

Screening for *Neisseria Gonorrhoeae* and *Chlamydia Trachomatis* among HIV-positive MSM ages 50 and over

Perry N. Halkitis^{1,2,3}, Rafael E. Pérez-Figueroa^{1,2}, Sandra A. Kupprat¹, Molly Kingdon¹, Demetre Daskalakis²

¹Center for Health, Identity, Behavior & Prevention Studies and ²Department of Nutrition, Food Studies, and Public Health; the Steinhardt School of Culture, Education, and Human Development; ³New York University Langone School of Medicine

Background

- Recent projections suggest that by 2015 approximately 50% of individuals living with HIV will be over the age of 50.
- Thus, ongoing screening for sexual transmitted infections (STIs) in this group will be critical.
- Currently, the CDC and other health and professional organizations recommend screening of genital and extra-genital sites for gonorrhea and Chlamydia infections among all sexually active HIV-positive men who have sex with men (MSM).
- It is unclear if practitioners are following these guidelines, especially for extra-genital sites as misconceptions about the risk-taking behaviors of HIV-positive MSM in middle age or older adulthood may compromise the uptake of these recommendations.
- The uptake of these recommendations in clinical practice has implications for the individual health of the patients and HIV transmission.

Study Objectives

- To evaluate the feasibility of recruiting and testing asymptomatic HIV-positive MSM ages 50 and older for pharyngeal, rectal, and urethral gonorrhea and Chlamydia infections.

Methods

- Data are from Project Gold (March-August 2011), a cross sectional study examining psychological, developmental, and contextual factors as well as risk and resilience related behaviors among HIV-positive men over 50 years old in New York City.
- Inclusion Criteria: 50 years or older, HIV-positive, born biologically male, male identifying, had sex with a man in the last six months.
- Participants completed computer-administered surveys, calendar based assessments on risk behavior, testing for STIs.
- STIs testing:
 - Cultures (rectal and pharyngeal) for gonorrhea.
 - Rectal nucleic acid amplification testing (NAAT) for Chlamydia.
 - Urine based NAAT for both gonorrhea and Chlamydia.

Results

Table 1: Social and Demographic Characteristics, New York City, 2011

Participant Characteristics	General Sample No. (%) of study participants (N = 99)
Age (mean, SD)	55.53 (SD = 4.91)
Years living with HIV (mean, SD)	18.41 (SD = 6.56)
Race/Ethnicity	
Hispanic	13 (13.1)
African American	51 (51.5)
White	22 (22.2)
Mixed race and other	12 (12.1)
Highest level of education	
High School/GED or higher	86 (86.9)
Less than High School	13 (13.1)
Employment status	
Full-time	9 (9.1)
Part-time	17 (17.2)
Not currently working	73 (73.7)
Perceived socioeconomic status	
Lower	78 (78.8)
Middle	18 (18.2)
Upper	3 (3.0)
Sexual orientation	
Gay	68 (68.7)
Bisexual	21 (21.2)
Heterosexual	3 (3.0)
Other	7 (7.1)
Source of medical care	
Private doctor or clinic	46 (46.5)
Public clinic or hospital	43 (43.4)
VA clinic or hospital	8 (8.1)
Emergency room	2 (2.0)

Table 2: Substance Use and Unprotected Sexual Behaviors (last 30 days), New York City, 2011

Substance Use / Behavior	General Sample No. (%) of study participants (N = 99)
Substance use	
Alcohol to intoxication	15 (15.2)
Marijuana	35 (35.4)
Inhalant nitrates (Poppers)	17 (17.2)
Other drugs	23 (23.2)
Unprotected Anal Intercourse	
Insertive	20 (20.2)
Receptive	22 (22.2)
Any	32 (32.3)
Any unprotected oral intercourse	58 (58.6)

Main Findings

- Four participants tested positive for a STI; 2 for urine Chlamydia and 2 for rectal Chlamydia, all detected by NAAT.
- Positive results were typed for identification of Lymphogranuloma Venereum strains of Chlamydia trachomatis; test results were negative.
- STI positive participant demographics (n = 4):
 - Mean age: 55.75 years (SD=5.32); average time living with HIV: 14.75 years (SD=4.19).
 - Two participants were African American, 1 Hispanic, and 1 White.
 - Three men were gay and attained high school or higher education; 2 were not currently employed and reported a personal income of less than \$10,000; 3 reported Medicaid coverage and received services at public clinics or hospitals; majority perceived their familial socioeconomic status as low.
- Majority reported marijuana and other illicit drug use (powder cocaine, crack cocaine, ecstasy) during 30 days prior to assessment; 2 reported alcohol consumption to intoxication during the study period.
- Sexual behaviors:
 - Most participants reported unprotected anal intercourse and oral sexual behaviors.
 - Most instances of unprotected sexual behaviors (anal or oral) were with casual partners of unknown HIV serostatus (more than 90%).
 - Only one participant reported having a main partner; however, from 7 episodes of unprotected sexual behaviors in the month previous to the assessment, 6 episodes were with casual partners.



Discussion

- STIs are important cofactors for HIV transmission and indicators of unprotected sexual behaviors.
- Findings suggest that aging MSM continue to engage in sexual risk-taking and substance use after HIV seroconversion.
- Data underscores the feasibility of identifying older HIV-positive MSM for targeted prevention and STI screening.
- Supports the importance of exploring the impact and interplay of HIV, sexual risk-taking, and substance use among aging MSM.
- **Limitations:** At the time of the study, cultures were the standard test for pharyngeal gonorrhea in the New York City's DOH; other studies have found higher prevalence using NAAT.

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