HIV and Sexually Transmitted Infection (STI) Screening* Recommendations

For Men who Have Sex with Men (MSM) and Transgender and Non-Binary (TG/NB) Persons Who Have Sex with Men

Clinicians should ask all patients the following questions:

- What is your gender? +
- What sex was recorded on your original birth certificate? +
- Do you have sex with men, women, and/or persons who are trans, non-binary or of another gender?

1. **Clinicians should perform at least annual HIV and STI screening on all sexually active MSM and TG/NB persons who have sex with men*. Sexually active MSM and TG/NB persons include those engaging in any anal, vaginal or oral sex. Screening should include the following tests:**

   - HIV using a 4th generation serological test (if patient is not previously known to be HIV infected)
   - Serological testing for syphilis (i.e. RPR or other syphilis screening test)
   - Rectal nucleic acid amplification testing (NAAT) or culture for gonorrhea and chlamydial infection (MSM and TG/NB persons who report receptive anal sex only)**
   - Pharyngeal NAAT or culture for gonorrhea
   - Urine testing for gonorrhea and chlamydial infection++

2. **Repeat HIV and STI testing (as above) should be performed every 3 months in MSM and TG/NB persons who have sex with men with any of the following risks***:**

   - Diagnosis of a bacterial STI in the prior year (gonorrhea, chlamydial infection or early syphilis)
   - Methamphetamine or popper (amyl nitrite) use in the prior year
   - $\geq$ 10 sex partners (anal or oral) in the prior year
   - Condomless anal intercourse with a partner of unknown or discordant HIV status in the prior year

- Persons taking HIV pre-exposure prophylaxis (PrEP)

* Screening refers to testing in the absence of signs, symptoms or a known exposure to STI. Patients in long-term (> 1 year), mutually monogamous, HIV concordant relationships do not require HIV/STI screening.

+ Questions about current gender and sex at birth are ideally asked as part of clinic or office registration to allow appropriate recording of gender and pronouns in the medical record.

** Although commercially available NAATs for gonorrhea and chlamydial infection have not been approved by the US Food and Drug Administration for testing of nongenital specimens, an extensive medical literature supports the accuracy of several NAATs for gonorrhea and chlamydia and they are widely used on rectal and pharyngeal specimens. Many laboratories have performed internal validation studies using these tests on rectal and pharyngeal specimens and routinely perform NAATs on such specimens.

++ Asymptomatic urethral gonorrhea is rare, while asymptomatic urethral chlamydial infections is more common. As a result, clinicians should perform urine NAATs testing for these infections at their discretion. Clinicians should test for cervical gonorrhea and chlamydial infection on TG/NB persons with cervices who have vaginal sex; this can be done using vaginal or cervical specimens.

*** Clinicians should offer HIV pre-exposure prophylaxis (PrEP) to all HIV-uninfected MSM and TG/NB persons who have sex with men, and should explicitly recommend PrEP to all MSM and TG/NB persons who have sex with men with any of the following risks:

1. diagnosis of rectal gonorrhea or early syphilis in the prior year
2. methamphetamine or popper use in the prior year
3. history of exchanging money or drugs for sex in the prior year; or
4. a sex partner who is HIV-infected and not virally suppressed.