

Important health information for men who have sex with men

A guide for health professionals and immunisation providers

There has been a recent increase in notifiable conditions and changes in vaccines available for patients who are men who have sex with men (MSM).

This document is for General Practitioners (GPs) and other immunisation providers to help determine what health issues may be relevant for their MSM patients and what vaccines or other treatment options are required.

<p>Free HPV vaccine</p> <p>The HPV vaccine provides protection against 90 per cent of HPV-related cancers in men, and 90 per cent of genital warts in men. In Victoria, the HPV vaccine is available free of charge for men who have sex with men (MSM) aged up to 26 years until 31 October 2019 (while stocks last).</p>	<p>All MSM who live in Victoria</p>	<p>Gardasil® 3 doses required 2nd dose 2 months after 1st dose 3rd dose 4 months after 2nd dose</p>	<p>Free until 31 October 2019 (while stocks last)</p>
<p>Free Hepatitis B vaccine</p> <p>Immunisation is the best protection against hepatitis B. In Victoria, free hepatitis B vaccine is provided for men who have sex with men (MSM) and people living with HIV.</p>	<p>All MSM who live in Victoria</p>	<p>Engerix-B® 3 doses required 2nd dose 1 months after 1st dose 3rd dose 5 months after 2nd dose</p>	<p>Ongoing free vaccination</p>

To order any of the above vaccines please [complete an online vaccine order form](#) on the government immunisation website, www.health.vic.gov.au/public-health/immunisation

Free HPV vaccine program for men who have sex with men in Victoria

All men who have sex with men (MSM) who live in Victoria have access to a free course of HPV vaccine until 31 October 2019 (while stocks last).

All MSM are able to access the vaccine through GP clinics and other registered immunisation providers in Victoria, including sexual health clinics.

Why has the free vaccine program been introduced?

The HPV vaccine helps prevent the types of human papillomavirus (HPV) that cause most HPV-related cancers in men.

The Victorian Government has provided funding for a free catch-up HPV vaccination program for men who have sex with men (MSM) aged up to 26 years who may have missed the school aged vaccination program until 31 October 2019 (while stocks last).

The HPV vaccine is very safe and effective and can protect against 90 per cent of HPV-related cancers in men, and 90 per cent of genital warts.

Who is eligible to receive the free vaccine?

The HPV vaccine is free for all men who have sex with men aged up to 26 years across Victoria until 31 October 2019 (while stocks last).

Who can administer the free vaccine?

All MSM are able to access the vaccine through GP clinics and other registered immunisation providers in Victoria, including sexual health clinics.

Immunisation against HPV involves a course of three injections over a six-month period.

About the vaccine

What human papillomavirus (HPV) vaccine is supplied under the program and what age group can it be administered to?

The human papillomavirus (HPV) vaccine brand supplied is Gardasil®.

Gardasil® is a quadrivalent recombinant protein particulate (virus-like particles) vaccine. The vaccine is registered for use in males from nine years to 26 years of age.

What does this vaccine protect against?

Gardasil® provides protection against the HPV infection caused by four HPV strains 6, 11, 16 and 18, responsible for disease and cancers of the oral and anogenital areas and strains 6 and 11 which are responsible for genital warts.

How is Gardasil® presented?

Gardasil® presents as a 0.5ml dose in a pre-filled syringe with a needle for injection.

How is Gardasil® administered?

Gardasil® is administered by intramuscular injection into the deltoid muscle.

How many doses are required and what is the spacing interval of Gardasil® to complete a course?

Gardasil® is a three dose course with the second dose given two months after the first dose and the third dose is given four months after the second dose.

This is a time limited vaccine program ending 31 October 2019 (while stocks last) so to complete the free vaccine course in a timely manner, it needs to be commenced as soon as possible.

If an eligible MSM received a complete course of Gardasil® previously, do they still require a free booster dose of Gardasil® now?

No. A complete course of Gardasil® provides protection against the four HPV strains. There is no current evidence that booster doses are required at this time.

Have males been offered a free course of Gardasil® previously?

Yes. Adolescent males aged 12 to 15 years have been offered a free, three dose course of Gardasil® vaccine in the secondary school vaccine program or in the community setting since 2013.

If an eligible MSM did not receive a complete course of Gardasil® vaccine previously, do they require Gardasil® vaccine now?

Yes. They should receive the Gardasil® vaccine to complete their course of HPV vaccination.

If scheduled doses have been missed, there is no need to repeat earlier doses. The missed dose(s) should be given as soon as practicable, making efforts to complete doses within 12 months. A HPV vaccine course does not need to be restarted.

Are there any timing interval considerations for vaccine administration of hepatitis A, hepatitis B, and HPV?

Hepatitis A, hepatitis B, and HPV vaccines are inactivated vaccines and can be administered on the same day, or at any time before or after each other using different injection sites separated by 2.5 cm.

