

# 1 BASHH Summary Guidance on testing for sexually transmitted 2 Infections

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## 6 Executive summary

7 This summary testing guidance has been produced by the British Association of Sexual Health and  
8 HIV clinical effectiveness Group to provide a benchmark for provision of testing of STIs in the United  
9 Kingdom.

10 Within this guideline we would like to highlight that throughout, when reference is made to trans  
11 people, our intention is that this is a fully inclusive term to include all people whose gender identity  
12 differs from that expected to follow from their birth assigned sex, and therefore includes all trans  
13 people, including those with both binary and non-binary identities. Terminology is both sensitive and  
14 constantly evolving and we therefore advise local service user engagement to ensure that the  
15 terminology used in individual services is acceptable to the people who use them (Beere, 2019).  
16 Where appropriate anatomical descriptions have been used.

17 The landscape of sexually transmitted testing providers has been changing and novel testing  
18 platforms, particularly multiplex pathogen panels, are being used by some providers that detect  
19 organisms that are inappropriate for routine testing (Clarke, 2022) either due to inappropriate  
20 sample type (urine/vulvovaginal swab/throat swab/rectal swab for *Treponema pallidum* PCR, Herpes  
21 simplex virus PCR, *Haemophilus ducreyi* PCR) or due to doubtful clinical significance of the organism  
22 in asymptomatic people (*Mycoplasma hominis*, *Mycoplasma genitalium*, *Ureaplasma spp.*) (Horner,  
23 2019)

24 The recommended best practice in testing is summarised in tabular form with links to the referenced  
25 guidelines.

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27 **Blood borne virus screening**

28 All people attending sexual health services in line with BASHH/BHIVA/PHE/NICE guidelines should be  
 29 offered blood borne virus screening irrespective of their presentation.

30 Below is a summary table of current BASHH/BHIVA guidelines

Pathogen/ Diagnosis	Whom to test	Sample type	Assay	Evidence
<b>Hepatitis A (only if not known to be immune or vaccinated)</b>	MSM	Blood in plain tube (Serum)	Hepatitis A total antibody assay	(Brook, 2017)
	Trans people who have sex with men			
	PWID			
	Known Hep B or Hep C seropositive status			
	PLWH			
<b>Hepatitis B</b>	MSM <sup>1</sup>	Blood in plain tube (Serum)	Hepatitis B surface antibody quantitative assay	(Brook, 2017)
	Trans people <sup>1</sup>			
	Those who change sexual partners frequently <sup>1</sup>			
	Sex workers <sup>1</sup>			
	PWID <sup>1</sup>			
	PLWH <sup>1</sup>			
	Presenting after sexual assault <sup>1</sup>			
	Contact of Hepatitis B <sup>1</sup>			
	From endemic country and not tested since leaving endemic area (not vaccinated)	Blood in plain tube (Serum)	Hepatitis B core antibody and/or Hepatitis B surface antigen assay	
<b>Hepatitis C</b>	MSM at high risk of BBV <sup>2</sup>	Blood in plain tube (Serum)	Hepatitis C IgG or combined Antigen/Antibody assay	(Brook, 2017)
	Trans people <sup>2</sup>			
	PWID			
	PLWH			
			If previously infected, Hepatitis C RNA assay or if available Hepatitis C antigen assay	
<b>HIV</b>	All	Blood in plain tube (Serum)	Combination third-generation assays to detect IgM and IgG antibodies, and monoclonal antibodies to detect p24 antigen	(Palfreeman, 2020)

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32 Notes:

33 1. Without prior history of Hepatitis B vaccination

34 2. Eligible for 3 monthly HIV testing or on PrEP

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36 **Asymptomatic testing for sexually transmitted infections**

37 All people attending sexual health services should be offered blood-borne virus screening as above.

38 In general, urine NAAT testing for chlamydia and gonorrhoea is appropriate for all trans people.

39 Throat and rectal swabs should be guided by sexual history taking. Vaginal swabs are advised for any  
40 trans person who has a vagina.

