



# Implementation of Extra-genital Gonorrhea and Chlamydia Screening at Louisiana Parish Health Units

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## Background

Louisiana consistently ranks at or near the top in the nation for gonorrhea (GC) and chlamydia (CT) case rates. Approximately 25-28% of cases are diagnosed at Louisiana Parish Health Units (PHUs). Most of the Louisiana cases are identified through testing samples from urogenital sites. This results in a number of asymptomatic cases undiagnosed where extragenital sites were used for sexual purpose. Identifying and treating patients by extragenital testing is important for effective gonorrhea and chlamydia prevention and control.

## Objective

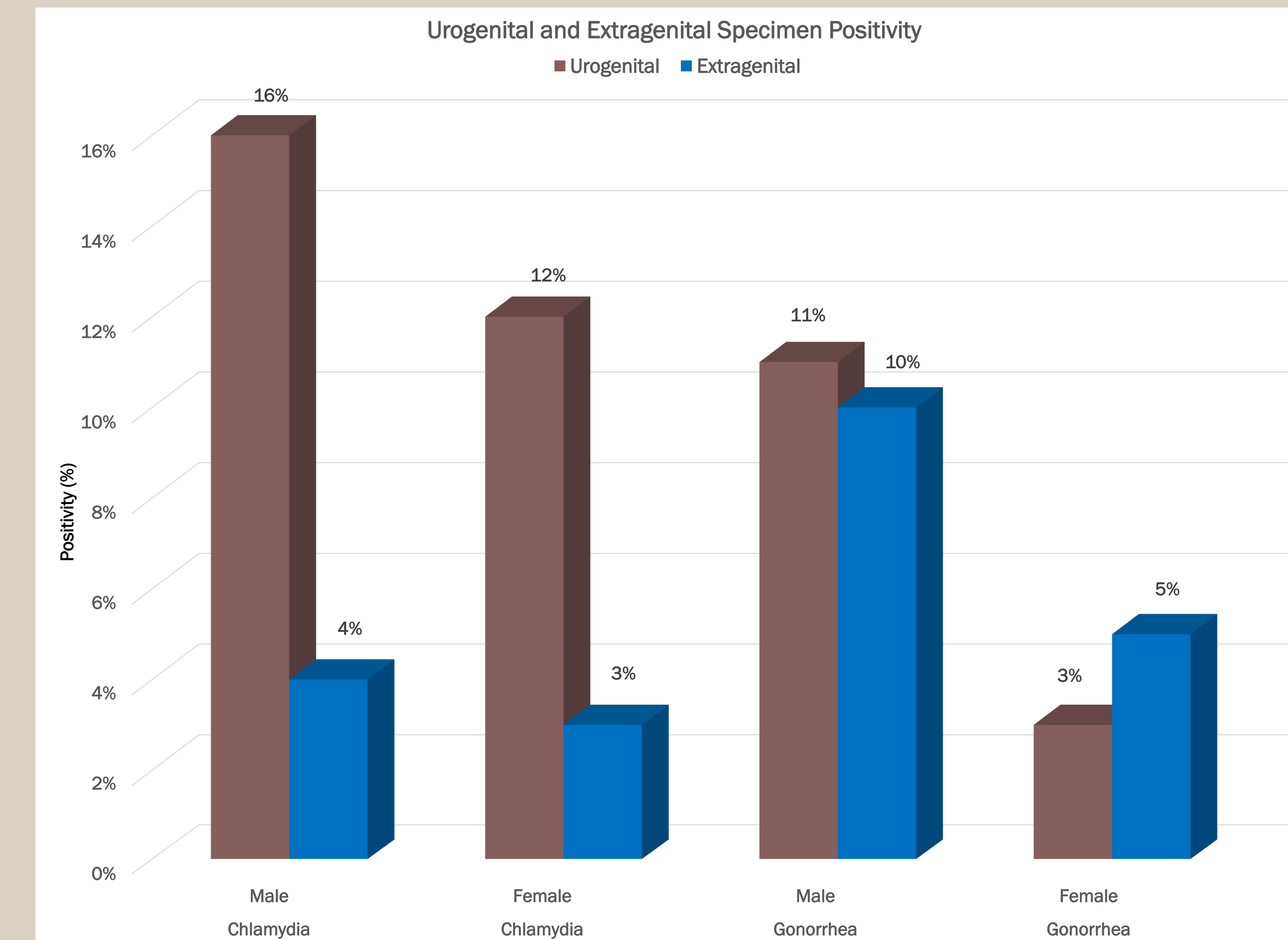
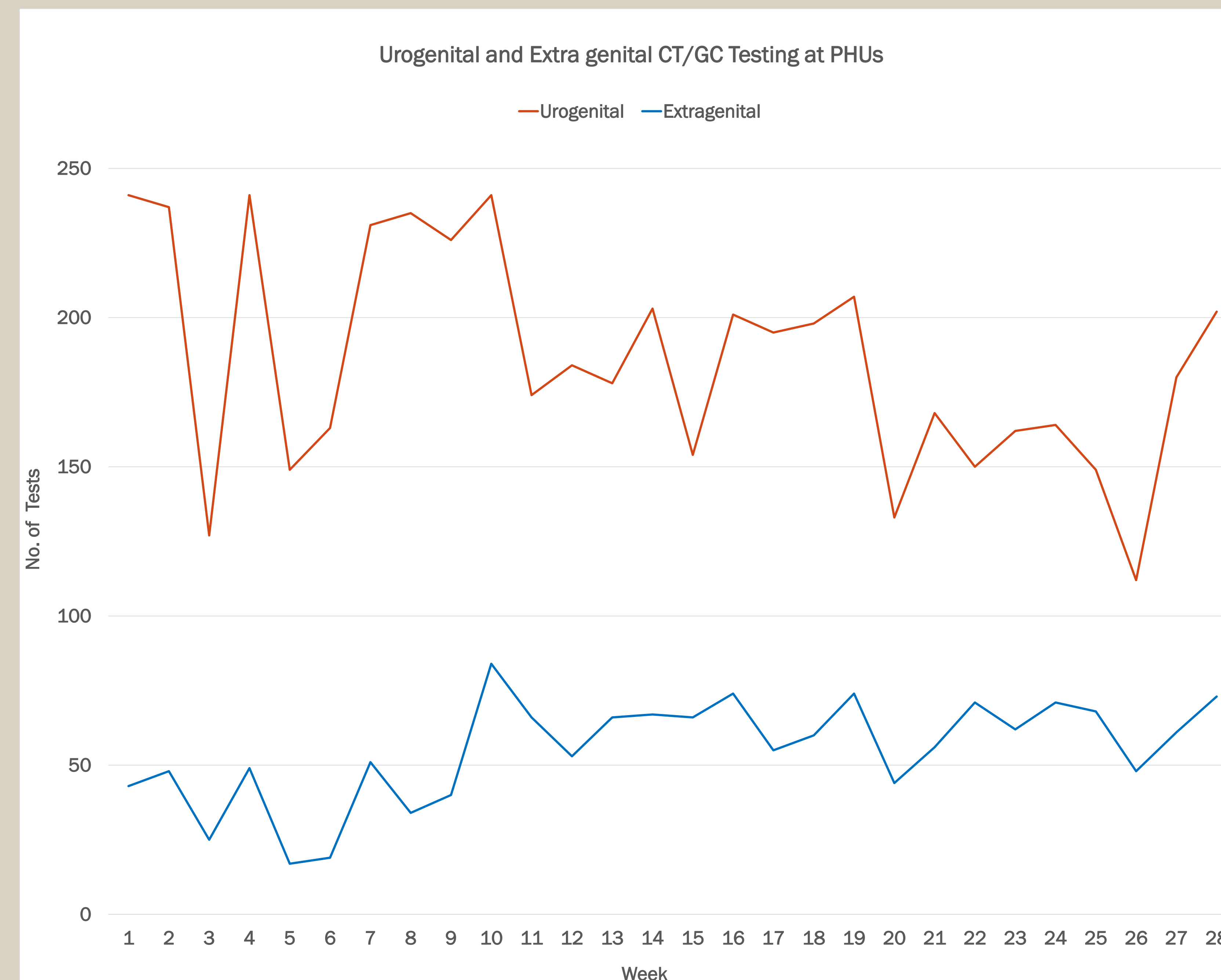
Louisiana's Targeted Evaluation Plan (TEP), a component of the CDC STD AAPS grant was developed to evaluate extra-genital (rectal and pharyngeal) positivity rates at Parish Health Units.

