NEW YORK CITY STD HIV PREVENTION TRAINING CENTER

Fun Times

EDITION #1
APRIL 2023

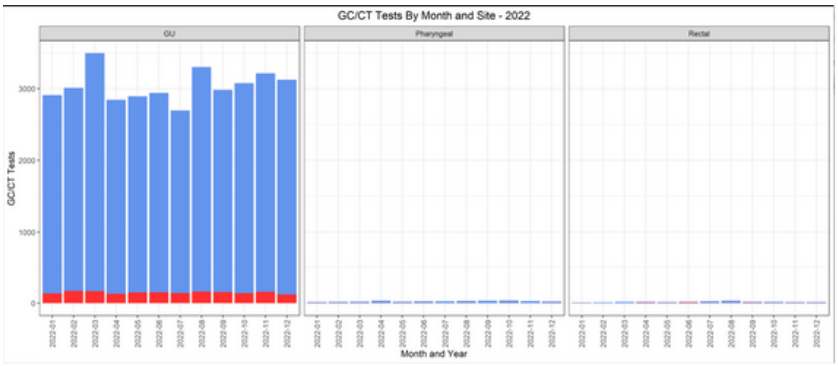
TO TEST OR NOT TO TEST: THE EXTRAGENITAL QUESTION

The Problem

A 27-year-old male presents complaining of the severe throat and rectal pain. On exam, he was noted to have multiple papular lesions on his arm. He was tested for mpox with a swab of his skin lesion as well as urinary GC/CT, but was not treated empirically.

Mpox PCR returned positive, while urinary GC/CT returned negative. He was seen in mpox clinic for treatment, where he underwent complete STI testing with GC/CT rectal and pharyngeal swabs, RPR for syphilis, and HIV testing. He was also provided empiric ceftriaxone and doxycycline and started on the antiviral tecovirimat for mpox. His throat and rectal swabs both returned positive for gonorrhea, and his symptoms improved within 48 hours.

Below: Figure 1 - STI Testing at NYP
Less then 1% of individuals receive extragenital testing. However, in spite of low levels of extragenital testing, when extragenital testing is performed, over 40 patients a day are positive at the extragenital site only!



The Solution

This case highlights the importance of extragenital (rectal and pharyngeal) STI testing. The patient presented with rectal pain; however, that site was not tested for gonorrhea and chlamydia. It is important to know that patients can, and frequently do, have negative genitourinary STI testing with positive extragenital testing.

In one large study from Kansas City, most gonorrhea and chlamydia cases among men who have sex with men would have been missed had extragenital testing not been performed. However, one-third of cases of extragenital gonorrhea and chlamydia would have been missed among heterosexual men and women as well.

Testing extragenital sites is also consistent with the 2021 STI treatment guidelines recommending pharyngeal and rectal screening based on reported sexual behaviors, individualized risk, and shared decision-making.

Knowledge Check

1. Which of the following topics should be discussed with your patient to learn about patient practices?
   a. Partners
   b. Practices
   c. Protection from STIs
   d. Past History of STIs
   e. Pregnancy Intention
   f. All of the above

2. Which of the following questions can you ask your patient with respect to partners?
   a. Are you currently having sex of any kind – so, oral, vaginal, or anal – with anyone?
   b. In recent months, how many sex partners have you had?
   c. What is/are the gender(s) of your sex partner(s)?
   d. All of the above

How to Access CE

To access CE, please visit https://nycptc.org/stinewsletter.html for instructions on how to access CE. CE is available until April 1 2024.

If you have problems accessing CE, please contact CDC directly by completing their online form: https://tceols.cdc.gov/Home/Contact. **Please do not wait until the last minute to complete the evaluation for CE.**

For FAQs on this system: https://tceols.cdc.gov/Home/FAQs

Location Location Location

In addition to ensuring that we don't miss infections, the location of chlamydia or gonorrhea can also affect our management. For example, we generally do not recommend a test of cure; however, pharyngeal gonorrhea is the exception. For pharyngeal gonorrhea, the CDC recommends a test of cure with repeat testing 7-14 days after treatment.

This is because most cases of gonorrhea treatment failure occur in the pharynx; this occurs for a variety of reasons but is one of the reasons the CDC recently increased the dose of ceftriaxone used to treat gonorrhea. Drug-resistant gonorrhea has been on the CDC urgent threats list and recently, the first two U.S. cases of gonorrhea with reduced susceptibility to multiple antibiotics have been identified in Massachusetts. Ensuring adequate and complete treatment for gonorrhea is critical to reducing our risk for increasingly resistant gonorrhea in the future.

A second example of how extragenital STI testing affects management involves the treatment of rectal chlamydia. CDC STI treatment guidelines recommend 7 days of doxycycline as the first-line treatment for rectal chlamydia. This is due to two recent randomized controlled trials that showed a 20-26% difference in efficacy between doxycycline and single-dose azithromycin in men who have sex with men and 9% difference in efficacy in women. However, at some sites providing doxycycline may be challenging, and you may need to treat with single-dose azithromycin; in those cases, consider repeat testing in one month instead of waiting three months as is standard.

Some Practical Advice

The easiest way to operationalize this intervention is to **offer extragenital testing to all patients for whom you offer STI testing.** We use the Aptima Hologic multi-site swabs on the West Campus for pharyngeal and rectal testing. If you do not have these swabs at your site, ask your administration to keep some on hand or to send us a message.

