STI testing through private providers

More is not always better! The tests you don't need from a sexual health service.

If you have paid for sexually transmitted infection (STI) testing online or in a clinic, you may have been tested for bacteria or viruses that are normally present in that part of the body and not thought to cause harm. Services that offer these tests may not be regulated and, unlike NHS services, may not follow national guidelines.

Testing for these bacteria may result in treatment with antibiotics that are not needed or might not benefit a person's health. This can lead to a lot of unnecessary worry and affect people's mental wellbeing and confidence. This leaflet explains why some bacteria and viruses are not tested for or treated in the NHS, and the potential problem with taking unnecessary antibiotics.

Which bacteria or viruses are not tested for in NHS services?

- · Mycoplasma genitalium (Mgen), unless you have symptoms suggestive of Mgen infection
- Mycoplasma hominis (MH)
 (not to be confused with Mycoplasma genitalium)
- · Ureaplasma parvum (UP)
- · Ureaplasma urealyticum (UU)
- · Herpes simplex, unless you have symptoms suggestive of herpes

If I have tested positive for one of these bacteria or viruses, do I need treatment?

No. MH, UP and UU are commonly found in the genitals without causing any harm and currently there is no evidence that they will cause harm if not treated. If you do not have symptoms of herpes or Mgen, treatment is not usually needed.

Can I have treatment anyway?

Sometimes, testing for certain bacteria can do more harm than good. Using antibiotics to treat non-harmful bacteria can lead to resistance in other bacteria that are harmful, which means that treatments might not work in the future. Antibiotics can cause side effects and can disrupt the balance of normal bacteria in your body, so taking them when not needed is never advisable.

Why are these bacteria or viruses not tested for in an NHS clinic?

Testing in the NHS must be beneficial to patients and the public. There is currently no evidence that the benefits of testing for and treating MH, UU and UP (and Mgen in someone without symptoms suggestive of infection) are greater than the harms of unnecessary antibiotics. Being 'diagnosed' with one of these infections also causes a lot of undue worry in people and their partners.

Being told you may have had herpes in the past is not helpful. The blood test is unreliable and can give false positive or negative results. The choice to take suppressive (longer term) treatment for herpes is based on having symptoms rather than a blood test.

Can I pass these infections to a partner?

Although like many other bacteria, MH, UP and UU can be passed on via sex, they are not managed like STIs because they are part of normal body flora and are not harmful. Your sexual partners do not need to be tested or treated.

Mgen can be passed on to sexual partners but testing is only recommended if one or both partners have symptoms suggestive of the infection. Further information about Mgen can be found in our **patient information** leaflet.

If you have had herpes, then consistent condom or dental dam use and suppressive treatment are proven ways to reduce the chance of passing on the infection to someone not affected. If you develop symptoms, you should avoid sex until the symptoms have gone away.

What infections do I need to be tested for if I have had sex without a condom?

Testing for chlamydia, gonorrhoea, HIV, syphilis and sometimes hepatitis is offered as part of a full sexual health check-up in people who don't have symptoms. You may be offered testing for other infections depending on the symptoms you have. Please discuss your symptoms with a healthcare professional. Sexual health consultations, STI testing, STI treatment and related advice are all free of charge in NHS services.

I have had a test for *Gardnerella vaginalis*. What is it?

The vagina contains mainly 'good' bacteria (Lactobacilli) and smaller numbers of other bacteria. *Gardnerella vaginalis* is one of the other bacteria, and it is usually found in the vagina without causing any symptoms or needing treatment. Bacterial vaginosis (BV) is a common cause of abnormal vaginal discharge and odour, which can develop when *Gardnerella vaginalis* and other bacteria are present in higher amounts, and this can be treated with antibiotics.

BV is best diagnosed by examining a swab sample under a microscope in someone with typical symptoms. If you think you have symptoms of BV, you should contact your GP practice or local sexual health clinic who can carry out any necessary tests and help you to understand the cause of your symptoms. You can find more information about BV in our patient information leaflet.

Vaginal microbiome testing

Tests for a range of vaginal bacteria and yeasts are being sold online but are not a necessary part of having a sexual health check. Vaginal microbiome testing claims to give insight into some gynaecological problems by detecting different vaginal bacteria and yeasts that they say are sexually transmitted or cause genital symptoms. This is misleading. There's no proof that treating these vaginal bacteria and yeasts leads to better outcomes, so testing is not recommended.

This leaflet was produced by the Clinical Effectiveness Group of the British Association for Sexual Health and HIV (BASHH). The information in the leaflet is based on the 'British Association of Sexual Health and HIV (BASHH) position statement on the inappropriate use of multiplex testing platforms, and suboptimal antibiotic treatment regimens for bacterial sexually transmitted infections' published by BASHH in November 2021.

For more information regarding BASHH: www.bashh.org/guidelines

The leaflet was developed following The Information Standard principles developed by NHS England.

For more information: www.england.nhs.uk/tis/the-info-standard

If you would like to comment on this leaflet, e-mail us at: admin@bashh.org.uk. Please type 'Private STI testing PIL' in the subject box.

Copyright BASHH 2024. This leaflet was first published 09/2024. Review date 2029.