

Men who have sex with men (MSM) prefer self collection of samples for testing for sexually transmitted infections (STI's) in a sexual health clinic in Vancouver, British Columbia.

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Background

- Men who have sex with men (MSM) experience a high burden of sexually transmitted infections (STI's).
- Regular screening at three month intervals is recommended for individuals who remain at risk for STI's.
- MSM have additional burdens of stigma, lack of access to culturally competent providers, syndemic mental health and addictions, which may combine to limit interactions with the health care system.
- Barriers for sexual health care may also include lack of comfort with collection of specimens for STI testing by the health care provider. Self-collected swabs may improve client willingness to be screened, and improve adherence to screening recommendations.
- We evaluated the preferences of MSM clients for self-collection of STI specimens at a sexual health clinic in Vancouver, British Columbia.

Methods

- Sequential adults (≥ 19 years of age) presenting for routine STI testing between May – June 2018 were offered enrollment in a prospective survey regarding sample collection preferences.
- Individuals were asked to report preference for self-collection vs. nurse collection of STI rectal swabs, and to provide a justification for this choice.
- Outcomes of swab collection were compared for proportion of positive gonorrhea or chlamydia rectal infection detected from self-collected swabs vs. those collected by a nurse using a chi square test.
 - Rates of positivity were also calculated.

Results

- Overall 164 individuals (100% male) completed the survey during the study time period.
- The median age of participants was 30 (range 19 – 89) years.
- No difference in median age in years between those who chose self swab (30 years) versus nurse swab (31 years), Wilcoxon rank sum test with continuity correction ($p=0.36$)
- Self-collection was preferred by $n= 132$ (80%) of individuals.
- Reasons for choice of self-collection vs. nurse collection are shown in Figure 1.
- Amongst participants overall incidence of positive rectal swab result for gonorrhea was 6.7/100 person-years and 10.3/100 person-years for chlamydia infection.
- No difference in proportion of positive results by self-collection vs. nurse collection was seen (17% vs. 15%, $p = 0.808$) – see Figure 2.
- Out of those who self-swabbed, 0% preferred to have a nurse swab in the future, while out of those who had a nurse swab, 39% preferred to have a nurse swab in the future while 61% preferred to switch to self-collection in the future.

Results Continued

Figure 1. Reasons for choosing self collection vs. nursing collection of STI swabs

