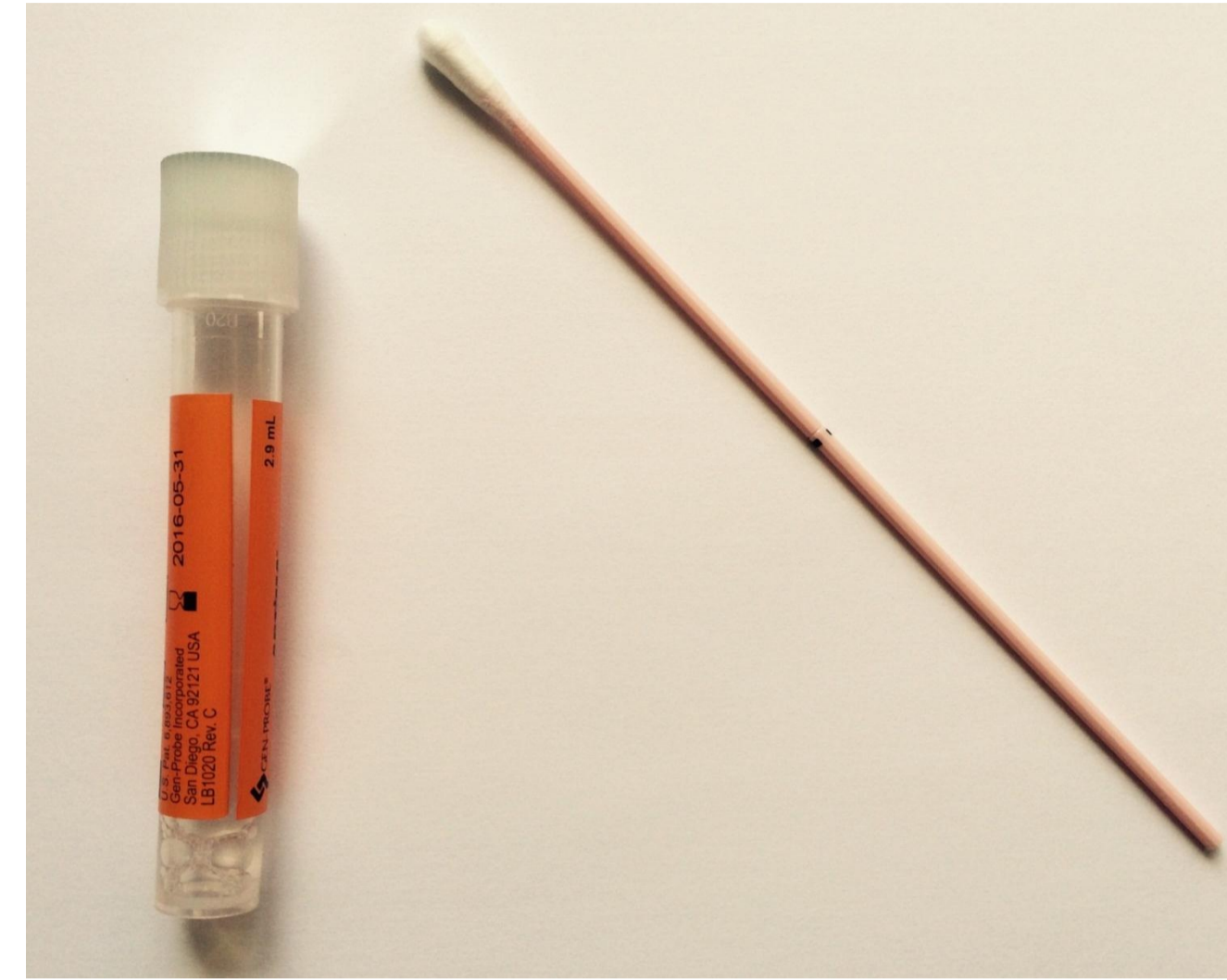




SELF-TAKEN EXTRAGENITAL SAMPLING FOR CHLAMYDIA AND GONORRHOEA IN WOMEN – IS IT ACCEPTABLE?

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.

SYSTEMATIC: Self-taken Swabs Study

Thank you for taking the time to complete this feedback questionnaire. Please circle the answer that reflects your opinion

- I found the written instructions and diagrams clear and easy to follow

1. Strongly disagree	2. Disagree	3. Neither disagree or agree	4. Agree	5. Strongly agree
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 - Would anything have improved the written instructions?
 - I found taking the samples was difficult

1. Strongly disagree	2. Disagree	3. Neither disagree or agree	4. Agree	5. Strongly agree
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 - I felt confident about collecting the samples

1. Strongly disagree	2. Disagree	3. Neither disagree or agree	4. Agree	5. Strongly agree
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 - I found it was uncomfortable to take the samples

1. Strongly disagree	2. Disagree	3. Neither disagree or agree	4. Agree	5. Strongly agree
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 - If given the choice I would prefer to take my own samples

1. Strongly disagree	2. Disagree	3. Neither disagree or agree	4. Agree	5. Strongly agree
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 - If given the choice I would prefer a health care worker (e.g. a doctor or nurse) to take my samples

1. Strongly disagree	2. Disagree	3. Neither disagree or agree	4. Agree	5. Strongly agree
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 - I would feel happy to take my own samples in a non-clinical environment (i.e. not in a hospital, clinic or surgery) as an alternative to attending a clinic?

1. Strongly disagree	2. Disagree	3. Neither disagree or agree	4. Agree	5. Strongly agree
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- If you have any other comments, or suggestions, for improvement of the self-taken samples or instruction leaflet please write them here and onto the other side of the page if needed. Thank you

Figure 1

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).

I found taking the samples was difficult
75% disagreed or strongly disagreed

I felt confident about collecting the samples
74% agreed or strongly agreed

I found it was uncomfortable to take samples
30% agreed or strongly agreed

I would prefer to take my own samples
41% agreed or strongly agreed

I would prefer a healthcare worker to take my samples
35% agreed or strongly agreed

Happy to take my own samples in a non-clinical environment
66% agreed or strongly agreed

Results:

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

Ethnicity of respondents	N=505
White British / White Other	421 (83%)
Black African or Black Caribbean	34 (7%)
Mixed White/Black/Asian	24 (5%)
Asian	17 (3%)
Other / not stated	9 (2%)

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.

Questions during the conference to be addressed to: Dr Janet Wilson

References:

- Garner AL, Schembri G, Cullen T, Lee V. Should we screen heterosexuals for extra-genital chlamydia and gonococcal infections? Int J STD AIDS 2015;26:464-466
- Wayal S, Llewellyn C, Smith H, et al. Self-sampling for oropharyngeal and rectal specimens to screen for sexually transmitted infections: acceptability among men who have sex with men. Sex Transm Infect 2009;85:60-4