

**Answers - Recommendations on STI Testing for MSM in Hong Kong
(SCAS, CHP, DH Nov 2020)**

Expiration Date: 27 February 2024

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CME point / CNE point: 1 / CEM point: 0 (Midwifery related)

- Please choose the best option.
- Answer these on the answer sheet and make submission by fax to Special Preventive Programme, Department of Health.

Please contact respective authorities directly for CME/CPD accreditation if it is not on listed below.

Accreditors	CME Point
Department of Health / HKMA/ HKAM / HKDU (for practising doctors who are not taking CME programme for specialists)	1
Anaesthesiologists	1
Community Medicine	1
Dental Surgeons	1
Emergency Medicine	1
Family Physicians	N/A
Obstetricians and Gynaecologists	1
Ophthalmologists	1
Orthopaedic Surgeons	1
Otorhinolaryngologists	0.5
Paediatricians	1
Pathologists	1
Physicians	1
Psychiatrists	1
Radiologists	1
Surgeons	1

1. Which of the following is true about the principles of local recommendations on sexually transmitted infection (STI) screening for men who have sex with men (MSM)?
 - a. Should cover bacterial STI including syphilis, gonorrhoea and chlamydia
 - b. Viral hepatitis is important albeit conventionally not regarded as STI
 - c. Screening is especially useful for those commonly asymptomatic STIs
 - d. Trichomoniasis is not included
 - e. **All of the above ✓**
2. Which of the following is not true regarding viral hepatitis in MSM?
 - a. Hepatitis A, B and C are of concern
 - b. Baseline and annual viral hepatitis screening is recommended for non-immune HIV positive MSM
 - c. **HCV vaccination should be advised for MSM tested anti-HCV negative ✓**
 - d. Opportunistic screening should also be considered for all sexually active MSM
 - e. HCV RNA and HBV DNA testing are not part of the routine screening

3. Which of the following is not true regarding specimens sampling and STI screening in MSM?

- a. Blood for HIV and syphilis serology testing
- b. Extra-genital sites of rectum and throat swabs for culture of *Neisseria gonorrhoeae* and *Chlamydia trachomatis* ✓**
- c. Self-sampling of extra-genital sites is of comparable performance to provider-sampling
- d. Anatomical examination is not necessary in screening of asymptomatic clients
- e. None of the above

4. What is the benefit of STI screening?

- a. Early case detection enables prompt treatment and reduces disease complication
- b. It is an effective approach to break STI transmission chain
- c. More infections necessitating interventions can be diagnosed than just relied on clinical testing as many STIs are asymptomatic
- d. Public health prevention and control of STI can be enhanced
- e. All of the above ✓**

5. Which of the following is not an established form of partner notification?

- a. Patient referral
- b. Contract referral
- c. Provider referral
- d. Network referral
- e. None of the above ✓**

6. Which of the following is not true regarding the recommended look back period of partner notification for STI diagnosed in an index case?

- a. Look back period is longer for asymptomatic case
- b. An index patient with symptomatic gonococcal urethritis and asymptomatic chlamydia infection of rectum should have all partners in the preceding 6 months be notified
- c. Early syphilis may need to look back for up to 2 years
- d. Infectiousness duration but not incubation period of an STI is considered in determining the look back period ✓**
- e. None of the above

7. Which of the following is not a highlighted infection by the World Health Organization as major targets for disease control and epidemiological monitoring of STI?

- a. Genital herpes ✓**
- b. Gonorrhoea
- c. Chlamydia
- d. Syphilis
- e. Trichomoniasis

8. Which of the following has not been found concerning gonorrhoea and chlamydia situation in local MSM who attended health care?

- a. MSM has accounted for a greater proportion of newly diagnosed cases at Social Hygiene Clinics in 2018 when compared to 2014/15
- b. HIV positive MSM has a higher prevalence than HIV negative MSM
- c. Oropharyngeal or rectal samples have a higher positivity rate than urine samples
- d. Younger age, history of soft drug use and recent unprotected anal sex are risk factors of infection
- e. **None of the above ✓**

9. Which of the following is incorrect about the importance of STI screening in MSM?

- a. There is resurgence of STI in MSM in many places
- b. Many STIs are without symptoms and be easily missed by the patients as well as health care providers
- c. STIs, e.g. those presenting with genital ulcer facilitates HIV transmission
- d. **Mandatory screening is to be practised to maximize the effect ✓**
- e. None of the above

10. Which of the following is not correct regarding the frequency of STI screening in MSM?

- a. **A minimum of biennial screening should be considered ✓**
- b. MSM who had sex outside a stable monogamous relationship should have more frequent than yearly screening
- c. Chemfun is a risk factor to consider regular screening for HCV infection in non-HIV positive MSM
- d. 3-monthly STI screening is recommended for MSM with ongoing high risk sexual behaviours
- e. STI screening should tie in and be integrated into the regular clinical management of HIV positive MSM