Background Increasing rates of sexually transmissible enteric infections (STEIs) in men who have sex with men (MSM), often associated with antimicrobial resistance, are a growing public health concern. There is a need to better understand the characteristics and burden of STEIs to improve control measures.

Methods We conducted a cross-sectional study at a large London sexual health clinic (SHC) from December 2017 to February 2018. Residual rectal swabs collected from consecutive MSM attending for routine chlamydia/gonorrhoea testing (80% from asymptomatic screening), were anonymously tested for Shigella, Campylobacter, Salmonella and Escherichia coli by PCR. We generated STEI prevalence estimates and explored factors associated with STEIs using linked socio-demographic, behavioural and clinical data from electronic health records.

Results Of 2,138 specimens tested, overall STEI prevalence was 9.9% (95% CI: 8.6%-11.2%), ranging from 0.7% (95% CI: 0.4%-1.2%) for Shigella to 5.0% (95% CI: 4.1%-6.0%) for enteroaggregative E. coli. Salmonella was not detected. MSM with an STEI-positive specimen were more likely to be co-infected with gonorrhoea (23.7% vs 16.2%, p=0.006), to have a previous bacterial STI diagnosis (past year) (48.3% vs 37.4%, p<0.002), to report an ‘interest in high-risk sexual behaviours’ (e.g. Chemsex) (47.9% vs 38.7%, p=0.02), to report higher partner numbers (past 3 months) (median 6 vs 4, p<0.001), and among HIV-negative MSM, to report current use of HIV pre-exposure prophylaxis (PrEP) (54.7% vs 35.6%, p<0.001). Rectal or gastrointestinal symptoms were reported by 1.9% (39/2,098) of MSM, and this was not associated with overall STEI test result.

Conclusion Nearly one in ten MSM attending a London SHC had a rectal STEI detected. The association with higher-risk sexual behaviour and STIs strengthens the evidence that these pathogens are sexually transmitted. STEIs might be widely underdiagnosed in MSM and sub-clinical infection may support sustained transmission, suggesting the need for well-considered clinical and public health responses.

Disclosure No significant relationships.