

HEALTH PROMOTION FOR GAY BI MEN WHO HAVE SEX WITH MEN

GONORRHEA

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GMSH
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 GONORRHEA?

Gonorrhea is a bacterial sexually transmitted infection (STI) caused by *Neisseria gonorrhoeae* (N. gonorrhoeae).¹ Gay and bisexual men who have sex with men (gbMSM) are disproportionately impacted by gonorrhea.²

In Canada, gonorrhea rates are increasing in gbMSM communities.¹ Various studies have shown the prevalence of rectal and pharyngeal (throat) gonorrhea are higher in gbMSM.^{2,3} Rectal gonorrhea infection can be associated with higher risk of HIV transmission, and repeat rectal infections are a greater risk factor for HIV infection.² Gonorrhea can also cause urethral infections,³ and less commonly eye infections (gonococcal conjunctivitis) which can occur when infected fluids come into contact with the eyes—for example, when rubbing the eyes after touching an infected body part or semen.^{5,6,7}

WHAT FACTORS INCREASE GONORRHEA RISK?

Some studies have found a higher prevalence of rectal gonorrhea with more than once-a-week rectal douching, whereas others did not.³ In the absence of evidence-based research on the safe frequency of rectal douching for gbMSM, experts believe that it is recommended to douche not more than two or three times a week.³

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.¹⁰ 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), and reported condomless anal sex.^{13,15,22}

SYMPTOMS OF GONORRHEA

Gonorrhea infection is often asymptomatic.

Gonorrhea infection of the eyes (gonococcal conjunctivitis), although less common than infection at other sites, may cause eye swelling, discharge, pain, and/or adjacent lymph node swelling.⁷ If not treated, gonococcal conjunctivitis can cause complications such as vision problems, scarring of eye tissue, and meningitis (inflammation of the lining around the brain and spinal cord).⁷

Urethral infection often results in penile discharge, itching, and/or painful urination, particularly in those assigned male at birth.⁹ Other causes of urethritis (inflammation of the urethra), such as chlamydia urethritis and non-specific urethritis,^{11,12} may present similarly, and as such testing is always advised when concerning symptoms are present.

If gonorrhea infection progresses to the testicles, it can cause testicular pain and swelling.

TESTING FOR GONORRHEA

Routine screening for gonorrhea 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.

Based on possible sites of exposure to gonorrhea, testing using urine, throat, and/or rectal samples should be considered. In many cases, testing at all sites is warranted, as many infections would be missed with just urogenital testing alone.^{25,26} To ensure that you are tested at the appropriate sites, you may need to specifically ask the provider at the clinic where you want to get tested. Many clinics now offer swabs for self-testing, which provides privacy, reduces stigma, and is often more comfortable.³

Having had gonorrhea does not confer immunity against future gonorrhea infections, and routine testing is recommended. If you need 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 gonorrhea requires antibiotics, generally using ceftriaxone (either alone or in combination with azithromycin). Given an overall increase in resistance rates, a test-of-cure is often recommended to ensure complete eradication of the bacteria.^{18,23} This is particularly true in specific scenarios, including pharyngeal gonorrhea, which has lower cure rates.

To prevent gonorrhea 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 bacteria STIs when taken soon after (ideally within 24 hours of) condomless sex, a practice known as doxy post-exposure prophylaxis (doxy-PEP).^{16,19} Although some studies have found a decline in gonorrhea rates with its use,^{8,16,27} it is less effective at preventing gonorrhea compared to preventing syphilis or chlamydia, likely due to its higher rates of baseline resistance to doxycycline. Concerns exist regarding consequences of long-term use, including the risk of increased antimicrobial resistant gonorrhea strains (to doxycycline as well as selecting for resistance to ceftriaxone)^{20,21} resistance in other organisms, and other adverse effects from the medication. 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](#).¹⁹

SEX, GONORRHEA, 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,^{16,17} 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 CARE

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](#).²⁴

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.¹⁴ Rather than vilifying it, we should celebrate the diverse range of sexual experiences in which one may choose to engage.

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