SELF-TAKEN EXTRAGENITAL SAMPLING FOR CHLAMYDIA AND GONORRHOEA IN WOMEN – IS IT ACCEPTABLE?

Feedback from a self-swab and clinician-swab trial

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Background:

Self-taken vulvovaginal swabs (VVS) analysed by nucleic acid amplification tests (NAATs) for chlamydia and gonorrhoea are standard practice worldwide.

Extra-genital sampling from the rectum and pharynx in women is not currently part of routine practice. However, evidence is emerging that these sites are important in women, and not sampling here may miss infections.1

It has been shown that MSM find self-taken extra-genital samples acceptable2 but acceptability of self-taken rectal and pharyngeal samples in women has not been evaluated. We wanted to investigate what women thought about this process, and whether women were confident at doing the tests themselves.

Methods:

SYSTEMATIC is a Swab Yourself Trial currently recruiting at the Leeds Centre for Sexual Health, United Kingdom.

Women aged over 16 years are eligible. Exclusion criteria are recent antibiotics (within 4 weeks) and rectal symptoms requiring direct visualisation during examination. Those who decline the trial are offered current standard of care testing for chlamydia and gonorrhoea using vulvovaginal NAATs only.

Participants are randomised to have either clinician or self taken swabs first. Both clinician and self taken samples are then taken from the rectal and pharyngeal sites, as per the randomisation order. A standard vulvovaginal NAAT is also collected. Following the tests participants are invited to complete a feedback questionnaire prior to the end of their clinic visit (see Fig 1).

Results:

505 responses were received from 509 participants. The age range was 17-65 years (median 23 years).

<table>
<thead>
<tr>
<th>Ethnicity of respondents</th>
<th>N=505</th>
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</thead>
<tbody>
<tr>
<td>White British / White Other</td>
<td>421 (83%)</td>
</tr>
<tr>
<td>Black African or Black Caribbean</td>
<td>34 (7%)</td>
</tr>
<tr>
<td>Mixed White/Black/Asian</td>
<td>24 (5%)</td>
</tr>
<tr>
<td>Asian</td>
<td>17 (3%)</td>
</tr>
<tr>
<td>Other / not stated</td>
<td>9 (2%)</td>
</tr>
</tbody>
</table>

267/505 (53%) reported no previous anal sex
27/505 (5%) reported no previous oral sex

After sampling:

146/505 (30%) of respondents agreed with the statement ‘it was uncomfortable to take the samples’. Of these, 81 (55%) had never had anal sex.

Written responses:

43 women wrote specific comments. These fell into two main themes:

Women felt they would have more confidence if clinician swabs were taken first:

- “It is difficult to know whether you have taken the samples correctly or not”
- “I would like to be shown at a clinic so I then would feel confident with the home tests”
- “I think it helped me that the clinician took mine first so I knew how it felt”

Women were concerned about the accuracy of results with self swabs:

- “I would prefer someone to take them so I could be sure of the results”
- “Prefer someone else to do it as more thorough”

Discomfort also featured in the comments:

- “I found all three swabs to be uncomfortable, dry, and scratchy”

Despite these concerns, 74% agreed or strongly agreed they felt confident taking their own swabs.

Conclusion:

Extragenital sampling was highly acceptable to the majority of women in this large study, with high levels of confidence and low reports of discomfort. This has positive implications for the future of extra-genital testing in women, especially in non-clinical settings.

References: