



**BACKGROUND:**

- Sexually transmitted infections (STIs) are a major public health problem in the United States, especially among young people aged 15-24 years
- High burden of STI's among youth living in Washington, DC, one of the national "hotspots" of the HIV epidemic
- Extragenital STI screening (of oral and rectal sites) is recommended by the Centers for Disease Control and Prevention (CDC) only for men who have sex with men (MSM)
- Extragenital STI infections will be missed in men and women if genital-only screening is conducted
- Patient-reported exposure is not a reliable indicator for extragenital STI screening

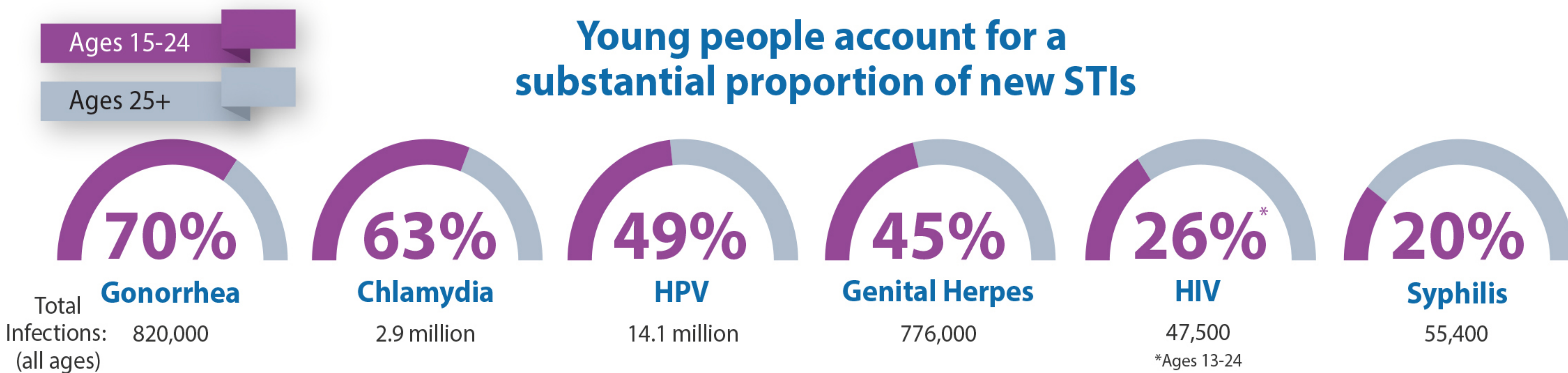


Image from: [cdc.gov/std/products/infographics.htm](http://cdc.gov/std/products/infographics.htm)

