



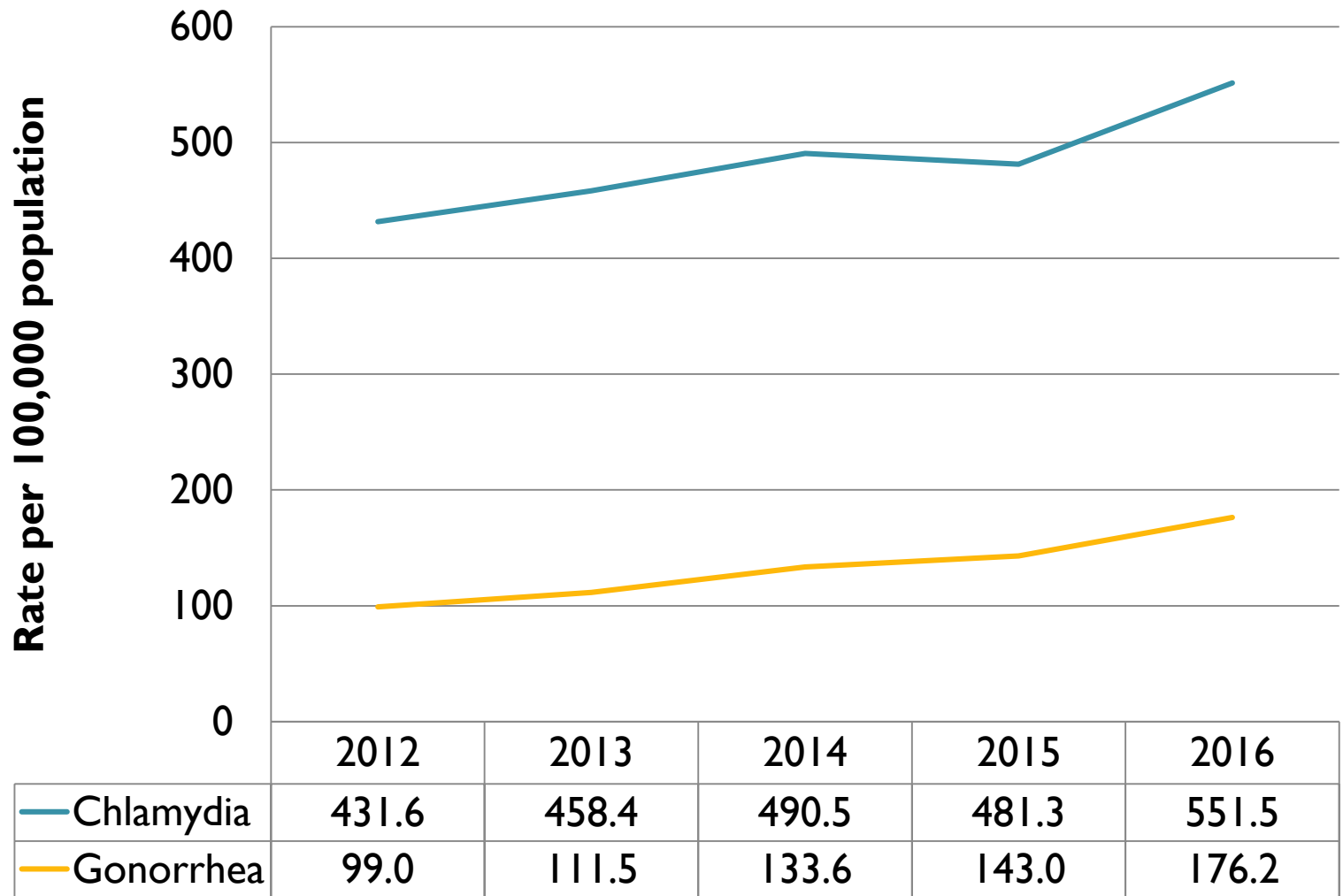
Extragenital Chlamydia and Gonorrhea

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Rate of Chlamydia (CT) and Gonorrhea (GC), Clark County, 2012-2016



