

PREVENT STDs AMONG MSM

IDENTIFICATION OF MSM (MEN WHO HAVE SEX WITH MEN)

Assess sexual risk for all male patients, including routinely asking about the gender of patient's sex partners.

STD SCREENING FOR ALL SEXUALLY ACTIVE MSM¹

The following tests are recommended annually²:

- HIV serology, if HIV–negative or not previously tested
- Syphilis serology
- Urethral culture or nucleic acid amplification test for gonorrhea
- Urethral or urine test (culture or nucleic acid amplification) for chlamydia in men with oral-genital exposures
- Pharyngeal culture for gonorrhea in men with oral-genital exposure
- Rectal gonorrhea and chlamydia culture in men who have had receptive anal intercourse

¹If signs or symptoms of STDs are present (e.g., urethral discharge, dysuria, anorectal symptoms [e.g., pain, pruritis, discharge, and bleeding]), genital or anorectal ulcers, other mucocutaneous lesions, lymphadenopathy, and skin rash), appropriate diagnostic tests should also be done.

PREVENTION COUNSELING

- Prevention messages should be tailored to the patient, with consideration given to patient's specific risk factors for STDs.
- Messages should include a description of specific actions the patient can take to avoid acquiring or transmitting STDs.
- The most reliable way to avoid transmission of STDs is to abstain from sexual intercourse or to be in a long-term, mutually monogamous relationship with an uninfected partner.
- If a person chooses to have sexual intercourse with a partner whose infection status is unknown or who has an STD, a new condom should be used.

FOR ADDITIONAL INFORMATION

STD Treatment Guidelines:

www.cdc.gov/mmwr/PDF/RR/RR5106.pdf

PDA Download: www.cdcnpin.org/scripts/std/pda.asp

Hepatitis Vaccination:

www.cdc.gov/hepatitis

Male Latex Condoms and Sexually Transmitted Diseases:

www.cdc.gov/nchstp/od/latex.htm



Persons depicted in these materials are models and used for illustrative purposes only.

HEPATITIS A VACCINATION

- Recommended for all MSM
- Doses and schedules (≥ 19 years)

Vaccine	Dose	Volume (mL)	Schedule (months)
HAVRIX® ¹	1,440 EL.U.	1.0	0, 6-12
VAQTA® ²	50 U	1.0	0, 6-12
Twinrix® ³	**	1.0	0, 1-2, 6-12

¹inactivated hepatitis A vaccine, GlaxoSmithKline; EL.U.=Enzyme-linked immunosorbent assay units; 2-dose schedule

²inactivated hepatitis A vaccine, Merck & Co., Inc.; U=Units; 2-dose schedule

³combined hepatitis A-hepatitis B vaccine, GlaxoSmithKline; 3-dose schedule

**720 EL.U. hepatitis A vaccine, 20 mcg hepatitis B vaccine

Prevaccination susceptibility testing

- May be cost-effective, but should not be a barrier to vaccination of susceptible persons
- Vaccination of immune persons is not harmful
- If done, first vaccine dose should be given at same time serologic testing is done
- Antibody to hepatitis A virus is test of choice

Post-vaccination testing for response

- Not recommended

HEPATITIS B VACCINATION

- Recommended for all MSM
- Doses and schedules (≥ 20 yrs)

Vaccine	Dose	Volume (mL)	Schedule (months)
ENGERIX-B® ¹	20 mcg	1.0	0, 1-2, 4-6
Recombivax® ²	10 mcg	1.0	0, 1-2, 4-6
Twinrix® ³	**	1.0	0, 1-2, 6-12

¹recombinant hepatitis B vaccine, GlaxoSmithKline; 3-dose schedule

²recombinant hepatitis B vaccine, Merck & Co., Inc.; 3-dose schedule

³combined hepatitis A-hepatitis B vaccine, GlaxoSmithKline; 3-dose schedule

**720 EL.U. hepatitis A vaccine, 20 mcg hepatitis B vaccine

Pre-vaccination susceptibility testing

- May be cost-effective, but should not be a barrier to vaccination of susceptible persons
- Vaccination of immune persons is not harmful
- If done, first dose of vaccine should be administered at same time serologic testing is done
- Antibody to hepatitis B core antigen is test of choice

Post-vaccination testing for response

- Recommended only for immunocompromised persons and for sex partners of persons with chronic hepatitis B virus infection
- Antibody to hepatitis B surface antigen is test of choice (≥ 10 MIU/mL indicates protection)
- 1-2 months after 3rd dose