

Sexually Transmissible Infections (STIs) in men who have sex with men (MSM)

The Queensland (STIs) in men who have sex with men (MSM) group are focused on reducing the numbers of STI notifications in MSM in partnership with men who have sex with men, clinicians, community based organisations and educators.

It would be very much appreciated if you would complete the following survey.

Please return the completed form to:

Sara Bell, A/Principal Program Adviser Sexual Health

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E-mail: sara_bell@health.qld.gov.au

Fax: 07 3328 9720

Challenges to STI screening for MSM in the general practice setting (select all relevant statements)

- Limited Resources
- Limited Knowledge
- Low demand
- Discomfort in addressing MSM issues
- Problematic contact tracing
- Average length of consultation for MSM STI testing mins
- Private pathology costs influence the pathology requests for patients with a Health Care Card
- Other:

What support would you like to provide sexual health care to MSM?

Resources

- Printed material -client Printed material - clinician
- Web based material - client Web based material - clinician
- CD-Rom material for client CD-Rom material for clinician

Education

- General STIs Appropriate testing practices
- STIs in MSM Appropriate follow up of STIs
- Correct treatment regimes Patient's partner management

- Designated contact point for clinical information support
- Referral Pathways / Practice Algorithms
- Regular sexual health 'newsletter' / updates
- None

Other:

Which of the tests below would you perform if you were conducting an STI screen for a man who has sex with men? (select all appropriate tests)

Specimen	Test	Chlamydia	Gonorrhoea	Syphilis	Herpes Simplex Virus (HSV)	HIV	Hepatitis A Virus (HAV)	Hepatitis B Virus (HBV)	Hepatitis C Virus (HCV)
Urine First Catch	NAAT/PCR	<input type="checkbox"/>	<input type="checkbox"/>						
Urethral swab	M/C/S	<input type="checkbox"/>	<input type="checkbox"/>						
Pharyngeal swab	M/C/S	<input type="checkbox"/>	<input type="checkbox"/>						
Anal swab	NAAT/PCR	<input type="checkbox"/>	<input type="checkbox"/>						
	M/C/S	<input type="checkbox"/>	<input type="checkbox"/>						
Lesion swab	NAAT/PCR			<input type="checkbox"/>	<input type="checkbox"/>				
	M/C/S			<input type="checkbox"/>	<input type="checkbox"/>				
Serology	Antibodies			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please answer YES or NO to the following statements

	YES	NO
I would recommend Hepatitis B Virus vaccination to all MSM not immune to HBV	<input type="checkbox"/>	<input type="checkbox"/>
I would perform a genital examination at the time of testing	<input type="checkbox"/>	<input type="checkbox"/>
I permit patient to perform their own rectal / anal sample collections	<input type="checkbox"/>	<input type="checkbox"/>
Men who have sex with men should be tested at least once a year for STIs	<input type="checkbox"/>	<input type="checkbox"/>
I consider 'window periods' of STI in clinical assessment	<input type="checkbox"/>	<input type="checkbox"/>
I do / might feel uncomfortable taking a detailed sexual history from men who have sex with men	<input type="checkbox"/>	<input type="checkbox"/>
I am aware of the availability of HIV post exposure prophylaxis (PEP) to prevent the acquisition of HIV following potential exposure	<input type="checkbox"/>	<input type="checkbox"/>

Contact details (if desired)

Name:

Practice:

Address:

Postcode: e-mail:

Telephone:

I would NOT like to be kept informed of : STI updates Sexual Health Program issues

Thank you for your time