Can a person who is living with HIV be vaccinated with Gardasil® vaccine?

Yes. Persons who are eligible for vaccination under this program, who are immunocompromised due to medical

conditions (including HIV infection) or treatment are recommended a three dose course of Gardasil®.

Persons who are immunocompromised are more likely to develop a persistent HPV infection and to subsequently progress to HPV-related disease.

If an eligible MSM receives the three dose course of Gardasil® vaccine, is a booster dose required later?

No. A complete three dose course of Gardasil® does not require a booster dose at this time.

Can Gardasil® be administered with other vaccines offered free to MSM?

Yes. Multiple vaccines can be administered on the same day at different injection sites.

Are there any vaccine side effects for Gardasil®?

The most common side effect following administration of Gardasil® vaccine is injection site pain followed by swelling and erythema.

Systemic adverse events are also common such as headache, fatigue, fever and myalgia. Syncope and hypersensitivity reactions, including skin rash are known.

Anaphylaxis has been reported and is within the expected rate range for other vaccines given to children and adolescents.

To receive this publication in an accessible format phone 1300 882 008 using the National Relay Service 13 36 77 if required, or email immunisation@dhhs.vic.gov.au

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Free hepatitis B vaccine program for men who have sex with men in Victoria

A guide for health professionals and immunisation providers

Immunisation is the best protection against hepatitis B infection and a course of vaccination is recommended for all babies and those in high-risk groups.

In Victoria, free hepatitis B vaccine is provided for men who have sex with men and people living with HIV. All MSM are able to access the vaccine through GP clinics and other registered immunisation providers in Victoria, including sexual health clinics.

Why has the free vaccine program been introduced?

Hepatitis B (also referred to as hep B) is caused by the hepatitis B virus and is a viral infection that can lead to serious illness or death.

Hepatitis B is spread through contact with blood that contains the hepatitis B virus. You can get hepatitis B by having condom less sex, sharing unsterile piercing or drug injecting equipment, or engaging in other activities where the blood or body fluids of a person with hepatitis B enters the bloodstream of an uninfected person.

Who is eligible to receive the free vaccine?

In Victoria, free hepatitis B vaccine is provided for people who are at increased risk including men who have sex with men and people living with HIV.

Do I need to test for hepatitis B before vaccinating?

Testing for hepatitis B virus (HBV) infection should be done prior to vaccination, if not done previously. When testing for HBV, specifically request HBsAg, anti-HBc, and anti-HBs. With all three results, you can reliably interpret your patient's HBV status in the vast majority of cases - and also avoid unnecessary vaccination.

Who can administer the free vaccine?

All MSM are able to access the vaccine through GP clinics and other registered immunisation providers in Victoria, including sexual health clinics.

About the vaccine

What hepatitis B vaccine is supplied under the program and what age group can it be administered to?

The free hepatitis B vaccine brand supplied is Engerix-B®.

Engerix-B® is provided in a paediatric and adult formulation of recombinant DNA hepatitis B vaccine. The paediatric formulation is registered for use under 20 years of age and the adult formulation is registered from 20 years of age and older.

What does this vaccine protect against?

Engerix-B® provides protection against the hepatitis B infection.

How is the Engerix-B® presented?

Engerix-B® paediatric formulation presents as a 0.5ml dose and Engerix-B® adult formulation presents as a 1.0ml dose.

Both formulations are in a pre-filled syringe. Some stock will be delivered with a needle for injection and future stock will not contain a needle. Immunisation providers will need to supply the injection needle.

How is Engerix-B® administered?

Engerix-B® is administered by intramuscular injection into the deltoid muscle.

How many doses are required and what is the spacing interval of Engerix-B® to complete a course?

Engerix-B® is a three dose course with the second dose given four weeks after the first dose and the third dose given five months after the second dose.

This is an ongoing vaccine program currently in place for MSM.

If an eligible MSM received a complete course of hepatitis B vaccine previously, do they still require a free booster dose of Engerix-B® vaccine now?

Booster doses of hepatitis B vaccine (after completion of a primary course by using the recommended schedule) are not recommended for immunocompetent persons.

This applies to children and adults, including healthcare workers and dentists.

However, booster doses are recommended for persons who are immunocompromised, in particular those with either HIV infection or renal failure. The time for boosting in such persons should be decided by regular monitoring of anti-HBs levels at six to 12 monthly intervals.

If an eligible MSM did not receive a complete course of hepatitis B vaccine previously, do they require a free dose of Engerix-B® vaccine now?

Yes. They should receive the Engerix-B® vaccine to complete their course of hepatitis B vaccination.

The recommended spacing between the first and second dose of monovalent hepatitis B vaccine is one month and the recommended spacing between the second and third doses is five months. A hepatitis B vaccine course does not need to be restarted.

If a hepatitis B vaccine course was started with a brand different to Engerix-B®, does the course need to be started again?