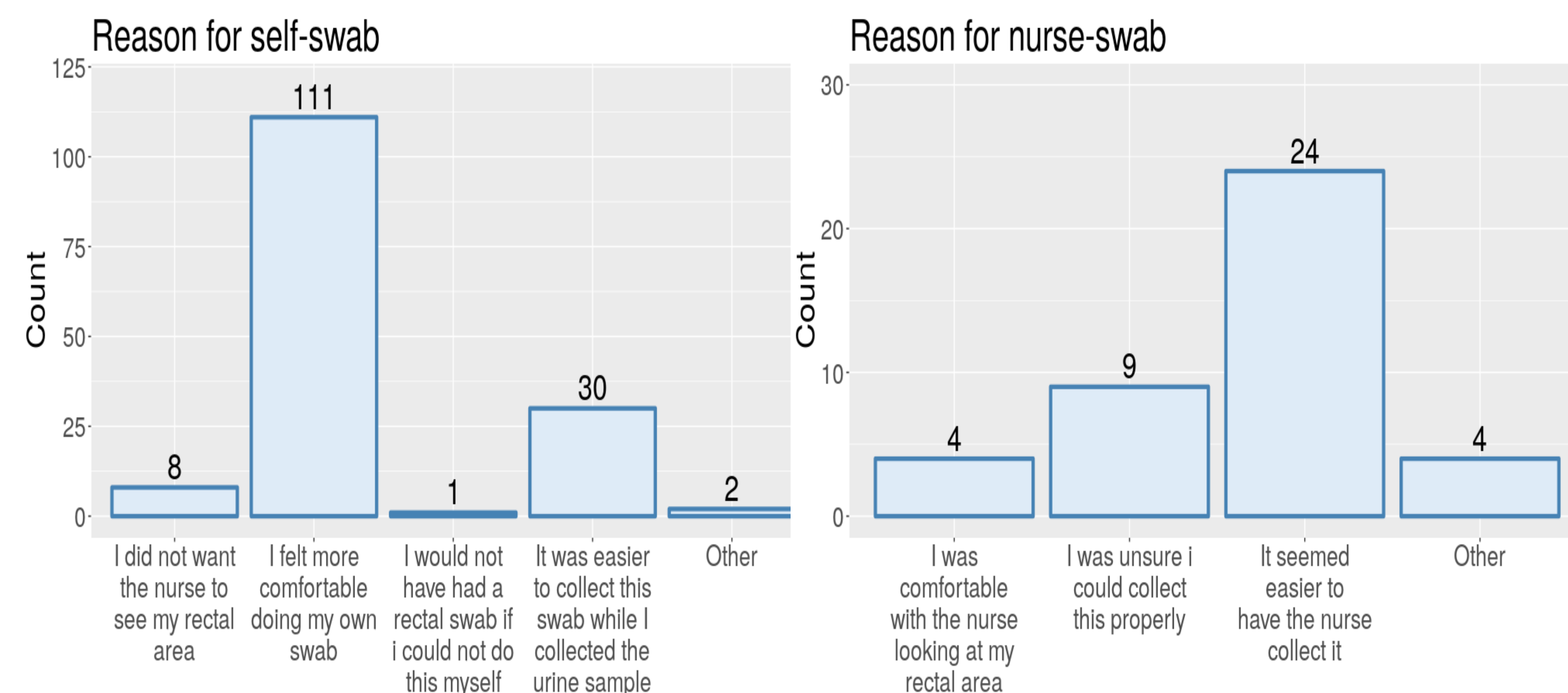


Figure 2. Proportion of rectal swabs with positive gonococcal or chlamydia testing by type of collection (Self vs. nurse)

