

A Systematic Review to Determine if Routine Extragenital Screenings for Gonorrhea and

Chlamydia is Beneficial for Asymptomatic HIV-infected MSM

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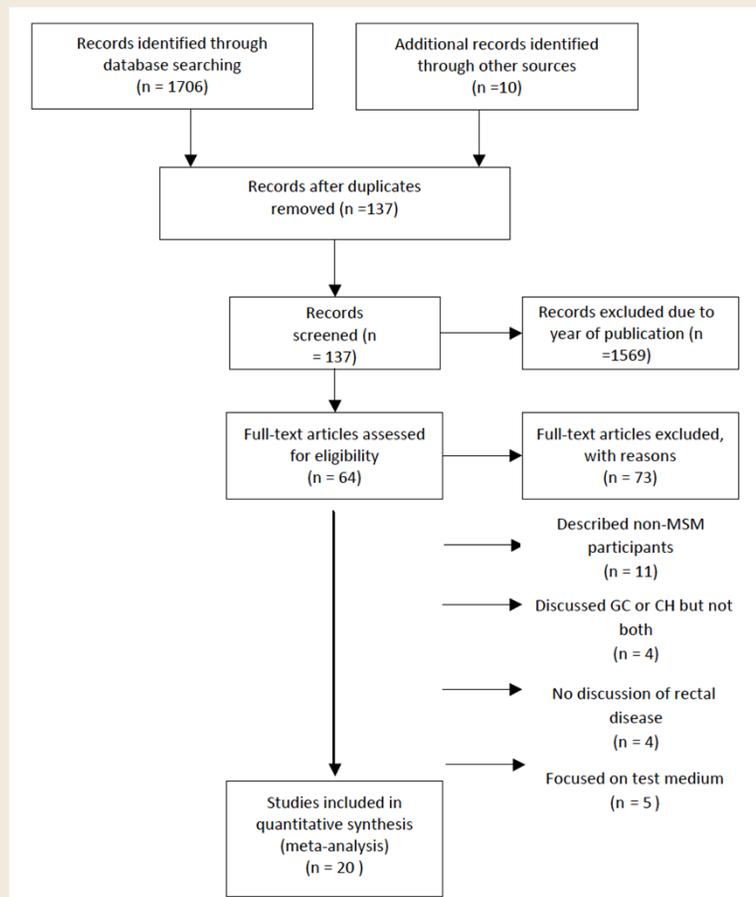
INTRODUCTION

- Human Immunodeficiency Virus (HIV)-infected men who have sex with men (MSM) are at high risk of viral and bacterial sexually transmitted illnesses (STIs).
- The 2015 Centers for Disease Control and Prevention (CDC) Guidelines recommend that all HIV-infected MSM be screened at the appropriate anatomical sites for gonorrhea and chlamydia exposure
- The data are strongest for screening MSM for gonorrhea and chlamydia at extra-genital sites when they report exposure.
- The oral and rectal sites are more likely to be infected with gonorrhea and chlamydia than the urogenital site, especially among asymptomatic MSM.

METHODS

- We reviewed studies that conducted routine extragenital screenings for gonorrhea and chlamydia at both the oropharynx and rectum for asymptomatic, high-risk MSM individuals.
- The primary endpoints were STI screening, detection and treatment.
- Inclusion criteria: publications that examined testing for gonorrhea and chlamydia at extragenital sites or discussed barriers for testing for gonorrhea and chlamydia at extragenital sites.
- Exclusion criteria:
 - Publication prior to the year 2000
 - Did not have a control group/period
 - Sampled a non-MSM population or included genetically female participants
 - Discussed gonorrhea or chlamydia but not both
 - Did not include discussion of rectal disease
 - Focused primarily on the testing mediums rather than actual screening

METHODS



RESULTS

- Of the 1706 papers identified, 20 met the predetermined inclusion criteria.
- All studies included found that increases in screenings of extragenital sites for gonorrhea and chlamydia resulted in greater detection of disease than screening urine alone.
- All studies concluded that high-risk MSM patients need to have extragenital screening for gonorrhea and chlamydia to adequately capture all cases of disease.
- Seven studies concluded that HIV infection was associated with a higher incidence of asymptomatic gonorrhea and chlamydia infection.

DISCUSSION

- Adherence to published guidelines would increase detection of asymptomatic STIs in MSM
- We plan to use these findings to implement a routine extragenital screening program at a University-based HIV clinic.
- Such a program would adhere to the 2015 CDC STD Screening Guidelines.
- Barriers to this program include:
 - Provider factors
 - Patient factors
 - Economic factors
 - Logistical factors

CONCLUSIONS

- Gonorrhea and chlamydia are the most common notifiable diseases in the United States, with 395,216 cases of gonorrhea and 1,526,658 cases of chlamydia reported in 2015 alone.
- Eleven studies found a significant number of asymptomatic STIs at extragenital sites that would not have been found if patients were screened either due to symptoms alone, or a routine urine screening.
- HIV-infected patients had consistently higher rates of STI infection than non-HIV infected MSM alone.

REFERENCES

Prevention CfDC. Screening Recommendations and Considerations Referenced in the 2015 STD Treatment Guidelines and Original Sources. 2015;

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