



CLINICAL SERVICES

SCREENING OF WELL MEN FOR STI's and BBV's BY SEXUAL HEALTH NURSES: PROCEDURE.

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1. Purpose

The purpose of this procedure is to outline the processes involved for Sexual Health Nurses undertaking screening of Well Men for Sexually Transmitted Infection (STI's) and Blood Borne Viruses (BBV's).

2. Definition of terms

- Well Men: Asymptomatic men who present to MSHC with identified risks for STI's and/or BBV's. This may include Men with a history unprotected intercourse, partner change or contact of known infection.

3. Responsibility

- Nursing Services Manager
- Clinical Nursing Coordinator
- Sexual Health Nurses (SHN's)
- Medical Officers (MO's)
- Patient Services Officers (PSO's)

4. Equipment

- Adjustable light source
- Examination couch/chair
- Disposable gloves
- Urine collection container
- BDProbeTec (blue) swab's
- Wooden and metal shaft cotton swabs
- Gonococcal Culture Plates
- Glass Microscopy Slides
- Viral Transport Medium (VTM)
- Clinical Practice Management System (CPMS)
- HIV Antibody Test Request Form
- Victorian Infectious Diseases Reference Laboratory (VIDRL) Pathology Request Form

5. Process

Prior to testing for STI's and BBV's men must have a thorough history and risk assessment performed and documented in the medical record.

Presenting History

Reason for their visit on this occasion, if asymptomatic, why the client requests screening

- This may include asymptomatic contact of known infection

Presence of Symptoms

If it is elicited that the man is symptomatic then ascertain the duration and nature of symptoms, which may include;

- Urethral Discharge and/or dysuria
- Ano-genital lesions/altered skin integrity such as
 - Lumps
 - Sores/ulcers/blisters/lesions
 - Rash
- Specifically for Men who have Sex with Men (MSM)
 - Anal symptoms (pain, bleeding, discharge etc)

NB. If the man is found to be symptomatic, consultation with a Medical Officer is required.

Past Medical History

- Previous or concurrent medical conditions and treatments undertaken, including psychiatric/mental health issues.
- Known allergies
- Current medications
- Recent antibiotics

Vaccination History

- Hepatitis A (for MSM and men who are hepatitis C positive or high risk for hepatitis C)
- Hepatitis B

STI and/or BBV History

Previous STI and BBV's screening, if not at MSHC, then ascertain and document;

- When the tests were performed
- Who provided the tests
- If known, what tests were taken, swab tests, urine tests and/or blood tests?
- Previous HIV and/or Hepatitis C tests (where appropriate)

Previous STI and BBV Diagnosis

- What infection was diagnosed?
- When was the diagnosis made?
- Did the man receive appropriate treatment, follow up and/or referral?

Sexual Assault History

All men should be routinely asked whether they have been the victim of sexual assault. This is to enable men to have the opportunity to address any issues relating to their experience of sexual assault in a safe and supportive environment. Assessment relating to sexual assault may include:

- Time of assault: recent/past, in childhood or adulthood
- Has the man received appropriate counselling/support?

While it is beyond the scope of the Well Men's Clinic to address such complex issues in detail, the man should be offered referral to MSHC counsellors or another agency such as CASA (Centre Against Sexual Assault). If the man declines referral then this should be documented clearly in the man's medical record.

BBV Risk Assessment

History of Injecting Drug Use (IDU)

- When last injected/used
- History of needle/equipment sharing

History of tattoos/body piercing/accupuncture and the context in which they were undertaken (e.g. professional studio, non professional context, overseas etc)

Recipient of blood transfusion/products

- The year when the blood or blood products were received
- The location (i.e. in Australia or overseas)

Sexual History/Risk Assessment

Time of last sexual contact

- Regular/casual contact
- Gender of the contact
- Type of sex (oral, vaginal and/or anal intercourse)
- Safer sexual Practices (i.e. condom use)
- Other specific episodes of concern
- Number of different sexual contacts in the last 3 and 12 months including, gender, type of sex and safer sexual practices)
- Sexual contact overseas or sexual contact with someone from overseas (eg a person from a country with high HIV/STI prevalence) in the last 12 months
 - Country/s and time of sexual contact.

