

GMHC protocol: Routine Asymptomatic STI Screen for trans men

Door:

Volunteer sees that client marked “female” as sex assigned at birth → check to see if client has marked that he has any of the following symptoms: pain during sex, pain during urination, peeing more often than usual, unusual genital discharge, bumps or sores on genitalia, unusual odors, deep pelvic pain, unusual cramping, unusual spotting between periods, unusual itch.

- Sympomatic:
 - give client pink ticket → he will be seen before all blue tickets (regular asymptomatic clients)
 - bring him into a room, medic will explain that currently Sundays are not capable of seeing pelvic/symptomatic cases and can only see routine STI screenings for clients who are female assigned at birth; refer out to other clinics using S3/IRC resources
- Asymptomatic:
 - give client blue ticket and urine cup and have them pee if it's been 1+ hour since last urination, “beginning of stream” catch, pee to line and don't pour out (no wiping, spreading of labia, or other prep)
 - client brings cup to pee window → no urinalysis in-house, orange sticker on cup to denote urine will be packaged and sent to Quest for urine testing, put aside cup in lab

STI Appointment

- Regular medic spiel about us being medics/lay-healthcare workers
 - reiterate that we don't do pelvic exams and confirm that client is asymptomatic
 - confirming type of genitals client has currently:
 - “what do you call your genitals?”
 - for urine test, need to mark male or female on Quest form due to differences in testing standards
 - Explain to client that what kind of genitals person currently has changes testing they do at Quest; alternative question can be “would you describe your urethra as more internal or external/inside or outside your body?”
- Sexual history (last 90 days)
 - # and genders of partners in last 3 months
 - types/areas of sexual contact and whether giving/receptive: penis-to-vagina, penis-to-anus, mouth-to-penis, mouth-to-anus, mouth-to-vagina, vagina-to-vagina, fingers/hands, toys, kink/bdsm/other practices that might involve blood-to-blood exposure
 - whether protection/what kind of/how frequently protection is used for the stated

activities

- are you able to contact your partners? were they symptomatic? partners' sexual/testing history?
- Testing history
 - Last HIV test date, current status (if known)
 - Last syphilis test date, history and last titer (if known/applicable)
 - Last pelvic examination, last pap smear
 - vaccinated for HPV via Gardasil, Cervarix?
- No physical exam
- Education/harm reduction
 - [Guidelines](#) for regular pap smears
 - Hepatitis, HIV, and condom and other protection education mostly same
 - bacterial vaginosis
 - toy safety
 - 80% of folks with vaginas are asymptomatic for GC/CT. This can cause pelvic inflammatory disease, increase risk for contracting other STIs, and can cause infertility
 - counseling about pelvic exam/pap smear importance and appropriate testing frequency
 - how do drugs and/or alcohol affect your sex life, if at all?

Testing

- No urinalysis
- Syphilis blood draw
- HIV (via HPS)
- Swabs
 - throat: same GMHC protocol as for cis men (2 unprotected penises in mouth in last 30 days)
 - rectal: same GMHC protocol (1 unprotected penis in mouth since last swab, record date of last rectal swab)

Treatment:

- GC/CT/Syphilis treatment protocols same as for cis men
- If client could be pregnant, be conscious of pregnancy category of antibiotics
 - Avoid Tetracycline's (e.g. doxycycline)
 - Azithromycin or Erythromycin recommended as first-line by CDC
- If client is on birth control, while taking antibiotics their birth control may be less effective