



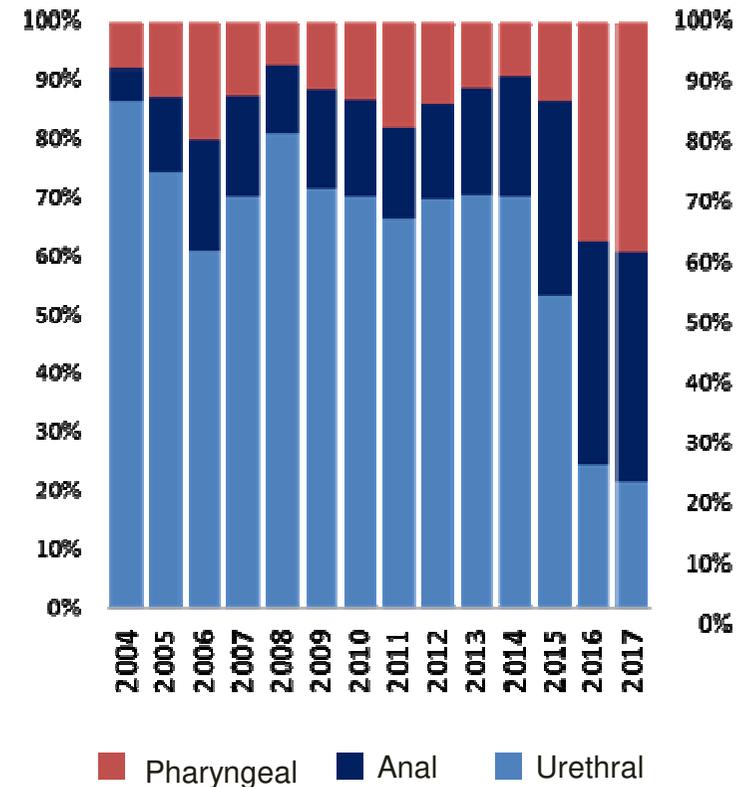
# POSITIVITY FOR CT AND GC IN SELF-TAKEN GENITAL AND EXTRA-GENITAL SAMPLES VIA FREE POSTAL STI TEST KIT IN MULTIPARTNER MSM

Delphine Rahib, Béatrice Berçot, Hélène Salord, Marie-Noëlle Didelot, Hacène Khiri, Julien Digne, Arabella Touati, Cécile Bébéar, Nathalie Lydié for MemoDepistages group

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- *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoeae* (GC) infections have continuously increased since 2000's in men and women, but the rise is the highest in MSM.
- National screening guidelines for MSM: urinal/ urethral screening. Anal and pharyngeal samples according to sexual practices.

**In a French asymptomatic multipartner MSM population, what is the genital and extragenital CT and GC positivity rate?**



Locus samples in MSM for GC. Rénago network. France. 2008-2017.

**The MemoDepistages study is a STI screening program offering a free postal STI test**

- It was advertised by dating apps and social media (11 april – 10 june 2018)
- It was offer to HIV seronegative MSM aged more than 18 yo
- Period of self sampling: 04/2018 to 05/2018



<b>Urine</b>	<b>Uriswab. COPAN – stability 7 days</b>	
<b>Anal swab</b>	<b>Cobas PCR media. Roche – stability 12 months Multi-Collect Specimen. Abbott – stability 14 days</b>	
<b>Pharyngeal swab</b>	<b>Cobas PCR media. Roche – stability 12 months Multi-Collect Specimen. Abbott – stability 14 days</b>	
<b>CT screening</b>	swab	Cobas 4800 or 6800 (Roche) or m2000 (Abbott)
<b>GC screening</b>	swab	Cobas 4800 or 6800 (Roche) or m2000 (Abbott)





## RESULTS

**1930 participants sent back the three-areas samples kit.**

Participants were young (33yo in median), mainly lived in urban area (55%) and were educated (76% college degree or more)

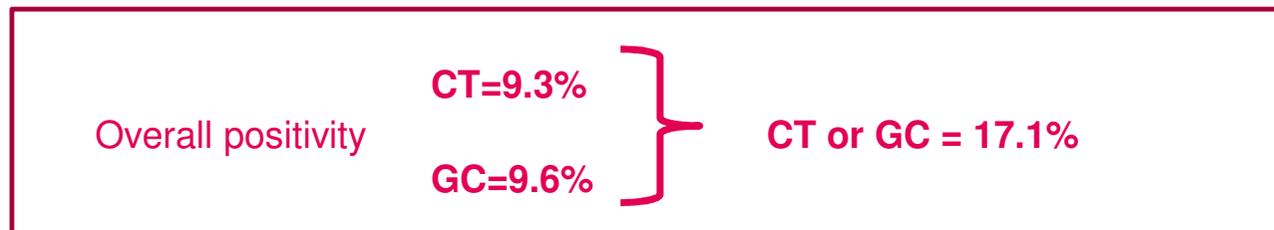
In the past 12 months:

57% have 10 partners or more

52% have been tested for HIV

33% have been tested for CT and/or GC

*30% urinal, 14% pharyngeal, 13% anal*



N=1 930	<i>C trachomatis</i> (CT)		<i>N. gonorrhoeae</i> (GC)		CT or GC	
	n	%	n	%	n	%
Urine - overall	36	1.9	10	0.5	43	2.2
Pharyngeal - overall	34	1.8	138	7.2	167	8.7
Anal - overall	140	7.3	84	4.4	204	10.6
<b>OVERALL</b>	<b>180</b>	<b>9.3</b>	<b>186</b>	<b>9.6</b>	<b>329</b>	<b>17.1</b>
<b>ONE AREAS INFECTED</b>	<b>153</b>	<b>7.9</b>	<b>144</b>	<b>7.5</b>	<b>254</b>	<b>13.2</b>
Urine only	23	1.2	1	0.1	19	1.0
Pharyngeal only	17	0.9	98	5.1	104	5.4
Anal only	113	5.9	45	2.3	131	6.8
<b>TWO AREAS INFECTED</b>	<b>24</b>	<b>1.2</b>	<b>38</b>	<b>2.0</b>	<b>65</b>	<b>3.4</b>
Urine & pharyngeal	0	0.0	3	0.2	2	0.1
Urine & anal	10	0.5	2	0.1	12	0.6
Anal & pharyngeal	14	0.7	33	1.7	51	2.6
<b>THREE AREAS INFECTED</b>	<b>3</b>	<b>0.2</b>	<b>4</b>	<b>0.2</b>	<b>10</b>	<b>0.5</b>

→ 3 CT strains were LGV

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**Extra-genital  
area +++**

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<b>Anal &amp; pharyngeal</b>	<b>14</b>	<b>0.7</b>	<b>33</b>	<b>1.7</b>	<b>51</b>	<b>2.6</b>
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} **Anal area always involved**

- Home-based multi-area self-sampling is appealing and feasible for asymptomatic people at high risk of infection
- Overall infection rate is high
- Asymptomatic extra-genital *C. trachomatis* and *N. gonorrhoeae* infections were frequent and would not have been detected by a typical urine-only strategy
- Gonorrhoea can be diagnosed by anal or pharyngeal screening only

**Those data support the need of new guidelines on CT and GC screening for MSM in France, involving multi-area sampling for asymptomatic MSM.**

- Upcoming : exploration at 12 months for CT/GC and study on *M. genitalium*

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