NB. If it is elicited that a man (eg MSM) has had a significant risk exposure to HIV in the preceding 72 hours then the SHN should offer the man a consultation with a MO for the possibility of HIV Non-Occupational Post Exposure Prophylaxis (NPEP). If the man declines this offer then this should be clearly documented in the medical record/consultation notes. (Please see HIV NPEP Policy and Procedure)

Need for Genital Examination

The decision to perform a genital examination is based on a number of factors. Not all asymptomatic men who attend the Well Men's Clinic require a genital examination. Indication for ano-genital examination includes:

- MSM
- Symptomatic men
- Contacts of known infection
- If a man requests an examination

Genital Examination

Genital examination should be carried out prior to collection of First Pass Urine.

- Instructed the man to lay supine on the examination table with lower abdomen and genitals exposed.
- Using the examination light, inspect and palpate the skin and genitalia
- Skin and pubic area: general appearance noting the presence any lesions/rash
- Groin: palpate the groin for the presence of painful inguinal lymph nodes
- Penile Shaft, noting the presence of any lesion or alterations in skin integrity
- If present, retract the foreskin and inspect the skin of the prepuce, glans and frenulum.
- Inspect inside the urethral meatus, noting the presence of discharge, inflammation or lesions.
- Inspect and palpate the scrotal skin
- Palpate testis, noting the presence of pain, swelling, lumps and or a hardened area of the testical/s.

- Locate and palpate the Vas Deferens, noting the presence of pain and/or swelling.

Anal Examination (generally only recommended for MSM)

- Instruct the man to lay on his side
- Inspect the perianal area noting the presence of fissures, haemorrhoids, mass or lesions.

Recommended Screening Tests

Asymptomatic Heterosexual Men

- First Pass Urine (FPU) (preferable) or Urethral Swab for Chlamydia Strand Displacement Amplification (SDA)
- Serological Tests for
 - HIV
 - Syphilis
 - Hepatitis B (if indicated)
 - Hepatitis C (if indicated)
- NB. Some men may choose not to undertake serologic screening which is reasonable in the setting of low risk. However men with identifiable risk factors should be encouraged to undertake serological testing. All men who decline the offer serological testing should have this clearly documented in their medical record/consultation notes.
- Factors that influence the decision to encourage/highly recommend serological screening include;
 - IDU or other blood risks such as non-professional tattoo's/body piercing, medical/surgical procedures performed overseas
 - Sexual contact or blood contact with known HIV positive woman
 - Sex Overseas (especially in high prevalence HIV/STI countries)
 - Sex with a women from a high HIV prevalence country
 - The man is from a high prevalence HIV country

Asymptomatic MSM

- Consistent with Australasian Chapter of Sexual Health Medicine (2005) STI Testing Guidelines for MSM the following test should be routinely offered;
 - Pharyngeal swab for Gonorrhoea culture and sensitivities
 - Anal swabs
 - Chlamydia SDA
 - Gonorrhoea culture and sensitivities
 - FPU for Chlamydia SDA
 - Serological tests for;
 - HIV
 - Syphilis
 - Hepatitis A (if not immunised or immune)
 - Hepatitis B (if not Immunised or Immune)
- Screening for hepatitis C should also be offered to MSM if indicated.
- SHN's should also use the opportunity to
 - Recommend to MSM to have STI screening at least once a year and more frequently (every 3 to 6 months) if they attend Sex on Premises Venues, use recreational drugs or seek sex partners via the internet.
 - Promote and raise awareness of access to HIV Non-occupational Post Exposure Prophylaxis (NPEP).

