



# STI Testing Rate for Gay Men on PrEP Is Concerningly Insufficient

This finding calls into question research that has projected that frequent testing among men on PrEP could drive down STI rates.

September 2, 2020 By [Benjamin Ryan](#)

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Health care providers overseeing pre-exposure prophylaxis (PrEP) use among men who have sex with men (MSM) are far from meeting guidelines for routine sexually transmitted infection (STI) testing in this population, aidsmap reports.

Testing rates are notably poor in the South, where STIs are the most prevalent.

These findings from a new study published in *Clinical Infectious Diseases* calls into question [previous research](#) that projected that the routine STI testing that is supposed to go hand in hand with an ongoing PrEP prescription would lead to a decline in STIs among MSM taking Truvada (tenofovir disoproxil fumarate/emtricitabine) or Descovy (tenofovir alafenamide/emtricitabine) for prevention of HIV.

The Centers for Disease Control and Prevention (CDC) recommends that gay, bisexual and other men who have sex with men (known collectively as MSM) taking PrEP receive testing for bacterial STIs every three to six months. These include gonorrhea, chlamydia and syphilis. Samples, or swabs, should be taken from the urethra, throat and rectum, since STI infections can be localized at any of these three locations.

Christina Chandra of Emory University led the new study, in which she and her coauthors studied national data from 2017 to 2019 pertaining to HIV-negative MSM 15 to 65 years old. About three quarters of the men were white (PrEP users nationwide are also predominantly white), 51% were 15 to 34 years old, and 23% lived in the southeastern United States.

Nineteen percent were currently taking PrEP, while 6% had taken it in the past. Eighty-nine percent of the current PrEP users reported receiving STI testing during the previous 12 months, compared with 71% of those who had previously taken PrEP and 44% of those who had never taken PrEP.

Eighty-four percent of the current PrEP users said they made clinic visits every three months to maintain their prescription. Seventy-one percent of the former PrEP users reported the same while

they were taking the daily pill for HIV prevention.

Ninety-one percent of the men who had ever taken PrEP said they were always tested for HIV at their PrEP-related clinic visits.

The proportion of current versus former PrEP users who reported that they always received STI testing using particular sampling methods were as follows: throat swabs (44% versus 35%); rectal swabs (37% versus 32%); urethral swabs, urine samples or both (59% versus 50%); and blood tests (70% versus 57%).

Thirty-five percent of the men who had ever taken PrEP said they had never received a rectal swab for STI testing. Twenty-eight percent reported never receiving a throat swab, and 17% reported never providing a urine sample or receiving a urethral swab (known as urogenital screening).

Sixty percent of the men in the southeastern United States reported receiving consistent STI screening, compared with 80% of the men in other regions.

After adjusting the data to account for various differences between the men, the study authors found that compared with MSM in the other major U.S. regions, those in the southeastern region were 14% less likely to receive consistent urogenital screening, 24% less likely to receive consistent anal screening and 13% less likely to receive consistent throat screening for STIs.

“Substantial gaps exist between CDC recommendations for STI screening during PrEP care and current clinical practice, particularly for rectal and [throat] exposure sites that can harbor asymptomatic infections and for MSM in southeast states where the STI burden is substantial,” the study authors concluded.

To read the aidsmap article, [click here](#).

To read the study abstract, [click here](#).