TRENDS IN GONORRHOEA DIAGNOSES AT THE CHRISTCHURCH SEXUAL HEALTH CENTRE, AOTEAROA NEW ZEALAND, FROM 2012-2017

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Introduction:
Surveillance data demonstrate that the rate of gonorrhoea is increasing in developed countries. There is evidence the increase is mainly among men who have sex with men (MSM). However, the majority of gonorrhoea cases in surveillance statistics are vaginal and urethral because these are the usual sites swabbed in asymptomatic testing. It is possible that extra-genital infections are being missed. This study sought to investigate the proportion of infections that are extra-genital when following screening guidelines which recommend extra-genital testing for all MSM irrespective of reported sexual practices or condom use, and to assess changes over time (2012-2017).

Methods:
Using de-identified laboratory data from samples taken at the Christchurch Sexual Health Centre (SHC), we investigated trends over time for: total gonorrhoea diagnoses, extra-genital diagnoses (pharynx, anorectal), and antibiotic resistance.

Results:
The incidence of positive diagnoses increased from 1.35% (n=44) in 2012 to 2.13% in 2017 (n=117), although this increase was not linear over time. The proportion of positive gonorrhoea tests that were extra-genital increased almost three-fold from 20.45% to 58.97%. The proportion of infections that were resistant to at least one antibiotic increased steadily from 2012 to 2015 (from 43.59% to 72.41% of all positive infections that were cultured), but decreased in 2016 (38.10%) and again in 2017 (36.51%).

Conclusion:
The proportion of infections that were extra-genital increased over time, and at all time-points were larger than that in national surveillance data (up to the latest published figures). This could be, in part, due to more MSM seeking testing at SHCs than in general practice. However, it is also possible that following a protocol recommending extra-genital testing for all MSM has influenced the higher detection of extra-genital testing, and that by not following this protocol, infections may be missed. Training to increase awareness of these recommendations may be warranted.

Disclosure of Interest Statement:
The authors report no disclosures of interest.