

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 benefit from HPV vaccination

What can I do?

- If unable to provide STI testing to MSM within primary care, 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 dual NAAT 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 access free condoms
- Promote hepatitis B vaccination (available from Sexual Health clinics)
- Promote HPV vaccination in MSM age 45 and under (available from Sexual Health clinics)

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 ¹

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%

The number of diagnosis 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% ¹.

High rates of gonorrhoea transmission are a particular concern due to the emergence of gonorrhoea isolates with decreased susceptibility to cefixime among MSM ¹. First line treatment for all suspected or proven gonorrhoea is currently intramuscular ceftriaxone and oral azithromycin unless contraindicated due to allergy or isolate known to be sensitive to ciprofloxacin ². 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 ¹.

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

One in three gay men in Scotland have never tested for any STIs ⁴. 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 ⁵. In Dumfries & Galloway postal testing kits are available. The kits and postage are free and allow for testing of pharyngeal and rectal sites in addition to urine. Email: dgsexualhealth@nhs.net

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 ⁵

Lymphogranuloma venereum (LGV), 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 2016, 45 LGV diagnoses were recorded, all of which

were made in men compared to 15 in 2015, eight in 2014, 11 in 2013, 10 in 2012 and six in 2011⁶. 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. In all men 80-85% of anal cancers, 30-70% of oro-pharyngeal cancer and 50% of penile cancers are associated with HPV infection⁷. Rates of anal cancer are over 15 times greater in MSM than heterosexual men⁸. Unlike heterosexual men, MSM will not benefit from the herd immunity from the vaccination of women. From the 1 July 2017 vaccination is offered opportunistically to MSM attending sexual health clinics across Scotland⁷.

Condoms are available from Sexual Health clinics across Scotland, Most services also make them available free 14 to 19 year olds who have signed up to a 'C or condom card' at a variety of outlets such as local libraries and pharmacies. In Dumfries & Galloway condoms and lube are also available free of charge by post in a plain envelope to men who have sex with men. Email: dgsexualhealth@nhs.net

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/617025/Health_Protection_Report_STIs_NCSP_2017.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].
<https://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
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
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 (2017) Weekly Report 26 Sept Volume 51 No. 2017 /38 *Genital chlamydia and gonorrhoea infection in Scotland: laboratory diagnoses 2007 – 2016* [Accessed 30 September 2018].
<http://www.hps.scot.nhs.uk/documents/ewr/pdf2017/1738.pdf>
7. Health protection Scotland *HPV vaccination for men who have sex with men (MSM) 2017 Information for Practitioners and vaccination details for registered healthcare practitioners* [Accessed 30 September 2018].
<http://www.nes.scot.nhs.uk/media/3977006/HPV%20MSM%20FAQs%20Final%20080617.pdf>
8. Daling et al (2004) Human papillomavirus, smoking, and sexual practices in the etiology of anal cancer. *Cancer* 2004;101: 270-80 [Accessed 30 September 2018]
<http://onlinelibrary.wiley.com/doi/10.1002/cncr.20365/pdf>