

HEALTH PROMOTION FOR GAY BI MEN WHO HAVE SEX WITH MEN

CHLAMYDIA

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GAY MEN'S SEXUAL HEALTH ALLIANCE



ABOUT THIS FACTSHEET

This fact sheet is for front-line, outreach staff, public health staff, others providing sexual health care and the communities of gay, bisexual, queer, and other men who have sex with men (gbMSM). In Canada, gbMSM are disproportionately impacted by sexually-transmitted infections (STIs).¹



WHAT IS CHLAMYDIA?

Chlamydia is a bacterial sexually transmitted infection (STI) caused by the bacterium *Chlamydia trachomatis*. In Canada, chlamydia is the most commonly reported bacterial STI.² Chlamydia can live in the eyes, pharynx (throat area), urethra, frontal hole/vagina, cervix, and rectum.³ Chlamydia is called the “silent disease” because over 50% of males and 70% of females who are infected have no symptoms and do not know they are infected.² Chlamydia is spread by contact with infected body fluids.

With the use of pre-exposure prophylaxis (PrEP) to prevent HIV, we have observed an increase in condomless (aka ‘bareback’) sex amongst gbMSM, which facilitates transmission of STIs such as syphilis, gonorrhea, and chlamydia.^{5,7,14} In a 5-year study of 366 participants, there was a particular increase of STI incidence in PrEP users who were younger, used substances before or during sex (known as **Party and Play** or Chemsex),⁸ and reported condomless anal sex.^{5,7,13}

SYMPTOMS OF CHLAMYDIA

Chlamydia infection is often asymptomatic.

The symptoms of chlamydia infection for patients assigned male at birth may include discharge from the penis, burning sensation (often worsened by urination), itching at the opening of penis, swelling, and/or pain in the testicles.^{2,9} Rectal symptoms can include discharge, rectal pain, and/or bleeding.^{2,9} Untreated urethral infection can cause scarring of the urethra, infertility, and difficulty with urination. In rare cases, chlamydia can cause Reiter’s Syndrome, a type of arthritis.² Chlamydia infection of the eye, although less common than chlamydia infections at other sites, may cause symptoms of conjunctivitis (e.g., redness, pain, swelling, discharge) and is the leading cause of infectious blindness worldwide.^{9,16,17}

TESTING FOR CHLAMYDIA

Routine screening for chlamydia is recommended for all sexually active gbMSM who have new sexual partners and/or whose sexual partners have had new partners since previous testing, whether or not suggestive symptoms are present.¹²

Chlamydia testing in those assigned male at birth typically includes a urine test, a throat swab, and/or a rectal swab. In many cases, testing at all sites is warranted, as many infections would be missed with just urogenital testing alone.^{18,19}

Having had chlamydia does not confer immunity against future chlamydia infections, and routine testing is recommended. For some tips on how to discuss your sexual health with your healthcare provider, please refer to [Finding and Building a Therapeutic Relationship with your Healthcare Provider](#).⁴

TREATMENT AND HARM REDUCTION

Treatment for chlamydia requires antibiotics, generally either azithromycin or doxycycline. Your healthcare provider will discuss the treatment options with you and determine which is best. Follow-up of a positive chlamydia test result is recommended and includes testing for reinfection (usually after 3-6 months), and in some cases a test-of-cure sooner to ensure that the infection has been cured, although the latter is often not required.¹²

To prevent chlamydia infection, consistent and correct condom use is recommended during sex, including oral sex. However, many individuals may choose not to use condoms. Newer studies have demonstrated efficacy of doxycycline, an antibiotic, in preventing chlamydia infection when taken soon after (ideally within 24 hours of) condomless sex,^{10,11,20} a practice known as doxy post-exposure prophylaxis (doxy-PEP). However, concerns exist regarding consequences of long-term antibiotic use, including the risk of many organisms developing antimicrobial resistance and adverse effects from the medication. You may wish to speak to your healthcare to help determine if doxycycline is right for you. For more information on doxy-PEP, refer to the fact sheet [Doxycycline PEP for Prevention of STIs](#).¹¹

SEX, CHLAMYDIA, AND STIGMA

When possible, it helps to speak with sexual partner(s)—online or in-person—about previous testing dates and test results. However, barriers to this discussion exist: there can be a considerable stigma around STIs,^{10,21} and conversations about STI testing or STI status may be more difficult in certain settings, such as the backroom/darkroom of a venue, during group sex, and/or in situations when recreational substances have been taken to enhance one’s sexual intimacy and experiences. You can choose when, where, and how to have this conversation about STIs in order to facilitate the most comfortable conversation possible.

Your sexual partners’ regularity with testing, their sexual encounters, and other factors may be helpful in making an informed decision about the type of sex you want to have with them, and/or may lead you to decide to get tested sooner than your typical screening schedule. There is no “right” or “wrong” decision. With an open conversation and informed decision-making, the sex itself can be more pleasurable. Taking care of your sexual health and well-being is crucial for satisfying sexual experiences and supporting your emotional, mental, and physical health.

SEX POSITIVE MESSAGING

Sex-positive messaging validates and affirms gbMSM's experiences and encourages them to effectively care for the sexual health of themselves and their partners. Additionally, sex-positive messaging can instill self-worth and self-confidence. Sexual health campaigns must emphasize sexual pleasure and diverse sexual practices to be effective. Too often, gbMSM's sexual practices are framed as dangerous or shameful, and overemphasis is placed on their risk for STIs without attention being given to the positive aspects of their sex lives. An example of sex-positive messaging can be found in the GMSH campaign [The Sex You Want](#).¹⁵

Take-home messaging for gbMSM is that you can enjoy the types of sexual experiences you want while also remaining active in sexual health services. Great sex makes one feel good and improves happiness and intimacy.⁶ Rather than vilifying it, we should celebrate the diverse range of sexual experiences in which one may choose to engage.

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