Background Repeat Neisseria gonorrhoeae (NG) infections indicate ongoing HIV and STI risk among men who have sex with men (MSM). We examined repeat NG among MSM enrolled in the Bangkok MSM Cohort Study (BMCS).

Methods Sexually-active Thai MSM aged ≥18 years from Bangkok were enrolled in the BMCS during 2006–2008 (Period1) and 2009–2010 (Period2) and were followed every 4 months for 3–5 years. At baseline, participants were screened for rectal and urethral NG and Chlamydia trachomatis (CT) infections using a nucleic acid amplification test (NAAT). Symptomatic participants at follow-up (i.e. men with urethral or anal discharge, urethral pain and rectal pain) had urethral or rectal specimens tested for NG by NAAT, and were treated if positive. We evaluated baseline factors associated with number of symptomatic NG infections using Poisson regression with robust standard error.

Results Among 1,595 participants who had specimens at enrollment (median age 26 years, Interquartile range (IQR): 22–30 years), prevalence of rectal and urethral NG was 6.1% and 1.8%, respectively. Of the 1,439 participants with at least one follow-up visit, 119 had NG infection at any follow-up visit. Forty-four (37.0%) had repeat NG (range 2–7), and 21/44 (47.7%) had only 2 infections. The median time between the first 2 infections was 294 days (IQR: 169–461 days). Factors significantly associated with number of symptomatic NG infections were enrollment in Period1 (Adjusted Incidence Rate Ratio (AIRR), 2.5, 95% Confidence Interval (CI), 1.5–4.3), history of HIV testing without awareness of test result (AIRR 2.8, 95% CI 1.2–6.7), history of previous STI (AIRR 2.9, 95% CI 1.8–4.4), and prevalent CT infection (AIRR 2.2, 95% CI 1.4–3.6).

Conclusion Repeat NG infections among BMCS participants were found and associated with other STIs. After NG diagnosis and treatment, follow-up evaluation in 3 months for repeat NG infection is warranted.

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Introduction Inequalities in Neisseria gonorrhoeae burden by sexual minority status have been observed in the United States but are difficult to characterise. GBMSM status of gonorrhoea cases is not routinely collected for reported cases and GBMSM population estimates at the level of geography necessary to most usefully inform public health responses are not readily available.

P11.15
FACTORS ASSOCIATED WITH REPEAT SYMPTOMATIC GONORROEA INFECTIONS AMONG MEN WHO HAVE SEX WITH MEN, BANGKOK, THAILAND

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