BACKGROUND

- The prevalence of rectal infection with Neisseria gonorrhoeae (GC) and Chlamydia trachomatis (CT) among HIV-positive men who have sex with men (MSM) is nearly twice as high as among HIV-negative MSM.
- Centers for Disease Control and Prevention STI Treatment Guidelines recommend screening sexually active MSM at least annually for GC/CT at sites of exposure.
- Despite this recommendation, rates of rectal screening for GC/CT at HIV clinics remain low.

OBJECTIVES

- To evaluate a system-based intervention utilizing routine self-collected rectal swabs for GC/CT screening among MSM
- To determine the acceptability of self-collection of rectal swabs

METHODS

- The intervention took place over a 24-week study period from April 8 to September 22, 2015 at the University of Alabama at Birmingham (UAB) HIV Clinic.
- HIV-positive men attending routine HIV provider visits on Monday or Wednesday (M/W) were provided with a swallow at clinic intake inviting them to self-collect a sample for rectal GC/CT nucleic acid amplification testing (NAAT) if they met inclusion criteria:
  - MSM
  - Anal receptive intercourse in the prior 12 months
- Eligible patients were also invited to complete an anonymous survey regarding reasons for not participating (n=11).
- MSM attending HIV provider visits on Tuesday or Thursday (T/Th) were screened as per usual care.

RESULTS

- During the study period, 1,349 MSM attended routine HIV provider visits (654 in the intervention group on M/W and 695 in the usual care group on T/Th).
- Patients in the M/W group were more likely to be white and have a nurse practitioner as their primary HIV provider (Table 1).
- Cumulative incidence of rectal GC/CT screening among the M/W group was 19.7% and among the T/Th group was 11.9% (p<0.001).
- In multivariable analysis, attending a visit on a M/W intervention day increased cumulative incidence of rectal GC/CT screening by 1.94 (95% CI 1.43-2.64; p<0.001) whereas cumulative incidence among T/Th group on T/Th).
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CONCLUSIONS

- A system-based intervention to increase rectal GC/CT screening among MSM at our HIV clinic involving self-selection for participation and self-collection of swabs resulted in a significant improvement in screening rates over usual care, although the effect was moderate.
- The higher prevalence of rectal GC/CT diagnosis on days the intervention was offered suggests high-risk patients may have been more likely to participate.
- Self-collection of swabs was acceptable to most patients who performed the test.
- Low return of surveys from patients who declined to participate in the intervention limited our ability to understand reasons for refusal.

Statistical significance indicated by bold type, all p <0.01.