

# Bacterial Sexually Transmitted Infection Testing and Treating Barriers

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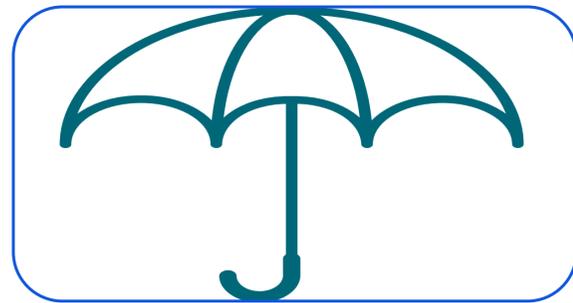
**BACKGROUND:** This HRSA-funded study aimed to evaluate the effectiveness of implementing evidence-based interventions to increase routine STI screening and testing in persons with and at-risk of HIV.

**METHODS:** Provider education; use of an audio computer-assisted self-interview (ACASI) to obtain a comprehensive sexual health history with standing orders for subsequent STI testing; and, offering patients the option of self-collecting extragenital site gonorrhea/chlamydia nucleic acid amplification test (GC/CT NAAT) specimens were utilized to increase STI screening and testing in a patient-centered, normative process in 9 clinics in Florida, Louisiana, and Washington, DC.

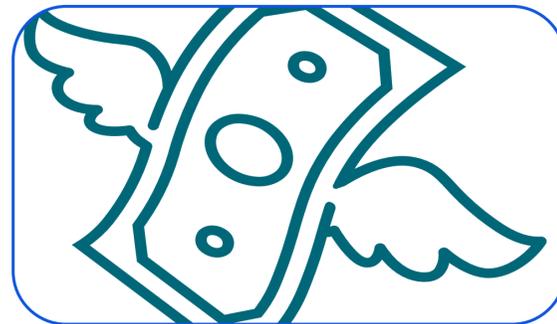
**RESULTS:** Compared to rates of STI testing before intervention implementation, higher rates were found post-implementation. Participants in the 9 clinics reported a high degree of comfort and preference for collecting their own rectal and pharyngeal swabs for GC/CT NAAT testing. Barriers to appropriate testing and treatment identified in this study included lab refusal of extragenital NAAT swabs obtained outside of a healthcare setting, cost and insurance limitations of repeated STI screening and testing, and high expense related to CDC recommended syphilis treatment.

**CONCLUSIONS:** To address increasing incidences of bacterial STIs across the US, the need to normalize sexual history taking and appropriate testing, regardless of symptoms, has been highlighted. Barriers were identified which affect screening, testing, and treatment. Some labs refuse patient self-collected extragenital site NAAT samples due to need for validation studies of self-collected (versus provider-collected) extragenital site NAAT samples. Cost and insurance limitations impede repeated asymptomatic screening and testing of at-risk persons as recommended by the CDC. The high cost of penicillin G benzathine for syphilis treatment, is an obstacle for many clinics as well as patients.

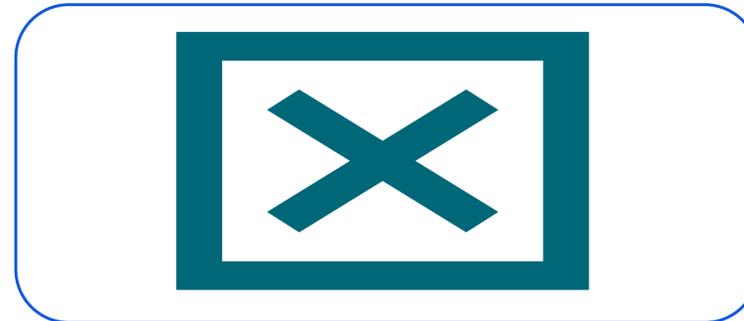
## Systemic Barriers



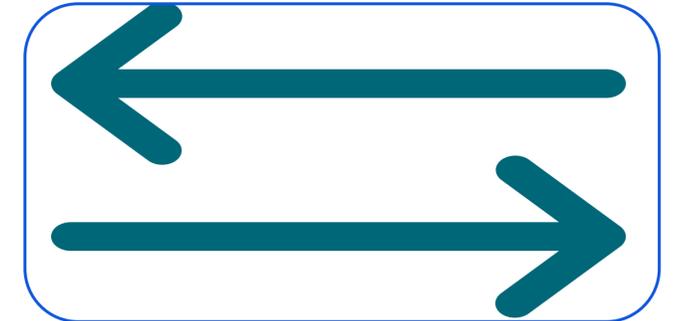
Insurance Reimbursement and ADAP Coverage



Penicillin G Benzathine Cost



Lab Forbiddance of Client Self-Collecting Extragenital Specimens



CDC & USPSTF Recommendation Variance

- Utilizing a comprehensive **interim visit sexual history** resulted in **increased** bacterial STI testing and **identification** of **asymptomatic, extragenital site infections**
- **Self-collection of extragenital site GC/CT NAAT specimens is acceptable** to both patients and providers
- Several **systemic barriers** were identified which affect screening, testing, and treatment of bacterial STIs in the US