Contacts of Known Infection

Asymptomatic Contacts of Chlamydia

- Men who present as contacts of chlamydia should ideally be examined and be tested for chlamydia by FPU SDA.
- Men who are found to have signs and/or symptoms of urethritis should also have urethral smear for gram stain microscopy, gonorrhoea culture and FPU for Mycoplasma genitalium (MG) PCR. In addition to performing these additional tests SHN's must consult with a MO.
- MSM must have an anal swab for chlamydia SDA; if a MSM is found to have signs and/or symptoms of proctitis then they must be referred to a MO for evaluation.
- All men (heterosexual and MSM) should also be opportunistically screened other STI/BBV as appropriate.
- The man should also receive presumptive treatment for chlamydia infection in consultation with a MO.

Asymptomatic Contacts of Gonorrhoea

- Men who present as asymptomatic contacts of gonorrhoea should ideally be examined. In most cases, urethral gonorrhoea will display symptoms of urethritis within 4 to 7 days. Therefore depending on the timing of the sexual contact the man may not yet be symptomatic so a urethral swab for gonorrhoea culture (+/- microscopy) should be collected.
- If a man is found to have signs and symptoms of urethritis then microscopy and FPU for chlamydia SDA/MG PCR must be collected.
- MSM must also have swabs for pharyngeal and anal gonorrhoea culture collected; if a MSM is found to have signs and/or symptoms of proctitis then they must be referred to a MO for evaluation.
- All men should also be opportunistically screened for other STI's/BBV's.
- SHN's should also consult with a MO for the possibility of providing presumptive treatment.

Asymptomatic Contacts of MG

- Men who present as contacts of MG should ideally be examined and be tested for MG by FPU PCR.
- Men who are found to have signs and/or symptoms of urethritis must also have urethral smear for gram stain microscopy, gonorrhoea culture and FPU for chlamydia SDA.
- MSM should also have an anal swab for MG. MSM with rectal symptoms must be referred to a MO for evaluation
- All men should also be opportunistically screened for other STI's/BBV's as appropriate.
- The man should also receive presumptive treatment for MG infection in consultation with a MO.

Special Note for Herpes Simplex Virus (HSV)

Classic presentations/symptoms (painful ulcers/vesicles, dysuria, constitutional symptoms) of genital herpes represent approximately 20% of people infected with HSV. The remaining 80% of people infected with HSV, are either asymptomatic or have unrecognised symptoms of genital herpes such as recurrent skin splits/fissures/irritation.

- Serologic testing for HSV is not recommended in the asymptomatic man. HSV Type Specific Serology is not considered a screening test and should not be routinely offered to men in the Well Men's Clinic.

Clients presenting with identifiable symptoms of genital herpes will normally be triaged to see a doctor, however occasionally clients with unrecognised symptoms may be identified in the

Well Men's Clinic through history taking and/or examination. If a man is found to be symptomatic or has signs that are consistent with either classic or possible atypical/unrecognised HSV infection then consult with a MO and swab for HSV (PCR) should be collected, by;

- Using cotton tipped wooden swab and a Viral Transport Medium VTM.
- If vesical are present then collect fluid from the vesical which may require the vesical to be broken.
- If there are scabs or overlying debris are present then gently debride the lesion and collect any underlying exudate by firmly rubbing the tip of the swab on the lesion.
- Place the swab in the viral transport medium, snap off the end of the swab and seal the vial. Attach a name code sticker the specimen including the site (eg penis, labia etc)
- Complete a VIDRL Pathology Request Form and place together with the specimen in a specimen bag. Place this in the refrigerator in the clean utility room on the male side of the clinic and record the specimen in the specimen log provided. Specimens are collected daily by a courier.

NB. Men found to have ano-genital ulceration must be reviewed by a MO as the possibility of other causes of ulceration, such syphilitic chancre especially in MSM, needs to be considered and investigated.

Specimen Labelling

- Prior to being collected, all specimens should be labelled with the woman's name code sticker with the specimen site clearly documented.