If the hepatitis B course was commenced with another brand of hepatitis B vaccine, the course can be completed now with the Engerix-B® vaccine using recommended spacing intervals.

If the eligible MSM previously commenced their hepatitis B vaccine course using the combination hepatitis A/hepatitis B vaccine, Twinrix®, what vaccination is given to complete their course?

If the hepatitis vaccine course was previously commenced with Twinrix®, the combination hepatitis

A/hepatitis B vaccine, the person should complete their course with the Twinrix® brand.

However, Twinrix® is not a free, government supplied vaccine and would need to be purchased on prescription.

Are there any timing interval considerations for vaccine administration with hepatitis A, hepatitis B and HPV vaccines?

The hepatitis A, hepatitis B and HPV vaccines are inactivated vaccines and can be administered on the same day, or at any time before or after each other, using different injection sites separated by 2.5 cm.

Can a person who is living with HIV be vaccinated with Engerix-B® vaccine?

Yes. Adults living with HIV and other immunocompromised adults, may be at increased risk of acquiring hepatitis B infection and also respond less well to vaccination.

Limited studies in HIV-1 positive adults have demonstrated an improved and accelerated serological response to a schedule that consists of four double doses, comprising two injections of the standard adult dose (using Engerix-B) on each occasion, at times zero, one, two and six months.

If an eligible MSM receives the three dose course of Engerix-B® vaccine, is a booster dose required later?

Booster doses of hepatitis B vaccine (after completion of a primary course by using recommended schedule) are not recommended for immunocompetent persons.

This applies to children and adults, including healthcare workers and dentists.

However, booster doses are recommended for persons who are immunocompromised, in particular those with either HIV infection or renal failure. The time for boosting in such persons should be decided by regular monitoring of anti-HBs levels at six to 12 monthly intervals.

Can Engerix-B® be administered with other vaccines offered free to MSM?

Yes. Multiple vaccines can be administered on the same day at different injection sites.

Are there any vaccine side effects for Engerix-B®?

The most common side effect following administration of Engerix-B® is soreness at the injection site, fever, nausea, dizziness, malaise, myalgia and arthralgia.

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Important information on Shigellosis and Gonorrhoea management and sexual health testing

Shigellosis management

A rise in the number of cases of shigellosis resistant to multiple antibiotics, especially amongst MSM, led to a change in the department's recommendations, to minimise the use of antibiotics.

Although highly contagious and potentially serious, shigellosis is generally a self-limiting infection that resolves without antibiotic treatment.

Advice for health professionals

When testing for shigellosis, testing of stools should include culture and antibiotic sensitivities.

Antibiotic treatment should be reserved for priority cases and based on sensitivities wherever possible.

Personal hygiene and safer sex messages should be emphasised to reduce transmission.

Reporting requirements

Medical practitioners must notify the department of all cases of confirmed shigellosis and should advise their patients who are food handlers, child care and health care workers or who work in a residential facility not to work pending further advice from the department.

Gonorrhoea management

The World Health Organisation has listed antimicrobial resistant *Neisseria gonorrhoeae* as one of 12 priority organisms posing a threat to human health globally. Gonorrhoea is a major public health concern in Victoria due to the increasing number of cases notified in the last few years.

While the increase is observed in both males and females, notification rates continue to be the highest among men who have sex with men (MSM) in urban settings.

Advice for health professionals

Screen all MSM for gonorrhoea at least annually using urine, pharyngeal and anal swabs.

For gonorrhoea, obtain specimens for **both** culture and nucleic acid amplification testing (NAAT) for all symptomatic patients at presentation (e.g. purulent urethral or anal discharge in MSM) prior to treatment.

For NAAT confirmed gonorrhoea (including pharyngeal, rectal and cervical infections), ensure a reflexive culture (culture following a positive result) is performed and antibiotic susceptibility testing conducted where possible prior to treatment.

Treat all cases of gonorrhoea in accordance with the current guidelines. Test and treat all sexual contacts of syphilis and gonorrhoea cases without waiting for test results. Immediate treatment of contacts prevents re-infection of the index case and further transmission.

Sexual health testing for MSM

Men who have sex with men (MSM) in Victoria are disproportionately and increasingly affected by sexually transmissible infections (STIs) including HIV.

Advice for health professionals

All men who have had any type of sex with another man in the previous year should be tested at least once a year. All MSM who fall into one or more categories listed below should be tested up to four times a year.

- Any condomless anal sex
- More than 10 sexual partners in six months
- Participate in group sex
- Use recreational drugs during sex
- Are HIV-positive:
 - Syphilis serology: at each occasion of CD4/VLa monitoring;
 - Chlamydia/gonorrhoea testing: consider at each occasion of CD4/VLa monitoring;

For further information and advice please refer to the [Stigma STI and HIV Testing Guidelines](#).