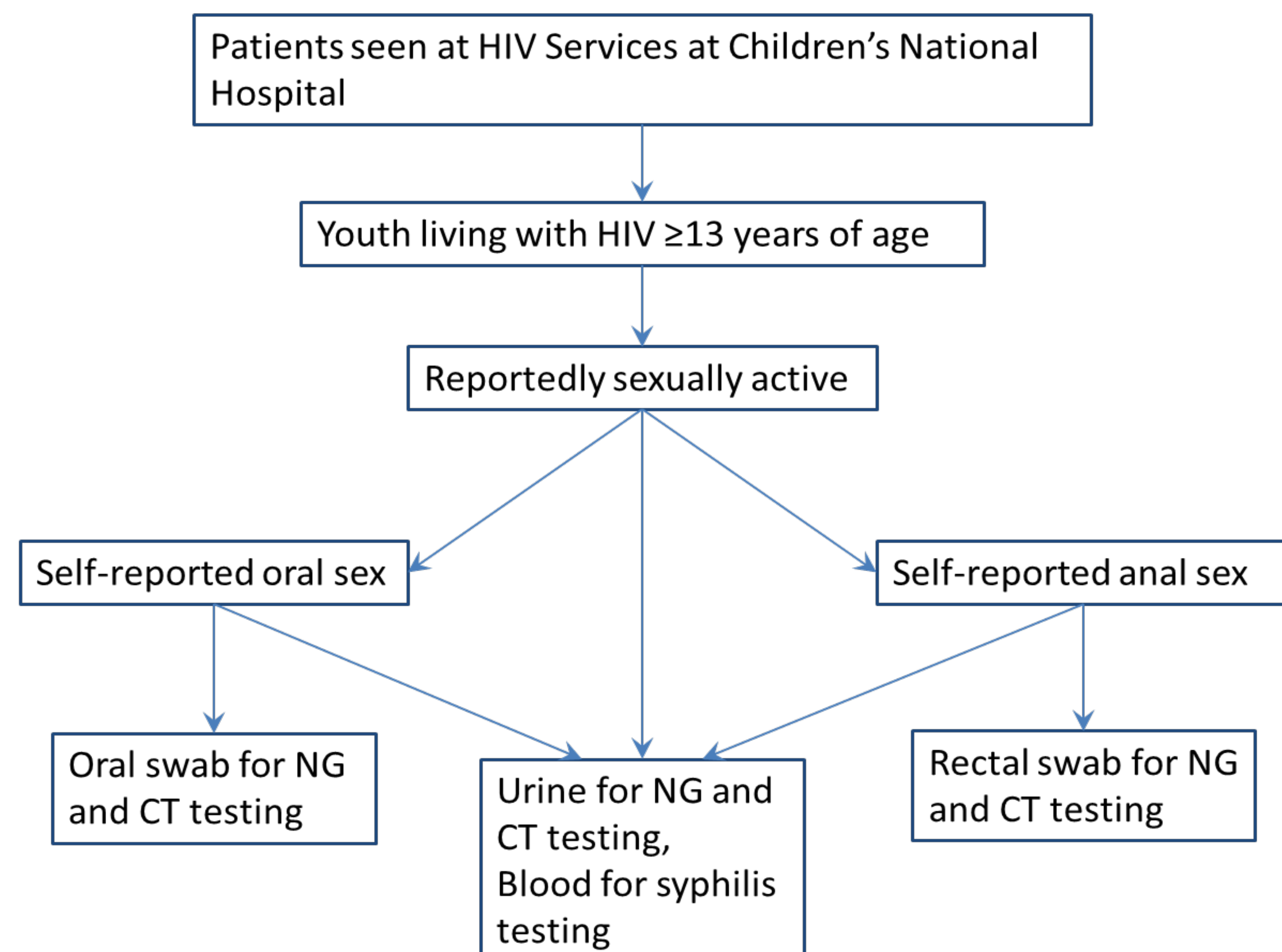
**OBJECTIVES:**

- To describe the rate of genital and extragenital STI testing among youth living with HIV (YLHIV) in the metropolitan Washington DC area
- To describe the incidence of genital and extragenital STIs among youth living with HIV in the metropolitan Washington DC area

