



# Triple Site Sexually Transmitted Infection Testing In Gay, Bisexual, Other Men Who Have Sex With Men Living With HIV: A Clinical Audit



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## INTRODUCTION

- Sexually active gay, bisexual and other men who have sex with men (gbMSM) are more likely to be diagnosed with sexually transmitted infections (STIs) compared to the general population.<sup>1</sup>
- Chlamydia and gonorrhoea infections are frequently asymptomatic, particularly at extragenital sites.<sup>2</sup>
- Triple - site testing for sexually STIs in gbMSM is considered best clinical practice by the Health Protection Surveillance Centre (HPSC) and other international bodies.<sup>1,2,3</sup>
- This approach involves testing three anatomical sites: urogenital tract (first void urine), pharynx (throat swab), and rectum (rectal swab).
- The aim of triple-site testing is to maximise detection of asymptomatic infections.

## AIMS

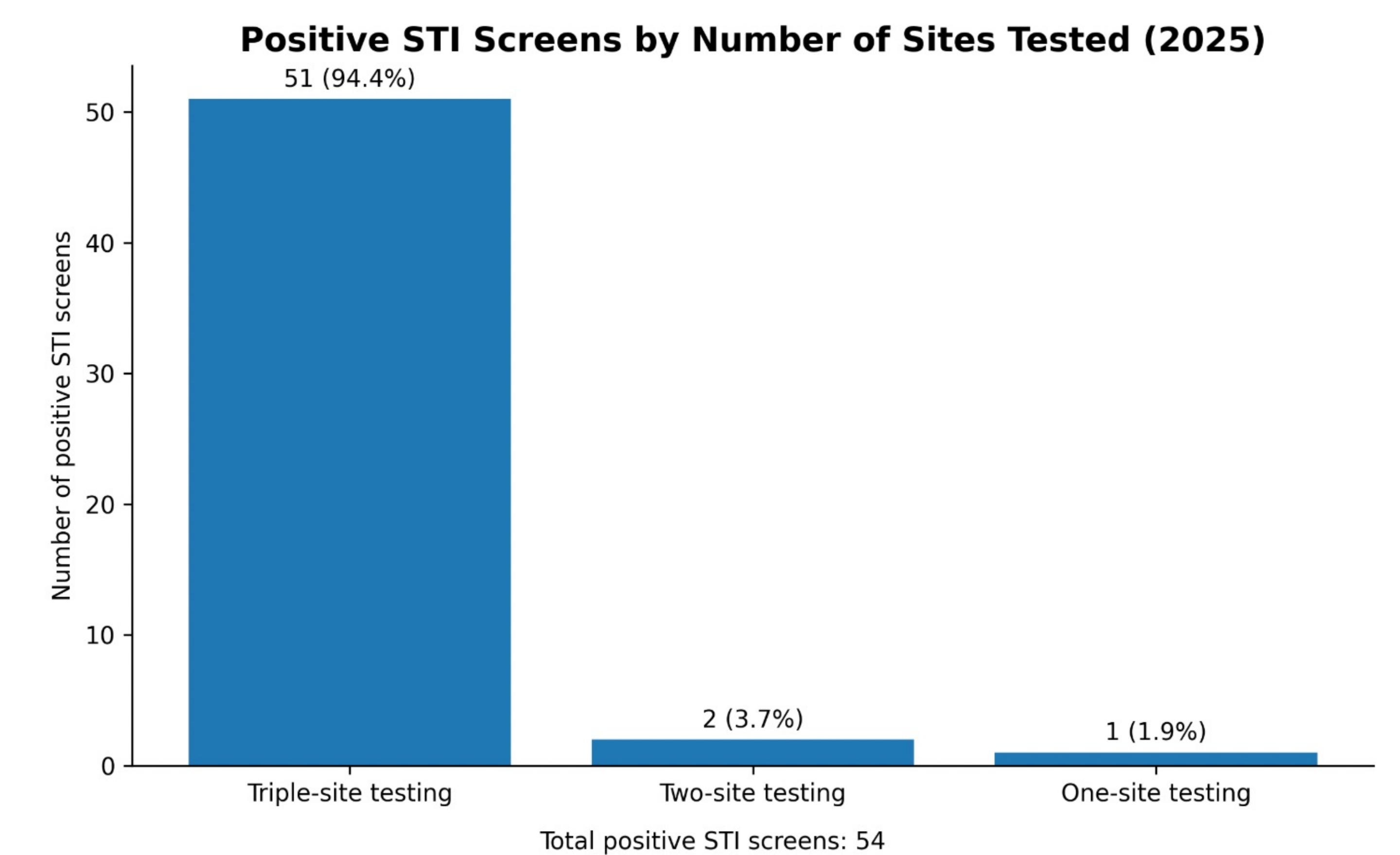
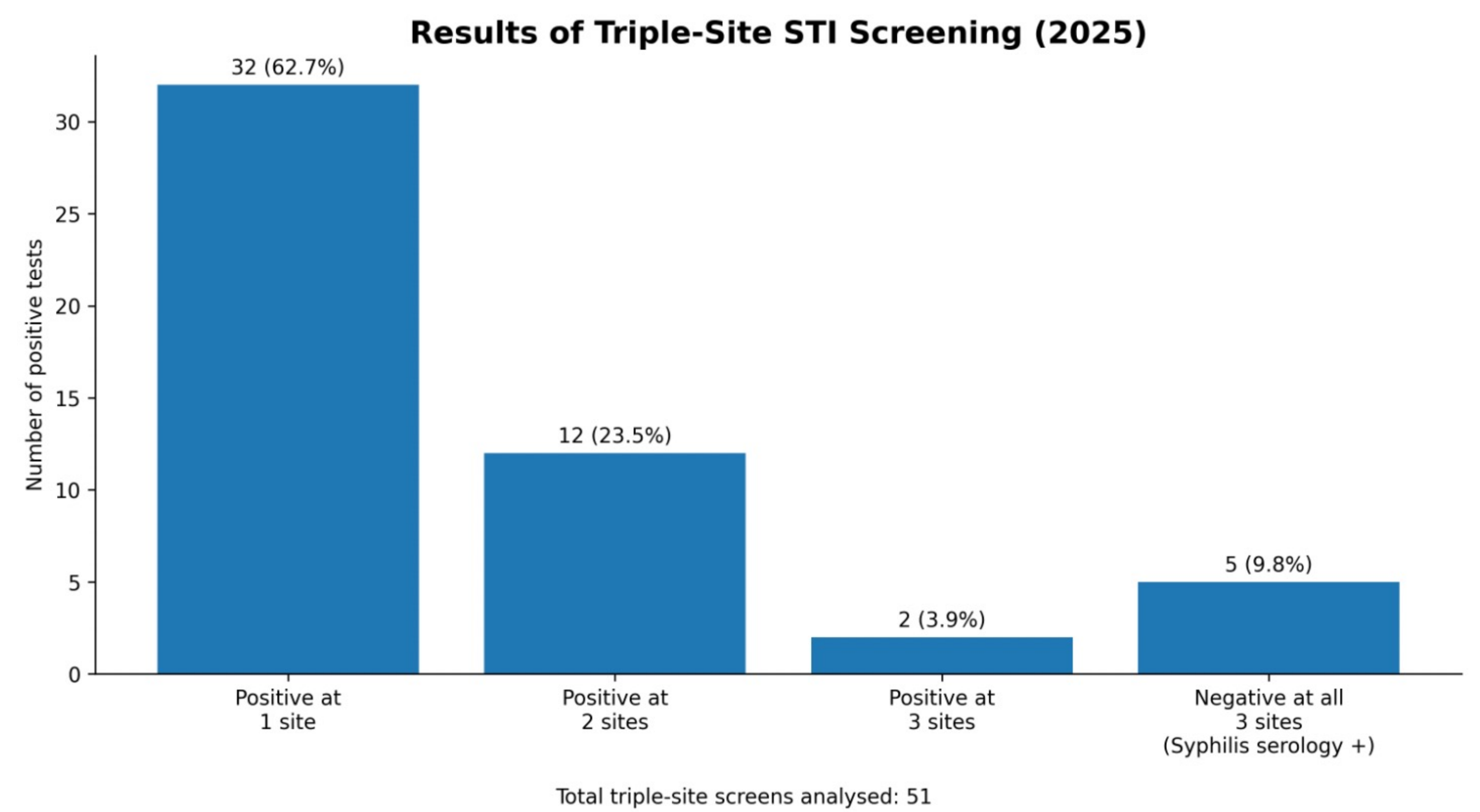
- To assess whether triple-site STI testing was performed in line with best practice guidelines in a tertiary hospital in Dublin, Ireland.

## METHODS

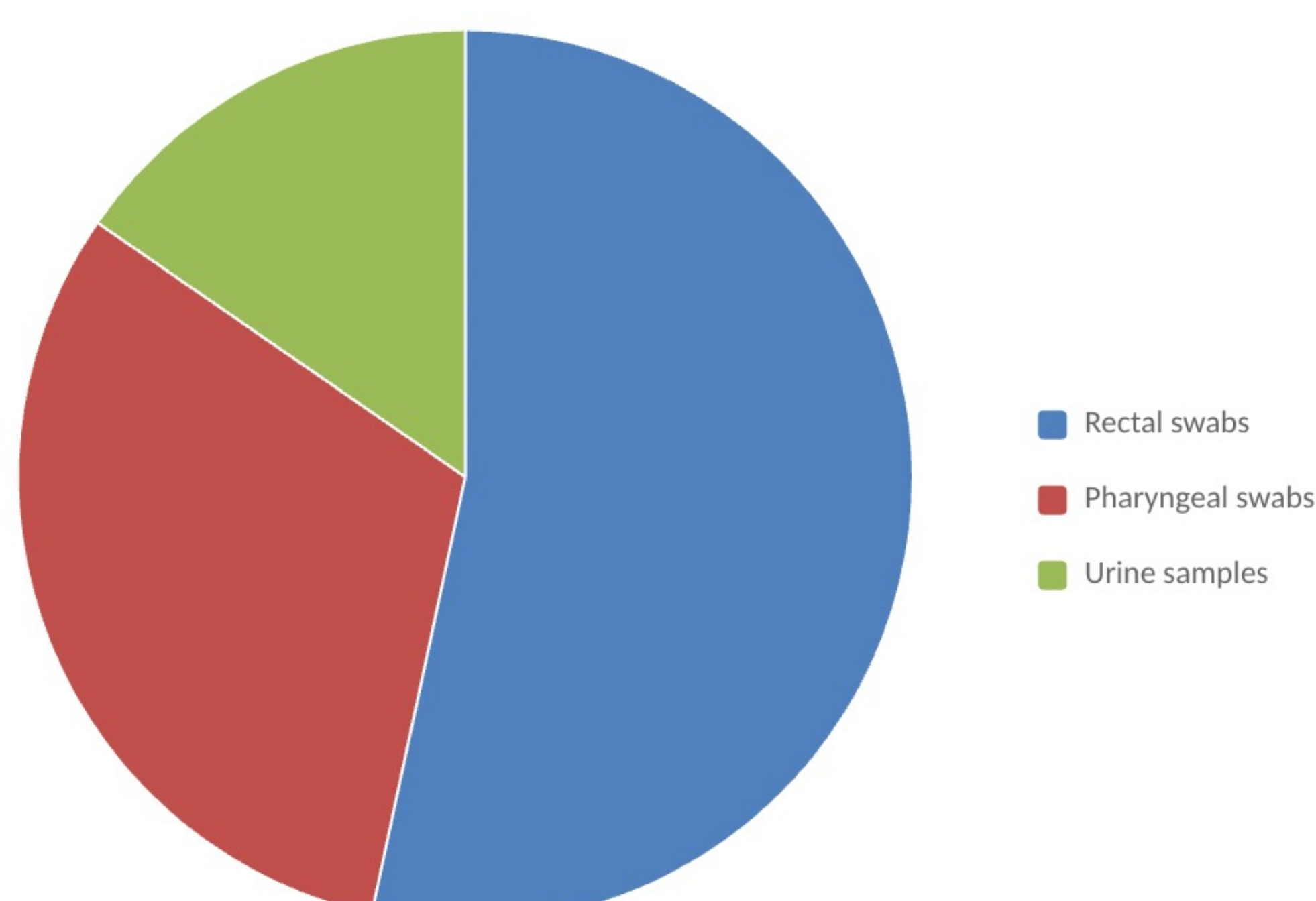
- Data were manually extracted from a database of gbMSM attending an HIV clinic who tested positive for at least one STI over a 12month period (between January and December 2025).
- Information on anatomical sites tested and swabs collected was obtained from the hospital laboratory system.
- The total number of STI screens, sites tested, and positive laboratory diagnoses were analysed.

## RESULTS

- A total of 48 gbMSM living with HIV tested positive for at least one STI during the study period
- A total of 54 STI screens were positive amongst these 48 patients. This included 51 triple site tests. 5 of these test were triple site negative but positive for syphilis on serology.
- Triple-site testing (urogenital tract, pharynx and rectum) was completed in over 94% of screens.
- The highest proportion of positive results was from rectal swabs (61.1%), followed by pharyngeal swabs (35.8%) and urine samples (17.6%).
- Most screens identified infection at a single site; however, 23.5% were positive at two sites, and two screens were positive at all three sites.



Positive STI Screens by Specimen Site (2025)



## DISCUSSION & CONCLUSION

- The rate of triple-site testing was high (>94%), reflecting good adherence to guidelines.
- While most infections were detected at a single site, a notable proportion involved multiple sites, highlighting the importance of comprehensive testing.
- Asymptomatic STIs increase the risk of onward transmission, particularly when extragenital sites are not screened.
- These findings support the continued use of triple-site testing, with a target of achieving 100% coverage at every STI screening opportunity.

REFERENCES  
 1) World Health Organization (WHO). "Department for HIV, Tuberculosis, Hepatitis and Sexually Transmitted Infections". <https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/populations/men-who-have-sex-with-men>  
 2) European AIDS Clinical Society (EACS) Guidelines. "STI Screening and Treatment." Oct 2025. <https://eacs.sanfordguide.com/en/eacs-hiv/eacs-section4/sexual-reproductive-health/sti-screening>  
 3) Health Protection Surveillance Centre (HPSC). "gbMSM asymptomatic STI screen". April 2024. [https://assets.hse.ie/media/documents/gbMSM\\_asymptomatic\\_STI\\_screen\\_quick\\_reference\\_guide.pdf](https://assets.hse.ie/media/documents/gbMSM_asymptomatic_STI_screen_quick_reference_guide.pdf)