Finally, comprehensive GC/CT testing is not enough. Syphilis incidence is also increasing in the US, and all bacterial STIs are markers for HIV risk. In fact, in New York City, 1 in 20 MSM with syphilis and 1 in 15 MSM with a rectal STI were diagnosed with HIV within a year. Although patients may not present with symptoms referable to these infections, testing for HIV and syphilis is critical to halting the spread of these infections. Efforts are underway to end the HIV epidemic (EHE) by 2030; however, that can only happen if we all help

Remember, in New York State, **there is a requirement** to offer HIV testing to patients at all care sites. **The easiest way to do this is to offer HIV testing to all your patients.** For patients testing positive, we have resources available to help with immediate linkage to care and getting patients started on antiretroviral therapy.

For both STI and HIV testing, the easiest route is to offer to test all patients. Universal HIV/STI screening has been shown to be more beneficial and cost-effective than risk-based screening and helps to reduce stigma.

References

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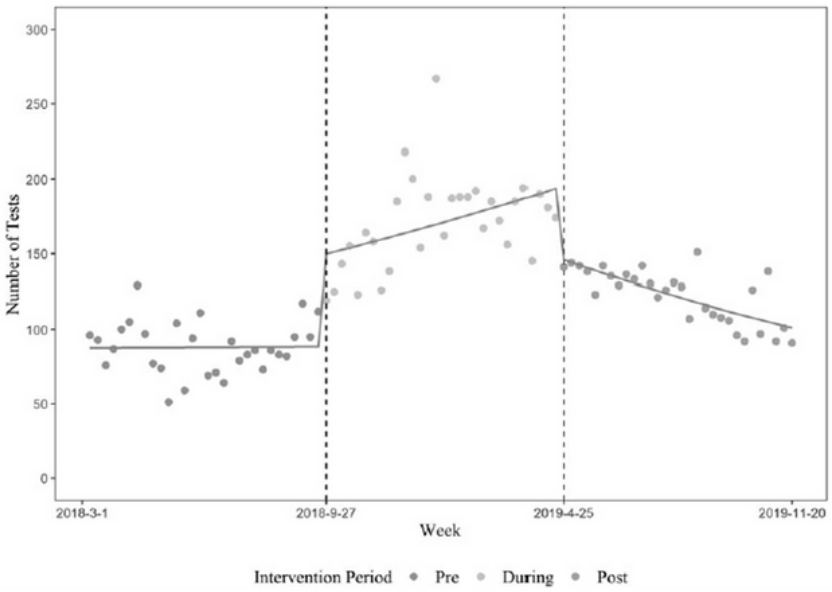
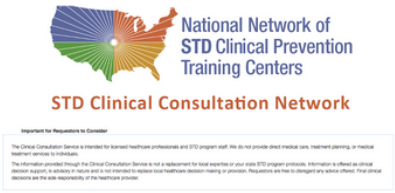
The Past

Prior efforts to improve and provide evidence-based sexual health care have been successful! In 2018-2019 the sexual health team working with the Emergency Department instituted a provider feedback report for HIV and HCV. During the intervention period, HIV testing doubled resulting in more patients newly diagnosed with HIV and HCV.

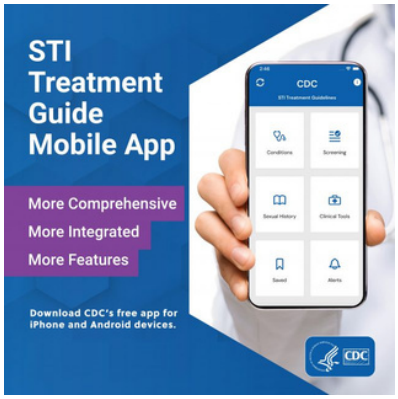


Additional Resources



Clinical Consultation Line

Go to www.stdccn.org to access the clinical consultation line. It provides STD clinical consultation services within 1-5 business days, depending on urgency, to healthcare providers.



STI Treatment Guide Mobile App

Free app from CDC, available on iPhone or Android devices, "STI Tx Guide".

National Network of STD Clinical Prevention Training Centers
www.nnptc.org

The National Network of STD Clinical Prevention Training Centers (NNPTC) is funded by the CDC to assist clinicians in the United States with the skills, knowledge and experience that they need to address and prevent STDs in their patients. The NNPTC consists of 8 regional training centers; NYC PTC is one of the 8.

Knowledge Check Answers

Question 1 Answer: F, All of the above.
When taking a sexual history with a new patient, it is important to ask them about the 5Ps; learning this information will ensure you can provide the best care possible.

Question 2 Answer: D, All of the above
There are different ways to get at each of the 5Ps - all of these questions are ones you can ask to find out more about a patient's sex partners.

A NEWSLETTER FOR PHYSICIANS TO IMPROVE THE PROVISION OF EVIDENCE-BASED SEXUAL HEALTH SERVICES

Information

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Have a clinical question?
Check out the clinical consultation line: www.stdccn.org.

Reach the PTC at
nycptc@cumc.columbia.edu

Learn more about the PTC at
www.nycptc.org

Internally at NYP you can reach us on EPIC.

For new positive HIV and HCV patients, HIV/HCV Coordination Team:

For the sexual health program:

For any patient testing positive for Mpox: