Gonorrhoea test-of-cure (TOC) by post maintains return rate

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Background

2011 UK national guideline for management of gonorrhoea and 2012 gonorrhoea testing guideline:

A test of cure (TOC) is recommended for all GC infections:

1. to identify treatment failure/emerging resistance

2. because the susceptibility levels that indicate potential failure to ceftriaxone and cefixime are not yet defined.

(Bignell et al. 2011, 2012)
Background

GC-TOC rate

- LA, USA: 26%  
  (Beymer et al. STD 2014)

- Manchester, Birmingham, Newcastle UK: 55-73%  
  (Rodgers et al. IJSA 2014; Holland et al. IJSA 2003; Malu et al, IJSA 2006)
Background

● 56 Dean Street – symptomatic, complex, specialist service

● Dean Street Express (34 Dean Street) – asymptomatic, nurse-led service

● Monthly attendances – 11,500

● Annually attendances – 130,000
## Background

2013-2014 PHE

<table>
<thead>
<tr>
<th></th>
<th>England</th>
<th>Dean Street</th>
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<tbody>
<tr>
<td>Gonorrhoea</td>
<td>16066</td>
<td>4030 (25%)</td>
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Standard testing TOC pathway

- Treatment
- 2 weeks later
- 7-10 d
Introduction of postal testing

- In November 2014, we introduced postal GC TOC for MSM to create capacity in clinic

- Service evaluation following implementation:
  - TOC return rate
  - Patient satisfaction
Eligibility

- MSM
- Site of GC infection known
- Ineligible if GC contact only or if GC diagnosed only on microscopy
Contents of pack

- Swab(s) and urine sample container
- Instructions
- Questionnaire – recent sexual history; partner notification; patient satisfaction
- Royal Mail safe box
Postal TOC pathway

Treatment → 2 weeks later → DEAN STREET express

6 h
Results

Pre-postal pack TOC return rate = 75.8%
Results

- 446 cases of GC in MSM 1\textsuperscript{st} - 30\textsuperscript{th} November 2014
- 142 given postal packs
  - 78 (55\%) returned by post
  - 29 walked in
- Return rate for patients given postal packs 75.3\%
Results

- Of remaining 304 (standard TOC)
  - 227 (74.6%) attended

- Total TOC rate: 334/446 = 74.9%
Results: Reasons for not giving postal pack

- Ineligible - 121
- Staff forgot!
- Patient declined
- Other follow-up pending e.g. PEP; LGV
Results: Time to results by text

19 days (IQR: 16 – 24 days)
i.e. 5 days after TOC due
Results: patient satisfaction

<table>
<thead>
<tr>
<th>Question</th>
<th>Rating</th>
<th>Percentage (Count)</th>
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<tbody>
<tr>
<td>How easy did you find the pack to use?</td>
<td>Very easy or easy</td>
<td>82% (53/65)</td>
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<tr>
<td>How clear were the instructions?</td>
<td>Very clear or clear</td>
<td>84% (54/64)</td>
</tr>
<tr>
<td>Do you prefer this method of testing?</td>
<td>Yes</td>
<td>65% (42/65)</td>
</tr>
<tr>
<td>Would you have preferred to come to clinic?</td>
<td></td>
<td>25% (16/65)</td>
</tr>
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</table>
Discussion

● Well received by patients

● Overall return rate maintained
  – 25% prefer TOC in person

● 1 clinic consultation at 56 Dean Street saved per episode

● Slow transition to postal testing by clinic staff

● New pathway implemented March 2015
  – extended to ALL GC diagnoses (MSM, hetero, trans*)
Discussion

- Is TOC necessary where organism is known to be sensitive and we continue to collect data via GRASP?

- 8% in postal group positive TOC (1 azithromycin resistant organism)
  - ? Re-infection
  - ? TOC performed too soon

- GRASP 1.6% azithromycin resistance
Discussion

● 25% failed to return for TOC

● Would they be more likely to return if recalled for 3/12ly STI screens as recommended by PHE?

● 44% vs 19% returned for repeat screen after active recall (see Poster 171)
Thanks

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- Leigh Chislett
- All staff and patients at our service