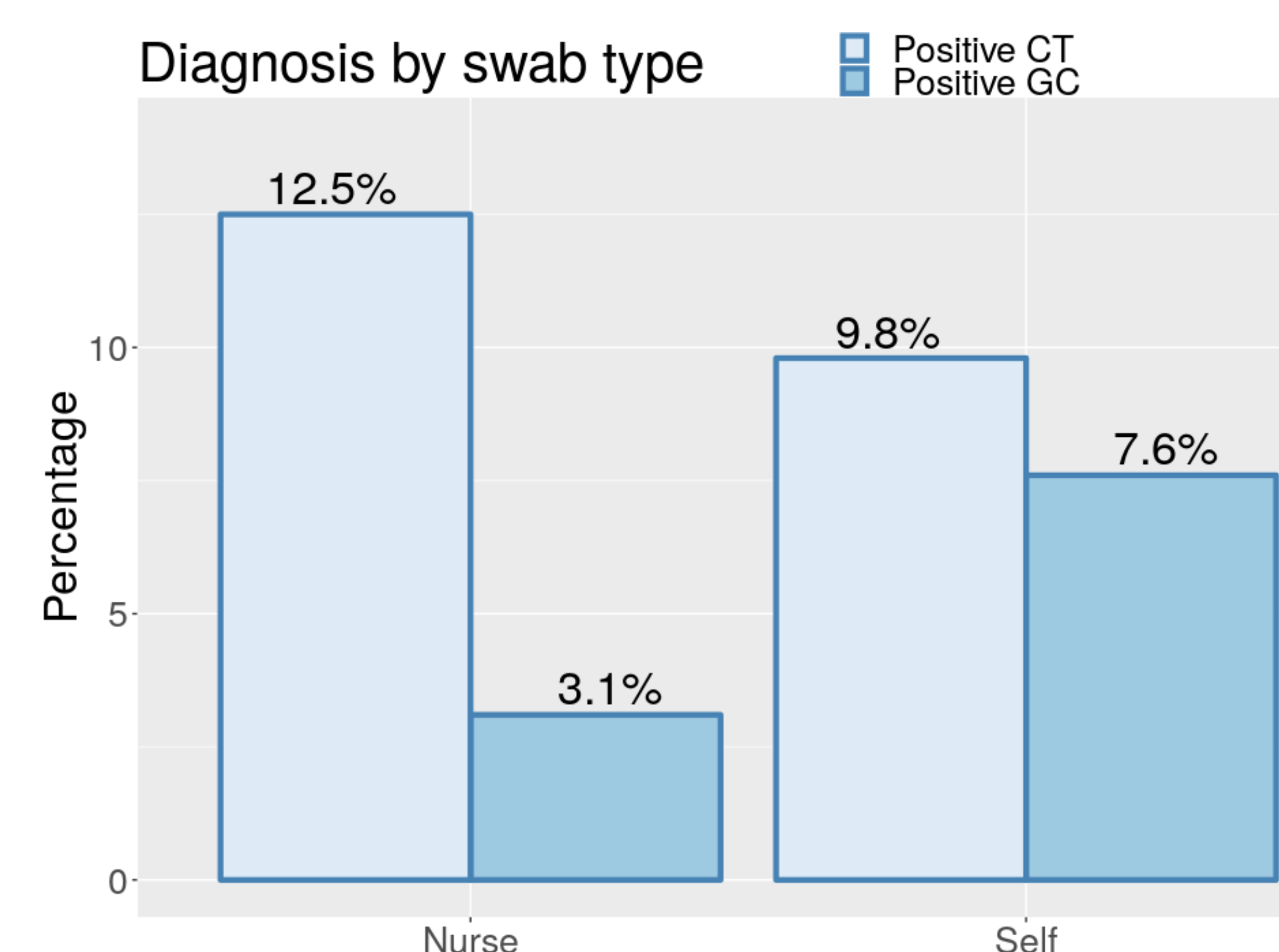
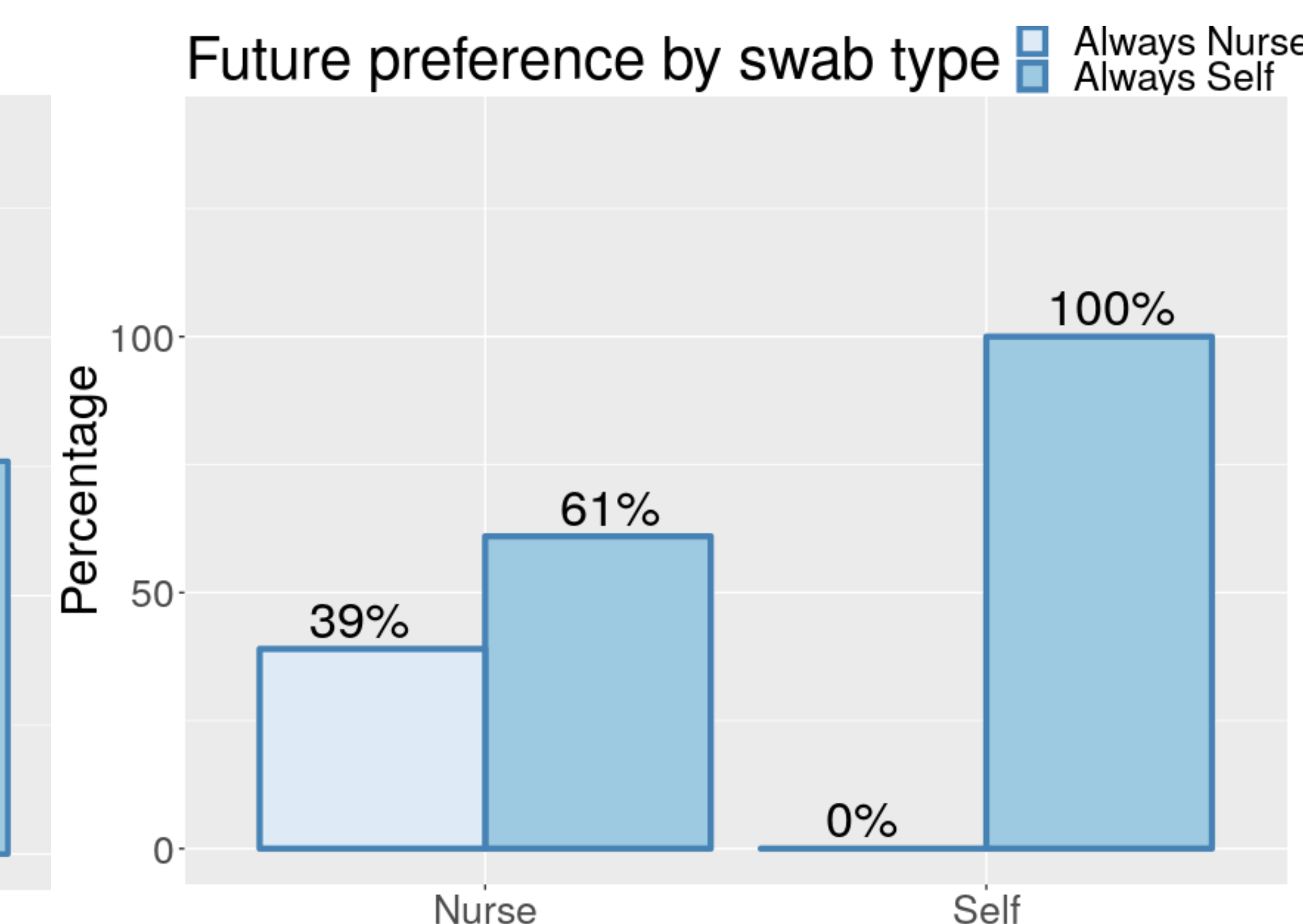


Figure 3. Preferences for future rectal swabs (Self vs. nurse) based on current collection type.



Conclusions

- Rates of rectal STI's were high amongst MSM seeking screening at a sexual health clinic, predominantly *Chlamydia trachomatis*.
- A majority of individuals preferred to self-collect their own swabs.
- Rates of detection of gonorrhea or chlamydia were not significantly different between self-collected or nurse collected swabs, suggesting that self-collection did not lead to poor sample collection.
- Routine self-collection of swabs may improve adherence to STI screening amongst MSM.

