

# Diagnosing and Treating STIs in Men Who Have Sex with Men (MSM)

Rates of **infectious syphilis, gonorrhea (GC)** and **chlamydia (CT)** are rising in Ontario among men who have sex with men (MSM). To ensure accurate diagnosis, it's important to screen affected sites, including for anogenital and pharyngeal infection.

Many anogenital and pharyngeal STIs are asymptomatic but can still be transmitted. Relying on urine or urethral screening can miss over half of GC and CT cases in asymptomatic MSM and transgender people.

Empiric treatment is often based on symptoms and the most commonly associated pathogens. Prompt treatment prevents the spread of bacterial STIs to others. In addition, treatment of contacts of those with bacterial STIs can prevent disease.

Syndrome:	Sign/Symptom	Immediate Next Steps
Urethritis	Discharge or dysuria	<ul style="list-style-type: none"><li>• Test and empirically treat for GC/CT</li><li>• Test for syphilis and HIV</li><li>• Consider HSV testing/treatment of ulcers</li></ul>
Proctitis	Ulcer, discharge or pain	
Early syphilis	Possible chancre or rash	<ul style="list-style-type: none"><li>• Test and empirically treat for syphilis</li><li>• Screen for GC/CT and HIV</li><li>• Consider HSV testing/treatment of ulcers</li></ul>

## Screening Strategy

Screen all sites of interest depending on sexual practices

Site	Test for	Sexual Practices	Notes
Throat	GC/CT	Oral sex (receptive)	Physician-collected combo GC/CT NAAT swab and send to PH lab. Self collection results in similar rates of detection as physician collected swabs
Anorectal	GC/CT	Anal receptive (bottom)	Physician-collected combo GC/CT NAAT swab and send to PH lab. Self collection results in similar rates of detection as physician collected swabs
Urine testing	GC/CT	Oral/anal sex	Send urine NAAT
Serology	Syphilis	Any	Order syphilis serology, PH lab will do screening, RPR and TPPA. Can send slide for darkfield microscopy for primary chancres

# Bacterial STI treatment for Men Who Have Sex with Men

Anyone who reports they are a primary contact of infectious gonorrhea, chlamydia or syphilis should be tested and treated empirically.

For secondary contacts (i.e. a contact of a contact) testing only for the relevant STIs should be performed.

For more information see the Canadian Guidelines on Sexually Transmitted Infections:

**[canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines.html](https://canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines.html)**

Clinical Syndrome	First-line empiric therapy
<b>Urethritis</b>	Empiric therapy for GC and CT Ceftriaxone 250mg IM AND Azithromycin 1G po
<b>Proctitis</b>	Empiric therapy for GC and CT Ceftriaxone 250mg IM AND Azithromycin 1G po
<b>Chancre or disseminated rash</b>	Empiric therapy for primary (chancre) or secondary (rash) syphilis Bicillin (benzathine penicillin G) 2.4 million units IM x 1

Adapted from the New York City Department of Health and Mental Hygiene's PrEP and PEP Action Kit