41 Asymptomatic people should be considered for the following investigations:

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Pathogen	Whom to test	When to test	Sample type	Assay	Evidence	
<i>Chlamydia trachomatis</i> / <i>Neisseria gonorrhoeae</i>	Men/penis		FCU	NAAT <sup>1,4</sup>	(Nwokolo, 2016)	
	MSM	3 site testing required for all sexually active MSM	FCU	NAAT <sup>1</sup>	(Dragovic, 2018)	
			Throat swab	NAAT <sup>1,2,3,4</sup>		
			Rectal swab	NAAT <sup>1,2</sup>		
				Pooled samples	NAAT <sup>1,2,3</sup>	(Fifer, 2020)
	Women/vagina			VVS	NAAT <sup>1</sup>	
			Not recommended for routine screening	Throat swab	NAAT <sup>1,3,4,5</sup>	
			Not recommended for routine screening	Rectal swab	NAAT <sup>1,5</sup>	
		Not recommended for routine screening	Pooled samples	NAAT <sup>1,3</sup>		
<i>Mycoplasma genitalium</i>	Men/penis	Screening is not recommended	FCU	NAAT <sup>6</sup>	(Soni, 2019)	
	Women/vagina		VVS	NAAT <sup>6</sup>		
		Extra-genital NAAT testing for is NOT validated				
<i>Trichomonas vaginalis</i>	All	Testing is NOT recommended			(Sherrard, 2022)	
<i>Treponema pallidum</i>	All	(No history of syphilis)	Blood in plain tube (Serum)	<i>Treponema pallidum</i> antibody assay	(Kingston, 2015)	
	All	(Previously treated syphilis)	Blood in plain tube (Serum)	RPR or VDRL	(Kingston, 2019)	
	Treponema pallidum DNA detection tests should not be performed in asymptomatic people					
<i>Haemophilus ducreyi</i>	All	Testing is NOT recommended			(Lautenschlager, 2017)	
<i>Herpes simplex</i>	All	Testing is NOT recommended			(Patel, 2015)	
<i>Gardnerella vaginalis</i>	All	Testing is NOT recommended			(Sherrard, 2018)	
<i>Mycoplasma hominis</i>	All	Testing is NOT recommended			(Horner, 2019)	
<i>Ureaplasma sp.</i>	All	Testing is NOT recommended			(Horner, 2019)	

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44 Notes:

- 45 1. Any positive NG/sexual contact of NG should have culture performed on the same  
46 site/specimen before treatment is given. Specimen plated on incubated CO2 enriched  
47 *Neisseria gonorrhoeae* selective culture medium, liquid Amies transport medium

- 48 (refrigerated) or charcoal Amies swab. Treatment should not be delayed while culture is  
 49 performed and should be given immediately after culture is taken.
- 50 2. Positive rectal or pharyngeal CT NAAT (or pooled sample) in MSM should be typed for LGV.
  - 51 3. Positive pharyngeal NG NAAT (or pooled samples) should be confirmed on a separate gene  
 52 target.
  - 53 4. Anyone with genital gonorrhoea (regardless of gender or reported sexual behaviour) should  
 54 have pharyngeal sampling if either of the following apply
    - 55 a. Susceptibility results are not available and the infection may have been acquired in  
 56 the Asia-Pacific region. This is because of high levels of antimicrobial resistance in  
 57 region.
    - 58 b. Genital infection with a confirmed ceftriaxone-resistant strain.
  - 59 5. Consider NG rectal/pharyngeal sampling in women who are sexual contacts of gonorrhoea.
  - 60 6. Consider macrolide resistance testing.
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## 62 Recommended testing frequencies for asymptomatic STI testing

Risk group	Recommended testing frequency	Evidence
Anyone with 1 long-term mutually exclusive partner	Test at start of relationship	(UKHSA, 2022)
Sexually active people	Annually and after partner change (maximum frequency 3 –monthly)	(UKHSA, 2022)
Sexually active people at high risk of STIs: <ul style="list-style-type: none"> <li>• PrEP users</li> <li>• &gt;10 partners in last 12 months</li> <li>• Multiple or anonymous partners since last STI test</li> <li>• Sexualised drug use including chemsex</li> <li>• For 1 year after diagnosis of a bacterial STI</li> </ul>	3-monthly testing	(UKHSA, 2022) (Brady, 2018)