**METHODS:**

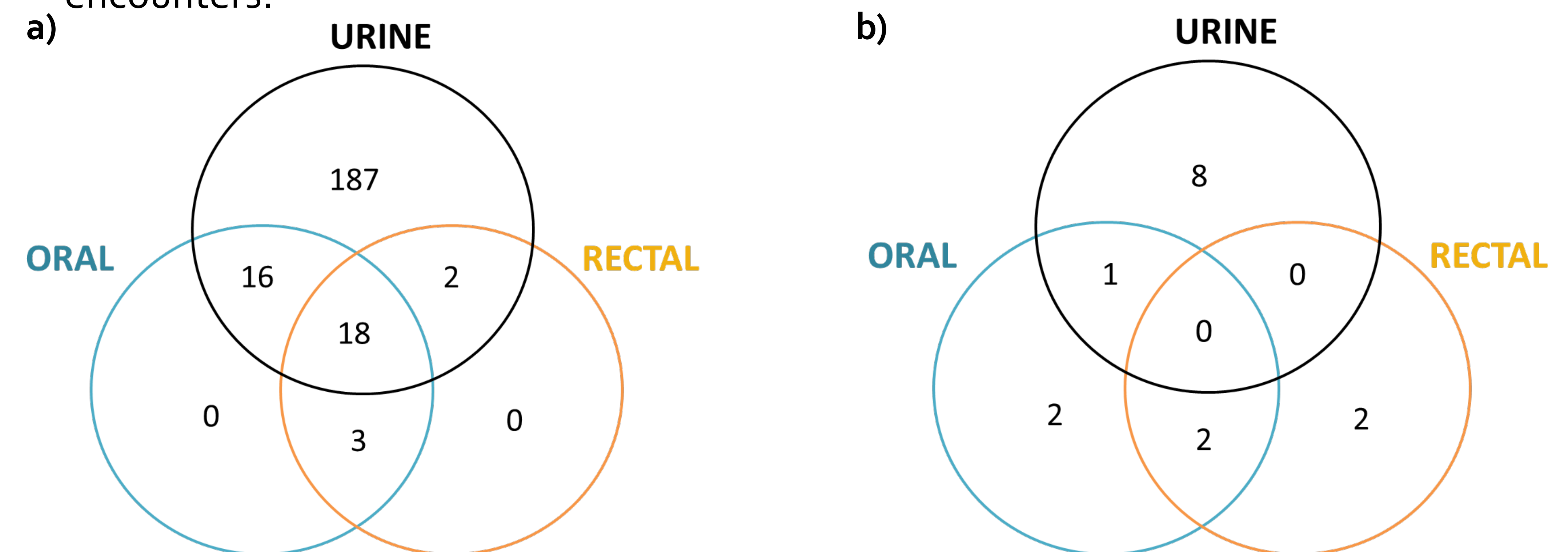
- From Mar 2019 to Feb 2020, our Ryan White funded Pediatric/Adolescent HIV Clinic implemented enhanced STI screening for chlamydia (CT) and gonorrhea (NG) for all sexually active youth living with HIV (age ≥13 years) who self-reported oral and/or anal sex
- STI screening sites included:
  - Urine, and/or
  - Oral, and/or
  - Rectal
- Patients had the option to perform the swab on their own with instructions provided
- We conducted descriptive analysis of patient characteristics (age, sex, race, viral load) and the positive rate of CT and NG infections
- We qualitatively evaluated the acceptance of enhanced STI screening

**Figure 1. STI screening for youth seen at HIV Services in Children's National Hospital**



**RESULTS:**

- 108 YLHIV (46.3% male, median age 18.7 years, 94.4% black) had STI testing at 227 encounters
- 28 YLHIV had extragenital testing with oral and/or rectal swabs at 39 encounters
- Figure 2a shows the number of STI tests conducted by site
  - Majority of tests (n=187) were with urine only
  - 13 youth had 18 encounters where all 3 sites were tested for STI
- Figure 2b shows the number of positive STI tests by site:
  - 8 YLHIV had positive STI tests at 15 encounters.
  - The HIV viral load was undetectable (<20 copies/mL) at only 2 (13.3%) of these encounters.



**Figure 2. a) Number of STI tests conducted by site; b) Number of positive STI tests by site**

- Table 1 shows the positivity rate of CT and NG by site for all STI tests conducted
  - 9/223 (4%) of genital or urine tests were positive
  - 5/37 (13.5%) of oral tests were positive
  - 4/23 (17.4%) of rectal tests were positive

**Table 1. Positivity of genital and extragenital chlamydia (CT) and gonorrhea (NG)**

Site	Tests conducted	Positive for CT or NG, n (%)
Urine	223	9 (4%)
Oral	37	5 (13.5%)
Rectal	23	4 (17.4%)

**Acceptance of oral and rectal testing:**

- Oral STI testing is generally well-accepted among youth living with HIV
- Of the 15 females who agreed to oral swabs, only 3 (20%) agreed to rectal testing
- Most MSM self-collected rectal swabs, but preferred the provider to perform oral swabs
- Most females preferred the provider to perform both oral and rectal swabs

**LESSONS LEARNED:**

- Oral and rectal STI testing identified higher rates of STIs compared to currently recommend urine testing in our cohort of YLHIV
- Most oral and rectal CT and NG infections would have been missed if urine-only STI screening was performed
- Routine extragenital STI screening should be considered in all sexually active youth in areas of high HIV and STI epidemic
- Provider-client communication and non-judgmental attitude towards extragenital STI testing played a role in acceptance of enhanced STI screening by YLHIV in our Ryan White funded Pediatric/Adolescent HIV clinic

**BIBLIOGRAPHY:**

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