Self Collected Specimens

Self Collected FPU for Chlamydia SDA and/or MG PCR.

- Preferably the man should have not passed urine for at least 1 hour. Provide the man with a urine specimen container and instruct him to collect the first part of the urine (when the stream commences), filling the container about ½ full (10-30 mls). Replace the lid securely place in a plastic bag and return it to the practitioner.

Practitioner Collected Specimens.

Pharyngeal Swab for Gonorrhoea Culture and Sensitivities

- Using a metal or wooden shaft cotton wool swab
- Instruct the man to open his mouth (use a tongue depressor if necessary) and swab the posterior pharynx and the tonsillar crypts.
- Inoculate the culture plate by streaking the swab on each half of the culture plate and dispose of the swab and replace lid ready for transport.

Urethral Swab for chlamydia SDA or gonorrhoea culture or MG PCR

Asymptomatic Men

- Urethral swabbing for gonorrhoea is generally not recommended in asymptomatic men, unless they are a recent contact of infection.
 - Using either a metal shaft cotton wool swab or plastic bacteriological loop, by gently inserting it into the urethra 2-4 cm and rotating in one direction for ≥ 1 revolution and withdrawn. A culture plate is then inoculated for micro culture and sensitivities. Moistening the swab with sterile non-bacteriostatic saline may help reduce discomfort.
- Urethral Swab for Chlamydia SDA and MG (use separate swabs)
- The preferred method of specimen collection for chlamydia and MG from the urethra is by FPU, if this is not possible (eg the man is unable to urinate) then urethral swabs may be used as an alternative.

- Using BDProbeTec (blue) swab gently inserting it into the urethra 2-4 cm and rotating in one direction for ≥ 1 revolution and withdraw and replace swab immediately in to the plastic sleeve

Symptomatic Men

- Prior to collection of a FPU. Using a metal shaft cotton wool swab or plastic bacteriological loop, collect a sample of the exudate/discharge from the urethral meatus and prepare a urethral smear for gram stain microscopy and inoculate a culture plate for gonorrhoea culture and sensitivities.
- A microscopy slide is prepared by rolling the cotton wool swab or smearing the bacteriological loop across the glass slide and allowing to air dry, ready for transport to the laboratory.

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Anal Swabs

Chlamydia SDA (use a separate swab if MG PCR if indicated)

- Use a BDProbeTec (blue) swab
- Instruct the man to lie in the lateral position.
- Blind swabbing of the rectum is undertaken by inserting the swab 2-3cm into the anal canal pressing laterally to avoid faecal matter. The swab is then removed and placed back into its transport tube.

Anal Swab for Gonorrhoea Culture and Sensitivity

- Use metal shaft cotton tipped swab, repeat specimen collection as above and inoculate culture plate.

Requesting Pathology Test for Medical Diagnostics Unit (MDU: on-site lab)

- All request for pathology tests outlined above should be made and submitted via the electronic form available on the Clinical Practice Management System (CPMS) prior to the specimens being transported to the laboratory.
 - NB. Specifically requesting tests for MG requires the practitioner to choose the "Test for MG" in the diagnosis section of the CPMS 'Epi Data', where the program will prompt the user to answer a series of questions, once complete print the request form and transport this along with specimen to laboratory for processing.

Serological Tests

- HIV antibody (ab) (For specific requirements refer to MSHC CS. HIV Antibody Testing Policy and Procedure)
- Hepatitis A ab
 - Ideally should only be requested where the man has a history of IDU, MSM, sex work or is known to be or likely to be hepatitis B, C or HIV positive.
- Hepatitis B (cab/sab/sag) Testing and Vaccination
 - Serological Screening for Hepatitis B should be performed on