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74 Testing for STIs for people presenting with symptoms

75 Urethritis/ Epididymo-orchitis (EO)

Pathogen/ Diagnosis	Whom to test	When to test	Sample type	Assay	Evidence
NGU/ Presumptive NG	Men/penis	History/ examination suggestive of urethritis/EO	Urethral smear	Gram stain - Microscopy	(Horner, 2015) (BASHH, 2018)
Chlamydia	Men/penis	All	FCU	NAAT	(Nwokolo , 2016) (Dragovic, 2018)
Gonorrhoea	Men/penis	All	FCU	NAAT	(Fifer, 2020)
Gonorrhoea detected	Men/penis Urine NAAT positive	All detected NG	Urethral swab	Culture <sup>1</sup>	
	Pooled sample NAAT positive		Urethral swab		
			Rectal swab		
			Throat Swab		
Mycoplasma genitalium	Men/penis	Urethritis and diagnosis of NGU	FCU	NAAT <sup>2</sup>	(Soni, 2019)
	Men/penis with EO	Consider	FCU	NAAT <sup>2</sup>	
Trichomonas vaginalis	Men/penis	In persistent urethritis - consider	FCU	NAAT	(Sherrard, 2022)
Herpes simplex	Men/penis	In persistent urethritis - consider	Urethral swab	HSV DNA PCR assay	(Patel, 2015)
			FCU	Testing is NOT recommended	
			Serology	Testing is NOT recommended	
UTI	Men/penis	History suggestive of UTI/EO	Urinalysis	Mid-stream POC urine dipstick	(Horner, 2015) (BASHH, 2018)
		Urinalysis positive for Nitrites and Leucocytes or diagnosis of EO	Urine culture and sensitivities	Mid-stream urine culture	
<i>Mycoplasma hominis</i>	All	Testing is NOT recommended			(Horner, 2019)
<i>Ureaplasma urealyticum</i>	All	Testing is NOT recommended <sup>3</sup>			(Horner, 2019)
<i>Gardnerella vaginalis</i>	All	Testing is NOT recommended			(Sherrard, 2018)

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77 Notes:

- 78 1. Any positive NG (NAATs positive/presumptive NG diagnosed via microscopy) should have  
79 culture performed on the same site/specimen before treatment is given. Specimen plated

- 80 on incubated CO2 enriched Neisseria gonorrhoeae selective culture medium, liquid Amies  
 81 transport medium (refrigerated) or charcoal Amies swab. Treatment should not be delayed  
 82 while culture is performed and should be given immediately after culture is taken.  
 83 2. Consider macrolide resistance testing  
 84 3. *Ureaplasma urealyticum*: testing is NOT recommended except under specialist care after  
 85 other STIs have been excluded. Assay needs to differentiate between *U. parvum*  
 86 (commensal) and *U. urealyticum*

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## 88 Vaginal discharge

Pathogen/ Diagnosis	Whom to test	When to test	Sample type	Assay	Evidence
<b>Chlamydia</b>	Women/vagina	All	VVS	NAAT	(Nwokolo , 2016) (Dragovic, 2018)
<b>Gonorrhoea</b>	Women/vagina	All	VVS	NAAT	(Fifer, 2020)
<b>Gonorrhoea detected<sup>1</sup></b>	Women/vagina	All NG	Endocervical swab	Culture	
	Pooled sample NAAT positive	detected	Endocervical swab		
			Throat swab		
			Rectal swab		
<b>Mycoplasma genitalium</b>	Women/cervix	with PCB/ cervicitis	VVS	NAAT <sup>2</sup>	(Soni, 2019)
<b>Trichomonas vaginalis</b>	Women/vagina	All	Swab <sup>3</sup>	Wet mount microscopy	(Sherrard, 2022)
			VVS	NAAT	
			VVS	POCT antigen assay	
			VVS	Culture	
<b>Bacterial vaginosis</b>	Women/vagina	All	Swab <sup>4</sup>	Gram stain – microscopy	(Hay, 2012)
<b>Gardnerella vaginalis</b>	All	Testing is NOT recommended			(Sherrard, 2018)
<b>Candida</b>	Women/vagina	All	Swab <sup>4</sup>	Gram stain - microscopy	(Saxon, 2020)
		Acute VVC	HVS	Fungal culture – NOT recommended Candida sp. DNA detection – Not recommended	
		Recurrent VVC	HVS	Solid fungal growth medium (Sabouraud plate)	
<b>Mycoplasma hominis</b>	All	Testing is NOT recommended			(Horner, 2019)
<b><i>Ureaplasma</i> sp.</b>	All	Testing is NOT recommended			(Horner, 2019)

