Background Extragenital gonorrhea (GC) is often asymptomatic, detected through screening of anatomic sites of exposure. Antimicrobial therapy with ceftriaxone plus azithromycin is the recommended GC treatment; monotherapy (azithromycin or doxycycline) is recommended for chlamydia (CT). In urethral CT-positive patients who are urethral GC-negative and not screened at extragenital sites, CT monotherapy may lead to GC undertreatment. We assessed urethral and extragenital GC positivity among MSM seeking care in STD clinics.

Methods Data were obtained from 30 STD clinics in 10 local health jurisdictions included in the STD Surveillance Network. Participants were adult MSM with ≥1 clinic visit between 1/1/2015–12/31/2017. Data were analyzed by clinic visit. Using an inverse-variance random effects model to account for heterogeneity between jurisdictions, weighted positivity estimates and 95% confidence intervals (CI) were calculated for overall, urethral, rectal, and pharyngeal GC among all MSM, and rectal and pharyngeal GC among MSM who were both urethral CT-positive and urethral GC-negative.

Results Of 100,613 GC and CT testing visits, overall GC positivity (positivity at any site) was 16.8% (95% CI = 14.6–19.0). By anatomic site, urethral GC positivity was 7.7% (95% CI = 5.9–9.5), rectal GC positivity was 12.5% (95% CI = 11.1–13.9), and pharyngeal GC positivity was 9.2% (95% CI = 8.0–10.4). Of 3,981 testing visits among urethral CT-positive and urethral GC-negative MSM who were tested at extragenital sites (rectum and/or pharynx), extragenital GC positivity was 10.1% (95% CI = 8.7–11.5), rectal GC positivity was 5.3% (95% CI = 4.3–6.3%), and pharyngeal GC positivity was 6.9% (95% CI = 5.7–8.1).

Conclusion Extragenital GC was fairly common among MSM. Without extragenital screening, ~10% of extragenital gonococcal infections would have been missed and consequently undertreated in urethral CT-positive/urethral GC-negative MSM. In addition to potentially failing to cure GC and facilitating ongoing transmission, undertreatment with azithromycin 1g or doxycycline could potentially select for resistance. These findings underscore the importance of extragenital screening in MSM per CDC guidelines.

Disclosure No significant relationships.