P055 IS THERE AN OPTIMAL TESTING SCENARIO FOR PHARYNGEAL CHLAMYDIA TRACHOMATIS IN WOMEN?

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Background Pharyngeal Chlamydia trachomatis (CT) in women might possibly contribute to autoinoculation to own genital or rectal site and transmission to sexual partners. Isolated pharyngeal CT (without concurrent anogenital CT) is most relevant as this is not coincidentally treated with concurrent anogenital infections. By comparing different testing scenarios, this study aims to inform testing policy and practice.

Methods Surveillance data in women from all Dutch STI clinics between 2008 and 2017 were used (n=541,945 consultations). The pharyngeal CT positivity rate was compared between routine universal testing (>85% tested pharyngeally per clinic-year) and selective testing (5–85%). Missed cases were calculated by extrapolating the proportion positive found by routine universal testing to all selectively tested women. Multivariable generalized estimating equations analyses were used to assess independent risk factors for pharyngeal CT.

Results Routine universal oropharyngeal testing was performed in 9.5% (51,293/541,945) of all consultations in women. Pharyngeal CT positivity was lower using routine universal testing (2.4%, 95%CI 2.2–2.5, 1,081/45,774) compared to selective testing (2.9%, 95%CI 2.8–3.0, 3,473/121,262, P<0.001). Hypothetically, selective testing would have missed 64.4% (95%CI 63.5%–65.3%, 6363/9879) of the estimated total of pharyngeal CT cases. The proportion isolated pharyngeal CT was comparable between routinely universally tested women (22.9%) and selectively tested women (20.4%, P=0.07). When using risk factors independently associated with pharyngeal CT as testing indicators, 79.6% of women would be tested finding 80.6% infections.

Conclusion No optimal testing scenario was found for pharyngeal CT, in which only a selection of high-risk women needs to be tested to find most pharyngeal CT cases. The relative low prevalence of isolated pharyngeal CT assessed in this large study and probably limited clinical and public health impact of pharyngeal CT in women do not provide support for routine universal testing.

P056 AN OVERVIEW OF PHARYNGEAL CHLAMYDIA TRACHOMATIS IN MEN WHO HAVE SEX WITH MEN USING DUTCH STI-CLINIC DATA FROM A 10-YEAR-PERIOD

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Background The majority of Chlamydia trachomatis (CT) infections in men who have sex with men (MSM) are extra-genital. The pharynx is a common reservoir for CT in MSM and might enable ongoing transmission. This study provides an overview of pharyngeal CT in MSM by describing its prevalence, occurrence relative to other genital and rectal anatomic sites, and risk factors by using routine universal testing data.

Methods Routine universal testing (defined as >85% tested pharyngeally per clinic-year) surveillance data from all Dutch STI clinics between 2008 and 2017 were used (n=185,253). Multivariable generalized estimating equations (GEE) analyses were used to assess independent risk factors for pharyngeal CT and isolated pharyngeal CT.

Results Routine universal oropharyngeal testing was performed in 77.2% (185,253/240,007) of all MSM consultations. Pharyngeal CT was found in 1.2% (95%CI 1.1–1.2; 2,041/176,895) of routinely universally tested MSM. Pharyngeal CT comprised 11.1% (2,041/18,380) of all CT infections. The proportion isolated pharyngeal CT (without concurrent anogenital infection) was 43.9% (897/2,041); 42.7% were concurrent anorectal infections; 8.3% were concurrent with both anorectal and urogenital infections; and 5% were concurrent urogenital infections. Independent risk factors for isolated pharyngeal CT were young age (<43 years), a higher number of sex partners in the past six months (>4), being notified for any STI and having concurrent anorectal N. gonorrhoeae.

Discussion Routine universal pharyngeal CT testing in MSM is widely implemented in Dutch STI clinics. The relative high proportion of isolated pharyngeal CT might argue for routine universal testing. However, the low prevalence of pharyngeal CT, probably limited public and clinical health impact and risks of overtreatment should be taken into account when determining the benefit-to-risk ratio of testing and treating all pharyngeal CT in MSM.

P057 INTERSECTORAL COSTS OF SEXUALLY TRANSMITTED INFECTIONS (STIS) AND HIV: A SYSTEMATIC REVIEW OF COST-OF-ILLNESS STUDIES

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Background This review aims to explore the intersectoral costs (costs spilling over to other non-health sectors) associated with sexually transmitted infections (STIs) and HIV are considered in cost-of-illness (COI) studies, and to categorise and analyse these costs according to sector.

Methods Medline (PubMed), EMBASE (Ovid), Web of Science, CINAHL, PsycINFO, EconLit and NHS EED were searched. Key search terms included terms for cost-of-illness, cost analysis and all terms for HIV/STIs including specific infections. Studies were included that assessed costs beyond healthcare costs. A standardised data extraction form was adopted. A disease-specific cost component table was established based on pre-defined sector-specific classification schemes. Cost results for intersectoral costs were recorded. The quality of studies was assessed using a modified version of the CHEC-list.