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92 Notes:

- 93 1. Any positive NG (NAATs positive/presumptive NG diagnosed via microscopy) should have  
94 culture performed on the same site/specimen before treatment is given. Specimen plated  
95 on incubated CO2 enriched Neisseria gonorrhoeae selective culture medium, liquid Amies  
96 transport medium (refrigerated) or charcoal Amies swab. Treatment should not be delayed  
97 while culture is performed and should be given immediately after culture is taken  
98 2. Consider macrolide resistance testing  
99 3. Taken from the posterior fornix at the time of speculum examination  
100 4. Taken from vaginal lateral wall at the time of speculum examination  
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## 102 Lower abdominal pain

103 In addition to people presenting with vaginal discharge those presenting with lower abdominal pain  
104 should be considered for the following:

Pathogen/ Diagnosis	Whom to test	When to test	Sample type	Assay	Evidence
Cervicitis	Women with LAP	All LAP	Endocervical swab	Gram stain - microscopy	(Ross, 2019)
Pregnancy	Women with LAP	All LAP	Urine	Human chorionic gonadotrophin (hCG) urine test	(Ross, 2019)
Chlamydia	Women/vagina	All	VVS	NAAT	(Nwokolo, 2016) (Dragovic, 2018)
Gonorrhoea	Women/vagina	All	VVS	NAAT	(Fifer, 2020)
Mycoplasma genitalium	People with PID	PID/cervicitis with PBC	VVS	NAAT	(Soni, 2019)
UTI	Women with LAP	All LAP	Urinalysis	Mid-stream POC urine dipstick	(Ross, 2019)
		Urinalysis positive for Nitrites and Leucocytes	Urine culture and sensitivities	Mid-stream urine culture	

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108 Anogenital ulcers

Pathogen/ Diagnosis	Whom to test	Sample type	Assay	Evidence
Herpes Simplex Virus	Anogenital ulcer	Ulcer swab	HSV DNA PCR assay	(Patel, 2015)
		Ulcer swab	Culture	
		Serology	Testing is NOT recommended	
		FCU	Testing is NOT recommended	
Treponema pallidum	Anogenital ulcer	Ulcer/ exudate	Dark field microscopy	(Kingston, 2015)  (Kingston, 2019)
		Ulcer swab	Treponema pallidum PCR	
		FCU	Treponema pallidum PCR NOT recommended	
		VVS		
	All (No history of syphilis)	Blood in plain tube (Serum)	Treponema pallidum antibody assay	
All (Previously treated syphilis)	Blood in plain tube (Serum)	RPR or VDRL		
LGV	MSM with anogenital ulcer	Ulcer swab	NAAT (Reflex testing after a positive CT NAAT)	(White, 2013)
Chancroid	Painful anogenital ulcer in people with sexual contacts in high risk areas	Ulcer swab	NAAT	(Lautensc hlager, 2017)
Donovanosis	Anogenital ulcer/ granulomas in people with sexual contacts in high risk areas	Imprint smear	Giemsa stain microscopy	(O'Farrell, 2018)
		Biopsy	Histopathological examination with Giemsa or Silver stain No commercial DNA detection assays are available	

