

# PREVALENCE OF CHLAMYDIA AND GONORRHOEA AMONG PATIENTS PRESENTING WITH GENITAL ULCER DISEASE IN BOTSWANA

## Authors:

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## Background:

In most low- and middle-income countries, a syndromic approach is used for management of sexually transmitted infections (STIs). Under Botswana national STI guidelines, patients presenting with genital ulcer disease (GUD) are treated for herpes, syphilis and chancroid. In the absence of diagnostic screening, other STIs such as *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoeae* (NG), which are often asymptomatic, may go undetected. We investigated prevalence of CT and NG in patients presenting with GUD in Botswana.

## Methods:

Participants with genital ulcer(s) were recruited in Gaborone, Botswana. Two genital ulcer swabs were collected for GUD aetiology (data presented elsewhere). Participants also provided either a self-collected vaginal swab (females) or a urine specimen (males) for screening using the Cepheid Xpert® CT/NG assay. All participants were treated for GUD at enrolment and participants positive for CT/NG were offered further treatment.

## Results:

Between October 2022 and December 2023, 186 participants with GUD enrolled in the study; 142 (76%) were female. Median age was 31 (interquartile range 25-38). Forty-five participants (24%) were living with HIV. Thirty of 186 (16%) participants tested positive for at least one additional STI; 25 (13%) for CT, nine (5%) for NG (four CT and NG co-infections). Twenty-four (80%) were asymptomatic for vaginal discharge and/or pelvic pain. All participants positive for CT/NG returned for additional treatment (median time to treatment 1 day). Older age (odds ratio [OR] = 0.92, 95% CI 0.88-0.99) and tertiary education (OR = 0.35, 95% CI 0.15-0.84) were associated with lower odds of testing positive for CT and/or NG. HIV was not associated with CT and/or NG positivity.

## Conclusion:

A significant proportion of GUD patients in Botswana were coinfecting with CT and/or NG. For comprehensive patient care, diagnostic screening for CT and NG should be considered for patients presenting with other STI syndromes such as GUD.

## Disclosure of Interest Statement:

The authors declare no competing interests.