately affected by human papilloma virus related cancers. Over 80% of anal cancers, around a third of oro-pharyngeal cancers and half of penile cancers are linked to HPV<sup>7</sup>. Rates of anal cancer are over 15 times greater in MSM than heterosexual men<sup>7</sup>. Unlike heterosexual men, MSM will not benefit from the herd immunity from the vaccination of women. The Joint Committee on Vaccination and Immunisation (JCVI) has recommended the targeted extension of the HPV vaccine to include MSM age 16 to 40 in the UK subject to the programme being provided at a cost effective price and the outcome of stake holder consultation<sup>8</sup>.

Get Rubbered! is run by Terrence Higgins Trust Scotland. It's a service that provides free condoms and lube by post in a plain envelope to men who have sex with men who live in rural and remote areas <http://www.tht.org.uk/our-charity/Our-work/Scotland/Condoms-by-post>

Condoms are also available from Sexual Health clinics across Scotland. Lanarkshire operate a C Card scheme which provides free condoms and lubrication to anyone who is living, working or studying in Lanarkshire. For more information on where and how to access the scheme <http://www.lanarkshiresexualhealth.org/contraception/free-condoms/c-card-scheme/>

## References

1. Public Health England (2013) *Health Protection Weekly Report Volume 8 Number 24 Sexually transmitted infections and chlamydia screening in England 2013* [online]. [Accessed 21 January 2015].  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/345181/Volume\\_8\\_number\\_24\\_hpr2414\\_AA\\_stis.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/345181/Volume_8_number_24_hpr2414_AA_stis.pdf)
2. British Association of Sexual Health and HIV *UK national guideline for the management of gonorrhoea in adults, 2011* [online]. [Accessed 21 January 2015].  
<http://www.bashh.org/documents/3920.pdf>
3. Public Health England (2014) *Promoting the health and wellbeing of gay, bisexual and other men who have sex with men (updated July 2014)* [online]. [Accessed 21 January 2015].  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/339041/MSM\\_Initial\\_Findings\\_GW2014194.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/339041/MSM_Initial_Findings_GW2014194.pdf)
4. Stonewall (2013) *Gay and Bisexual Men's Health Survey Scotland* [online]. [Accessed 21 January 2015].  
[http://www.stonewallscotland.org.uk/documents/sw\\_gmh\\_scotland\\_low\\_res\\_web\\_2.pdf](http://www.stonewallscotland.org.uk/documents/sw_gmh_scotland_low_res_web_2.pdf)
5. British Association of Sexual Health and HIV *Recommendations for testing for Sexually Transmitted Infections in men who have sex with Men (2014)* [online]. [Accessed 21 January 2015].  
<http://www.bashh.org/documents/BASHH%20Recommendations%20for%20testing%20for%20STIs%20in%20MSM%20-%20FINAL.pdf>
6. Health protection Scotland (2014) *Weekly Report Sept Volume 48 Genital herpes simplex, genital chlamydia and gonorrhoea infection in Scotland: laboratory diagnoses 2004 – 2013* [online]. [Accessed 21 January 2015].  
<http://www.hps.scot.nhs.uk/ewr/article.aspx>
7. BASHH welcomes JCVI decision to extend HPV vaccine to protect men who have sex with men (MSM) subject to final review (November 2014)  
[http://www.bashh.org/BASHH/News/BASHH/News/News\\_Items/BASHH\\_welcomes\\_JCVI\\_decision\\_to\\_extend\\_HP\\_vaccine\\_to\\_protect\\_men\\_who\\_have\\_sex\\_with\\_men\\_MS\\_M\\_.aspx](http://www.bashh.org/BASHH/News/BASHH/News/News_Items/BASHH_welcomes_JCVI_decision_to_extend_HP_vaccine_to_protect_men_who_have_sex_with_men_MS_M_.aspx)
8. Daling et al (2004) Human papillomavirus, smoking, and sexual practices in the etiology of anal cancer. *Cancer* 2004;101: 270-80