Possible Reasons for the Increase

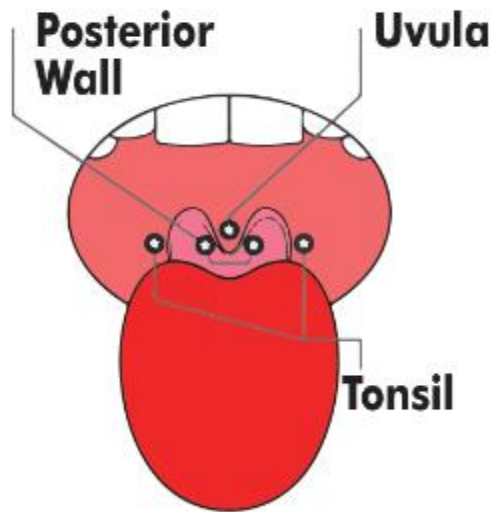
- Better surveillance processes
- Increase in Testing
- Hook-up sites and phone apps (e.g. Grindr, Adam4Adam, Jack'd, etc...)
- Untreated or Undertreated infections
- Missed diseases because all sites of exposures are not being screened.

Urogenital Testing

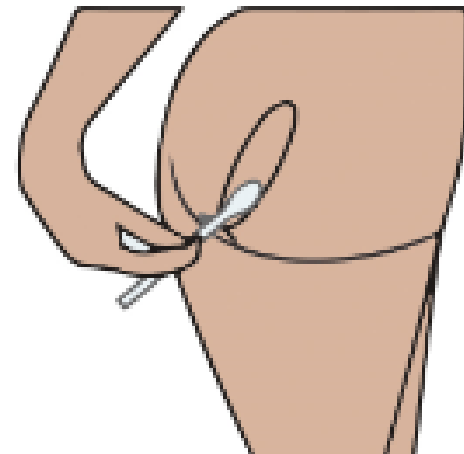
- Urethra
- Cervix
- Vagina
- Urine

Extragenital Testing

○ Areas to swab



Pharyngeal



Rectal

CDC's Current Recommendations¹

- Screen Men who have sex with Men (MSM) who had receptive anal sex within the past year for rectal CT/GC.
- Screen MSM who had receptive oral sex within the past year for pharyngeal GC.
- Test method: Nucleic Acid Amplification Test

Demographics of CT/GC Testing Population, SNHD SHC, 2016

- 9600 people
 - 53% male, 47% female, < 1% transgender
 - 38% hispanic, 26% white, 23% black
 - 48% 20-29 yr olds
 - 59% heterosexual, 22% unknown, 13% MSM
 - 6% HIV+
 - MSM- higher proportion extragenital tests vs. urogenital tests
- 11,363 CT and GC test visits

The Public Health Burden of Extragenital CT/GC

I. Common infections at pharyngeal and rectal sites in MSM

Positivity

	Published Studies ²⁻⁴	Our Study
Pharyngeal CT	2-3%	3%
Rectal CT	7-14%	19%
Pharyngeal GC	5-11%	13%
Rectal GC	9-18%	18%

The Public Health Burden of Extragenital CT/GC

2. Rectal CT/GC infections are associated with risk of acquiring HIV infection
 - 1 out of 15 MSM diagnosed with HIV 1 year after rectal CT/GC diagnosis⁵
 - 8 fold increase with 2 prior rectal CT/GC infection⁶

The Public Health Burden of Extragenital CT/GC

3. HIV positive status is significantly associated to prevalence of rectal CT and GC infections
 - Rectal CT higher among HIV positive MSM than HIV negative MSM

HIV positive MSM was 2.18 x (95% CI: 1.04-4.60) as likely as HIV negative MSM to acquire rectal CT infection⁷

Our study: 1.56 x (95% CI: 1.15-2.11)

The Public Health Burden of Extragenital CT/GC

4. Substantial amount of disease can be missed if extragenital sites are not screened.
 - 13-85% of CT infections and 30-70% of GC infections were found only in extragenital sites in MSM^{2,4,8,9}

Our Study: Potentially Missed Infections

MSM:

