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# Extragenital Screening & Treatment of Gonorrhea and Chlamydia for Men Who Have Sex with Men

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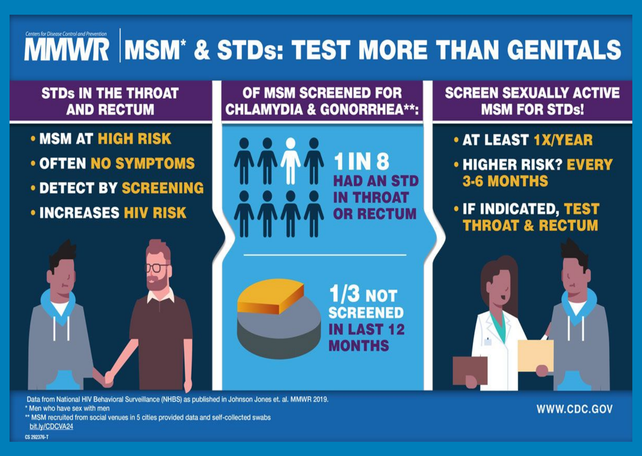
## BACKGROUND

- Gonorrhea and chlamydia (GC/CT) are the two most prevalent sexually transmitted infection in the United States, especially in the men who has sex with men (MSM) population (CDC, 2018).
- The estimated gonorrhea case rate among MSM increased 375.5% during 2010–2018 (CDC, 2018).
- The overall positivity for chlamydia by sexual partner is highest in the category of MSM at 16.9% (CDC, 2018).
- The Centers for Disease Control and Prevention (CDC) recommends routine genital and extragenital screening (pharynx and rectal) in MSM to be done every 3-6 months however, it has been found that adherence to this is only 33.6% (Jones et al., 2017).
- Missed infections pose a great public health risk as asymptomatic infection of GC/CT has been found to increase the risk of HIV, proctitis, and lymphogranuloma venereum (Lutz, 2015).
- It has been known that MSM are at increased risk of acquiring GC/CT but face a set of challenges in the healthcare system that limits their access to healthcare (Daniel & Burkus, 2015).

## AIMS/ OBJECTIVES

- Compile a comprehensive clinical recommendation from the CDC for healthcare professionals in the primary care setting addressing extragenital screening and treatment of GC/CT in the MSM population.




## RESULTS

### Screening (Revised from the CDC)

| Chlamydia | |
|---|---|
| Men | Consider screening young men in high prevalence clinical settings |
| MSM | At least annually for sexually active MSM at sites of contact (urethra, rectum, **pharynx**) regardless of condom use<br>Every 3-6 months if at increased risk |
| Women | Sexually active women under 25 years of age<br>Sexually active women aged 25 years and older if at increased risk<br>Retest approximately 3 months after treatment |
| **Gonorrhea** | |
| MSM | At least annually for sexually active MSM at sites of contact (urethra, rectum, pharynx) regardless of condom use<br>**Every 3-6 months if at increased risk** |
| Women | Sexually active women under 25 years of age, sexually active women aged 25 years and older if at increased risk<br>Retest approximately 3 months after treatment |

### Treatment

- IM ceftriaxone for gonococcal MSM and pharyngeal infections. Abstinence for at least 3 days after treatment completion and loss of symptoms (Piszczek, St. Jean, & Khaliq, 2015).
- The combination of either gentamicin or gemifloxacin with azithromycin are equally effective for pharyngeal and rectal chlamydia infections (Kirkcaldy et al., 2014).
- One week of doxycycline is more effective than single dose azithromycin in treating rectal chlamydia (Kong et al., 2015).

### Barriers

- Medical schools, residency, and continuing education programs should incorporate LGBT/ MSM health issues into their curriculum (Daniel & Burkus, 2015).
- Intake forms and/or records inclusive of the needs of LGBT individuals and use gender-neutral and inclusive language (Klein et al., 2018).
- All clinicians and clinic staff should be trained to increase knowledge and awareness of LGBT client issues, and improve competent care for all clients (Klein et al., 2018).
- Establish an openness with client to discuss sexual health concerns (Klein et al., 2018).
- Inquire about unfamiliar terminology to prevent miscommunication (Klein et al., 2018).

## METHODS/DESIGN

- Four databases (PubMed, CINAHL, Ovid, Web of Science) were utilized to conduct a literature search on:
  - The screening and treatment of asymptomatic GC/CT in extragenital sites (rectal and pharyngeal).
  - The treatment of asymptomatic GC/CT in extragenital sites.
  - The barriers of access to healthcare amongst the MSM population
- All articles obtained for synthesis were published in the last 5 years.

## CLINICAL IMPLICATIONS

- Screening of GC/CT in the urine is inadequate in MSM.
- All individuals engaging in high risk behaviors should be screened extragenitally including women.
- Treatment of GC/CT should be based on patient preference, tolerance to side effects, and adherence.
- Patient education about transmission and safe sexual practices should be emphasized.

## CONCLUSION

- In the MSM population, traditional screening of only urine is insufficient and increases risk of disease transmission of GC/CT.
- Open and respectful discussion of patient sexual practices are necessary to screen all possible sites of infection including rectum and pharynx.
- Patients should be treated appropriately to decrease antibiotic resistance.
- Providers need to tailor education about risk reductions should be emphasized.

*For a full list of references, please contact authors.*

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