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111 Proctitis/Proctocolitis

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Pathogen/Diagnosis	Whom to test	When to test	Sample type	Assay	Evidence
Proctitis syndrome	MSM	All proctitis	Rectal swab	Gram stain – microscopy	(Clutterbuck, 2018)
Chlamydia	MSM	All	Rectal swab	NAAT <sup>1</sup>	(Nwokolo, 2016) (Dragovic, 2018)
Gonorrhoea	MSM	All	Rectal swab	NAAT	(Fifer, 2020)
			Rectal swab	Culture	
			Throat swab		
			Urethral swab		
Herpes Simplex Virus	MSM	All	Rectal swab	HSV DNA assay	(Clutterbuck, 2018) (Patel, 2015)
<i>Treponema pallidum</i>	MSM	All	Rectal swab	<i>Treponema pallidum</i> DNA assay	(Clutterbuck, 2018)
				Dark Ground Microscopy	(Kingston, 2015)
		No history of syphilis	Blood in plain tube (Serum)	Treponema pallidum antibody assay	(Kingston, 2019)
		Previously treated syphilis	Blood in plain tube (Serum)	RPR or VDRL	
Enteric organism ( <i>Shigella</i> spp., <i>E.coli</i> , <i>Campylobacter</i> spp., <i>Salmonella</i> spp.)	MSM	All	Stool sample	Stool Culture	(Clutterbuck, 2018) (Richardson, 2022)
				Faecal enteric pathogen DNA detection panel	
Protozoa ( <i>Giardia lamblia</i> , <i>Entamoeba histolytica</i> , <i>Cryptosporidium</i> spp.)	MSM	All	Stool sample	Examination for ova, cysts and parasites	(Clutterbuck, 2018) (Richardson, 2022)
<i>Mycoplasma genitalium</i>	Consider in MSM	Consider	Rectal swab	NAAT <sup>2</sup>	(Soni, 2019)

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114 **Notes:**

- 115 1. Positive rectal or pharyngeal CT NAAT (or pooled sample) in MSM should be typed for LGV
- 116 2. Consider macrolide resistance testing

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## **Urogenital Mycoplasmas other than *Mycoplasma genitalium*** **(Horner, 2019)**

The bacteria referred to in this section include:

- *Mycoplasma hominis*
- *Ureaplasma parvum* (formerly *Ureaplasma urealyticum* biovar 1)
- *Ureaplasma urealyticum* (formerly *Ureaplasma urealyticum* biovar 2)

Testing practices for these organisms are variable outside of sexual health services. Although these organisms are frequently found in the urogenital tract the evidence of association with disease is poor. There is no evidence of benefit in eradication of these organisms with antimicrobial therapy and treatments may be contributing to selection of antimicrobial resistance, both within these organisms, as well as within microbiota.

Hence, routine testing and treatment of asymptomatic or symptomatic men and women for *M. hominis*, *U. parvum*, and *U. urealyticum* is not recommended.

*U. urealyticum* has been associated with urethritis when present at high loads and in men with persistent urethritis where other STI pathogens have been excluded, testing using a specific *U. urealyticum* quantitative DNA detection assay may be considered in a specialist clinical setting.

## 156 Abbreviations

<i>Chlamydia trachomatis</i>	CT
Epididymo-orchitis	EO
First catch urine	FCU
<i>Herpes simplex virus</i>	HSV
High vaginal swab	HVS
Lower abdominal pain	LAP
Men who have sex with men	MSM
<i>Mycoplasma genitalium</i>	MG
<i>Neisseria gonorrhoeae</i>	NG
Non-gonococcal urethritis	NGU
Nucleic acid amplification test	NAAT
People living with HIV	PLWH
People who inject drugs	PWID
Point of care test	POC
Polymerase chain reaction	PCR
Post coital bleeding	PCB
Rapid plasma regain	RPR
Sexually transmitted infection	STI
<i>Trichomonas vaginalis</i>	TV
Urinary tract infection	UTI
Venereal disease research laboratory	VDRL
Vulvovaginal swab	VVS

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