- Men with family members with hepatitis B
 - Men from high prevalence countries
 - Men with high risk exposure, including IDU and/or MSM
 - Men with Hepatitis C
 - Men who are Aboriginal and Torres Straight Islanders
 - NB. In addition to serologic screening these men should be offered a course of hepatitis B vaccine at first presentation (NB. Hepatitis B vaccine produces neither therapeutic effects nor adverse events in hepatitis B Carriers)
- For men who don't fit one of the risk categories listed above then testing for hepatitis B is generally not recommended;
 - If the man has previous documented immunity (either natural or vaccination immunity) or gives a history of a complete course of vaccination then there is no need to retest for Hepatitis B (NB. Testing for post Vaccination immunity is only recommended if the man is at significant occupational risk, is immunocompromised, or have pre-existing liver disease.)
 - If the man gives a history of partial or incomplete vaccine course then, don't retest and plan a hepatitis B 'catch up' schedule (please refer to CS.Vaccine Provision by Sexual Health Nurses (Hepatitis B): Procedure).
 - If the man has no known history of Hepatitis B infection or vaccination then serology is not indicated and the man should be offered a course hepatitis B vaccination at first presentation.
- Hepatitis C ab (For specific requirements see MSHC CS. Hepatitis C Screening and Management Policy and Procedure)
 - Syphilis Screening

Serology Request Forms

- HIV: (see MSHC CS. HIV Antibody Testing Policy and Procedure)
- All other serology test should be requested using VIDRL Pathology Test Request Form.
- Once the request forms have been completed, transport them along with a separate name code sticker with the clients Christian name written on the back to the serology room and place in the serology room cue system. Instruct the client to wait to be called for blood tests.

Obtaining Results

All men seen in the Well Men's Clinic should be given a results access slip which includes the test taken and information on how to access results. Generally,

- If HIV testing is undertaken, then advise the man to return to MSHC via the Walk- In Triage System in person in 7 days to collect all results at the same time. (See MSHC HIV Testing Policy and Procedure). Alternatively it may be more convenient for some men to make an appointment for results during the Thursday evening clinic.
- If HIV testing is not undertaken then advise the man to phone MSHC Telephone Results and information Line in 7 days.

NB. If the SHN believes there are circumstances (e.g. significant risk) which warrant an appointment for results then this should be indicated on the results access slip. The man should then be instructed to take this slip to reception where the PSO can book an appointment.

CPMS Epidemiological Data

- At the end of each consultation a consultation should be created on CPMS and the clients' epidemiological data must be entered and the clients marked as completed.

Positive Test Results

The follow up of all positive results falls within the domain of MSHC Follow-Up Nurse (FUN) who ensures all positive results are adequately followed up according to predetermined guidelines.

Referral to MSHC Sexual Health Counsellors

Referral to the counselling unit should be considered (but not limited to) and offered if;

- The man is experiencing excessive anxiety relating to testing that is disproportionate to the actual risk exposure.
- There is concurrent or exacerbated mental health issue's particularly if there is a risk of self harm.
- There is a likelihood that a positive result may be returned or if further intervention is required to modify risk behaviour
- The man has experienced sexual assault.

All offers of referral to counselling should be clearly documented in the man's medical record.

- Referral to counsellors requires the completion of a 'Counselling Referral Form' available on the MSHC intranet.
- If the woman declines the referral then this should be clearly documented.

6. Reference documents

- CS. HIV Antibody Testing Policy
- CS. HIV Antibody Testing Procedure
- CS. HIV NPEP Policy
- CS. HIV NPEP Procedure
- CS. Hepatitis C Screening and Management Policy and Procedure
- CS. Vaccine Provision By Sexual Health Nurses: Policy
- CS. Vaccine Provision By Sexual Health Nurses (Hepatitis A): Procedure
- CS. Vaccine Provision By Sexual Health Nurses (Hepatitis B): Procedure
- CS. Vaccine Provision By Sexual Health Nurses (Twinrix): Procedure
- CS. Walk-In Triage System Policy
- CS. Walk-In Triage System Procedure
- Australasian Chapter of Sexual Health Medicine (2005) Sexually Transmitted Infection Testing Guidelines for Men Who Have Sex With Men.