RAPID GONORRHOEA RISE (2022-2023) AMONG HETEROSEXUALS VISITING SEXUAL HEALTH CENTRES IN THE NETHERLANDS

Authors:

Visser M^{1,2*}, Twisk DE^{3*}, Ibrahim A³, van Benthem BHB¹

¹Centre for Infectious Disease control, National Institute for Public Health and the Environment (RIVM), Bilthoven, the Netherlands, ²Department of Social Medicine, Care and Public Health Research Institute (CAPHRI), Maastricht University, Maastricht, the Netherlands, ³Department of Public Health, Public Health Service Rotterdam, Rotterdam, The Netherlands.

* equal contributions

Background:

In the third quarter of 2022 (2022-Q3), Sexual Health Centres (SHCs) in the Netherlands reported an increase in gonorrhoea diagnoses, particularly among heterosexuals. To comprehend this sudden increase, we assess trends and characteristics of gonorrhoea patients at SHCs.

Methods:

We used detailed surveillance data with complete national coverage from all women and heterosexual men visiting SHCs in the Netherlands between January 2016 and October 2023. Data include information on STI tests and diagnoses per anatomical location, demographics and sexual behavioural characteristics. We describe trends in gonorrhoea diagnoses, test positivity, and patient characteristics.

Results:

Gonorrhoea diagnoses among women and heterosexual men increased by 135% from 2022-Q2 to 2023-Q3 (408 to 957). Test positivity increased from 1.9% to 4.3% in women and from 1.8% to 4.0% in heterosexual men between 2022-Q2 and 2023-Q3, after fluctuating between 1.2%-2.2% from 2016-Q1 to 2022-Q2. Increases in positivity were seen nationwide, both in urban and less urbanised regions. Among women, positivity at the pharyngeal location rose more (2.1% to 4.9%) than anogenital positivity (1.5% to 3.2%).

Characteristics of persons diagnosed with gonorrhoea shifted significantly from 2022-Q2 to 2023-Q3, with higher proportions of \leq 25 year-olds (69% to 83%), Dutch ethnicity (56% to 74%) or highly educated (36% to 53%) (X²-test: P<0.001). Test positivity in these groups also increased more than among older, migrant, and low/middle-educated heterosexuals. No changes were seen in proportions with partner notification or reporting symptoms. Trends for men who have sex with men or chlamydia remained unaffected.

Conclusion:

Detailed surveillance data showed a surge in gonorrhoea diagnoses and test positivity, especially at the pharyngeal location. This is noteworthy and requires further investigation, since testing policies were not changed. The shift in patient characteristics indicate increased gonorrhoea transmission within specific sexual networks. These findings can provide guidance for developing and targeting gonorrhoea control interventions.

Disclosure of Interest Statement:

None