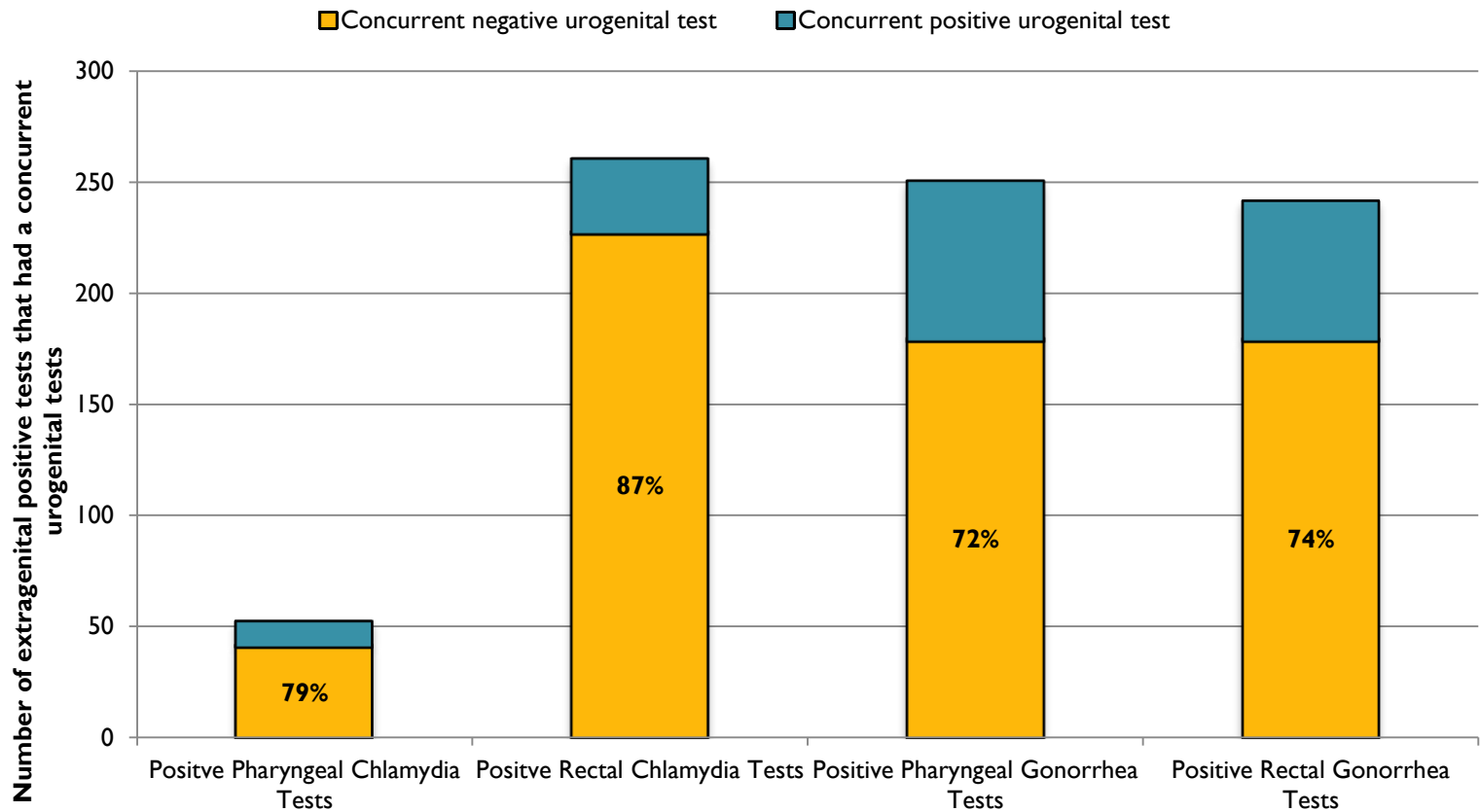
- 57% of CT infections among MSM
- 48% of GC infections among MSM

Overall:

- 12% of all CT infections
- 24% of all GC infections

...would have been missed if only urogenital tests were done!

Proportion of Extragenital GC/CT Infection with Concurrent Urogenital Tests



Barriers to Extragenital Testing¹⁰

- Physicians are uncomfortable taking sexual history
- Extragenital tests are not FDA approved.

OEDS's Role

- Technical Bulletin
- Focus outreach efforts to advocate for extragenital testing
 - Taking proper sexual history
 - Ordering of the correct swab kits
 - Proper swabbing techniques
 - Self-collection vs. provider-collection

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Thank you!

Questions ?