## Methods

The Louisiana Office of Public Health STD/HIV Program (SHP), State Laboratory, Bureau of Family Health, and Denver Prevention Training Center (DPTC) collaborated to implement an extra-genital testing pilot at four PHUs in three regions with high gonorrhea or chlamydia morbidity. Steps taken to accomplish this included: State laboratory validation of anal and pharyngeal gonorrhea and chlamydia NAAT testing to become CLIA approved; extra-genital testing protocol development; multi-language instruction sheets for nurses and patients; and training of PHU nurses and other staff on the importance of extra-genital testing, specimen collection and project implementation by the SHP STD Medical Director and Nurse Consultant with DPTC assistance. Screening began in February 2016. Patients responding to having oral or rectal sex on sexual health assessment during PHU visits were included in extra-genital screening at the exposure site(s).

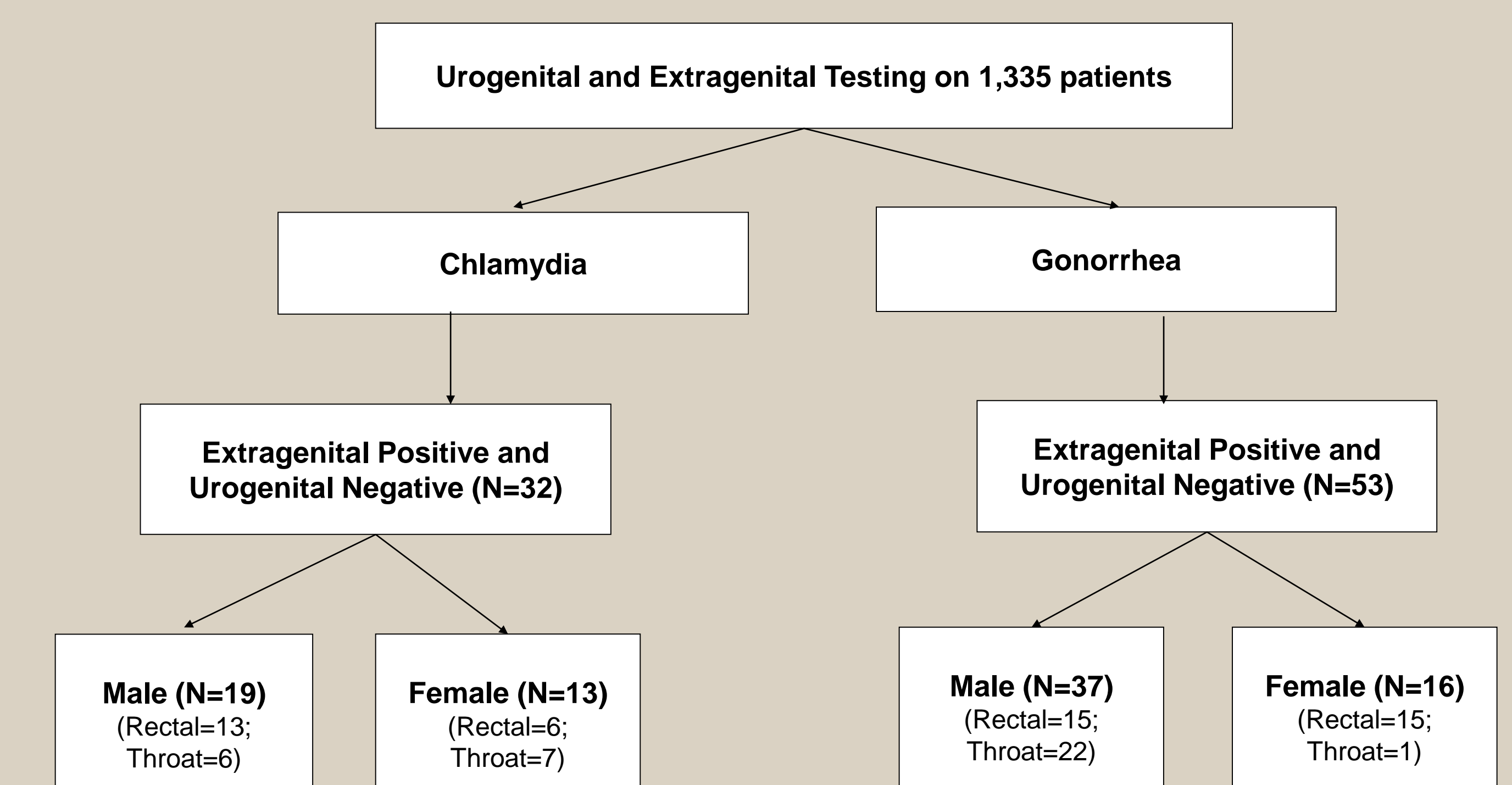
## Results

In first 28 weeks of the pilot, 1,335 patients (1,567 samples) had extra-genital testing. The positivity of rectal gonorrhea was 19% (33 of 175), pharyngeal gonorrhea 6% (88 of 1392), and urogenital gonorrhea 7% (346 of 5,305), while the prevalence of rectal chlamydia was 16% (28 of 175), pharyngeal chlamydia 2% (26 of 1392), and urogenital chlamydia 13% (712 of 5,305). Among 1,335 patients who had both urogenital and extragenital testing, 32 (2%) chlamydia infections and 53 (4%) gonorrhea infections would have been missed with urogenital testing alone.



Gender	Specimen	Chlamydia			Gonorrhea		
		Total Test	Positive	Positivity (%)	Total Test	Positive	Positivity (%)
Female	Rectal	82	11	13%	82	7	9%
	Throat	693	14	2%	693	33	5%
	<b>Extragenital</b>	<b>775</b>	<b>25</b>	<b>3%</b>	<b>775</b>	<b>40</b>	<b>5%</b>
	Urine	2,968	337	11%	2,968	96	3%
	Cervix	188	30	16%	188	12	6%
	Urogenital	3,156	367	12%	3,156	108	3%
Male	Rectal	93	17	18%	93	26	28%
	Throat	699	12	2%	699	55	8%
	<b>Extragenital</b>	<b>792</b>	<b>29</b>	<b>4%</b>	<b>792</b>	<b>81</b>	<b>10%</b>
	Urethra	296	65	22%	296	96	32%
	Urine	1,853	280	15%	1,853	142	8%
	Urogenital	2,149	345	16%	2,149	238	11%

### Cases would have been missed without extragenital screening



## Conclusion

The project was implemented after internal collaboration of the Louisiana Office of Public Health Programs and partnership with DPTC. This is an example of a public health department fulfilling a specific public health need. There is strong preliminary evidence that extra-genital testing will identify a significant number of cases that would have been missed testing urogenital sites alone.