

## Enteric infections in MSM treatment guidelines

Men who have sex with men (MSM) are prone to enteric infections due to transmission of organisms through the oral-anal contact.

### Causes

Sexual transmission of enteric pathogens such as hepatitis A and shigella in men who have sex with men has been well described.

Men who have sex with men (MSM) are prone to enteric infections due to transmission of organisms through the oral-anal contact.

MSM who present with lower gastrointestinal symptoms are often concerned about an STI, however it is usually easy to differentiate enteritis from proctitis.

As in the general population, viral infections such as norovirus and rotavirus are the most common causes of acute gastroenteritis.

In MSM presenting with gastrointestinal symptoms consider whether there have been recent community outbreaks of hepatitis A and shigella.

Hepatitis A and shigella are both [notifiable to the Victorian Department of Health](#).

Other bacterial infections include campylobacter, toxin-producing *E. coli* and *Entamoeba histolytica*. Parasitic infections such as giardia and worms are also seen.

### Clinical presentation

Typical features of gastroenteritis, such as nausea, fever, abdominal pain and diarrhoea.

It is important to differentiate enteritis from proctitis (anorectal pain and discharge). Refer to the [proctitis treatment guidelines](#).

A patient with prominent lower gastrointestinal symptoms such as high volume diarrhoea will almost always have enteritis.

High fever, dehydration and rectal bleeding indicate a more severe infection which may need to be managed in consultation with the local hospital.

### Diagnosis

Investigations are not always necessary, particularly with mild symptoms, but the clinician should have a low threshold to investigate MSM due to the possibility of shigella.

Stool micro, culture and sensitivities (with PCR) are usually the only investigations necessary.

### Management

Hepatitis A vaccination is advisable in all MSM.

Enteric infections are usually self-limiting.

Rehydration and symptomatic treatment is the mainstay of therapy.

Although antibiotic therapy for shigella has been shown to reduce transmission and reduce the duration of symptoms, empirical antibiotics are not recommended due to the high rates of resistance, particularly to ciprofloxacin and azithromycin.

Where specific management is required it should be guided by the culture and sensitivities.

Where shigella is suspected and empirical therapy is required, seek advice from the local infectious diseases department or reference laboratory as rates of antibiotic resistance changes by region and over time.

#### **Disclaimer**

We recognise that gender identity is fluid. In our treatment guidelines, the words and language we use to describe genitals and gender are based on the sex assigned at birth.

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