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HIV/STI TESTING AMONG MEN WHO HAVE SEX WITH MEN IN THE NETHERLANDS: ATTITUDES TOWARDS HOME-SAMPLING TESTING DURING THE COVID-19 PANDEMIC

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Background The Covid-19 pandemic may have affected access to and uptake of HIV/STI testing among men who have sex with men (MSM) in the Netherlands and underpin the importance of remote sexual health care. Remote sexual health care, including home HIV/STI testing and remote consultation is increasingly appreciated as a necessary extension to regular care, to be able to reach out to MSM. While care providers recognize this need, evidence regarding attitudes among MSM towards using remote care is limited. Here, we present STI/HIV testing behaviors, attitudes and preferences, towards home-sampling during the Covid-19 pandemic, in MSM who (pre-pandemic) attended location-based STI clinic care.

Methods Starting in November 2020, 417 MSM who attended one of several Dutch STI clinics before the Covid-19 pandemic were invited to participate in an online survey. Data collection is on-going. Descriptive statistics regarding testing for HIV/STI testing, of the first 148 participants (35.5%) are presented. Attitude towards home-sampling testing is shown on a scale from negative (0) to positive (100).

Results Of participants (mean age 48) in the past 6 months, 66.4% (97/146) tested for STI and 61.6% (90/146) tested for HIV. A home-sampling test for STI was used by 2.1% and 1.1% performed a home-sampling test for HIV. Participants reported that 1.5% of their male sex partners used home-sampling testing for HIV. Participants were positive towards home-sampling testing (mean=72.0, SD=33.6). When testing for HIV in the future 48.4% (60/124) would consider home-sampling testing. Most of the participants (56.8%) prefer remote consultations combined with a consultation at the STI clinic.

Conclusions Although home-sampling STI/HIV testing is rarely used by STI clinic visiting MSM, results show that MSM can be positive towards home-sampling testing for STI and HIV. Home-sampling testing and remote consultations might be solutions to extend sexual healthcare to continue reaching MSM.

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APPLYING A NOVEL APPROACH TO SCOPING REVIEW INCORPORATING ARTIFICIAL INTELLIGENCE: MAPPING THE NATURAL HISTORY OF GONORRHOEA

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Background This scoping review presents the results of three distinct search strategies combined to identify and map the range of conditions (clinical presentations, complications, coinfections and health problems) associated with gonorrhoea infection. We also report use of a novel artificial-intelligence-(AI)-assisted Medline search tool.

Methods To fully characterize the range of health outcomes associated with gonorrhoea, we combined a structured preliminary search with a traditional systematic search, then supplemented with the output of a novel AI-assisted Medline search to identify eligible literature.

Results We identified 189 health conditions associated with gonorrhoea infection from 107 unique references and 21 International Statistical Classification of Diseases and Related Health Problems Ninth and Tenth Revision (ICD 9/10) or Read codes. Pathogenic processes relating to these outcomes were also briefly summarized. The 189 identified health conditions were related to infection of the urogenital tract (n=86), anorectal tract (n=6) oropharyngeal tract (n=5) and the eye (n=14); and other conditions such as systemic (n=61) and neonatal conditions (n=7), psychosocial associations (n=3), and co-infections (n=7). The 107 unique references attained a Scottish Intercollegiate Guidelines Network (SIGN) score of ≥2++ (n=2), 2+ (14 [13%]), 2- (30 [28%]) and 3 (45 [42%]), respectively. Remaining papers (n=16) were reviews.

Conclusions Through AI screening of Medline, we captured titles, abstracts, case reports and case series related to rare but serious health conditions. These outcomes might otherwise have been missed during a systematic search. The AI-assisted search provided a useful addition to traditional/manual literature searches especially when rapid results were required.

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INCREASED RISK OF SUBSEQUENT CHLAMYDIA INFECTION AMONG WOMEN NOT TESTED AT THE ANORECTAL ANATOMICAL LOCATION

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Background Universal anorectal testing for Chlamydia trachomatis (chlamydia) among women is not recommended in many countries, while anorectal chlamydia infections are common. Missed anorectal infections might cause sequelae at the genital site if autoinoculation from the anorectum is possible, but evidence is limited. This study investigates the association between potentially missed anorectal infections and subsequent genital chlamydia infections in women, using not being tested at the anorectal site as a proxy for having a potentially missed anorectal infection.

Methods We included all women with a repeat chlamydia test within one year (with at least a genital test) from the Dutch Sexual Health Centre (SHC) surveillance between 2014–2019. Multilevel logistic regression analyses were used to identify determinants of genital chlamydia infection at the repeat test, with anorectal testing at the previous chlamydia test as main determinant.