

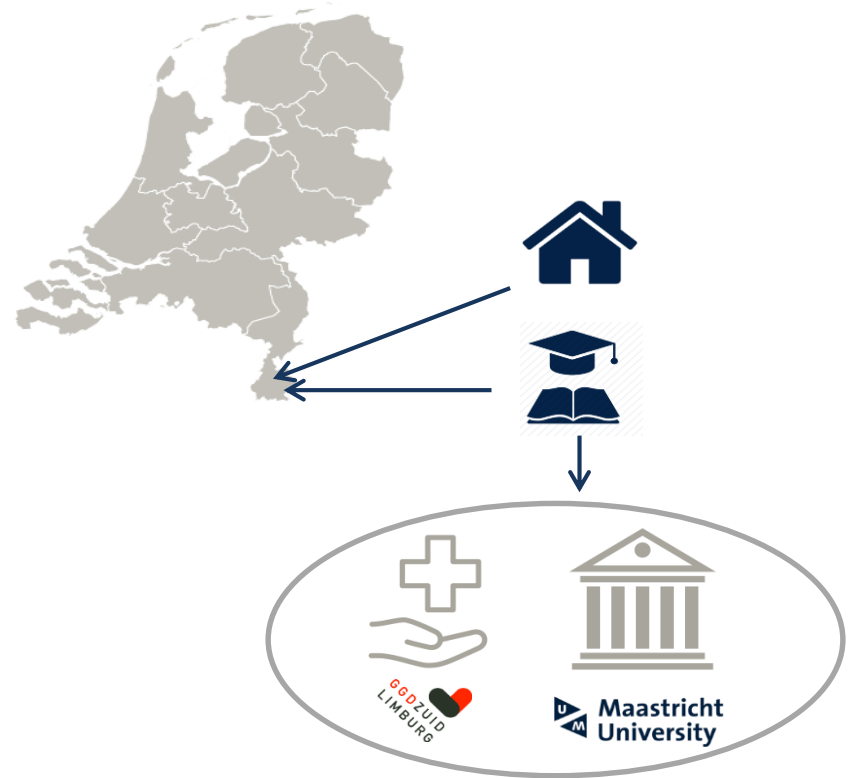
Disclosure

I have nothing to declare

Introduction



Jeanine Leenen



The relation between oral and subsequent anal *Chlamydia trachomatis* in MSM and women

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IUSTI

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Background

- Anal infections

- Up to 18%

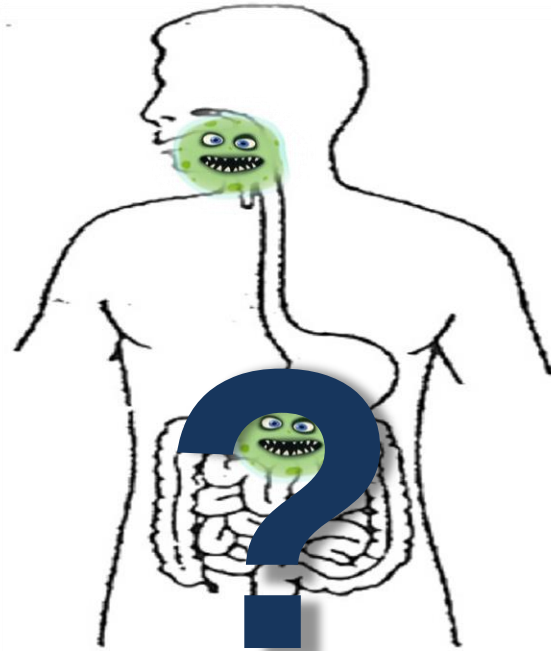
- Unexplained anal infections

- ~50-60%



- Chlamydia in GI-tract in animals

Study aim: Oral → anal ?

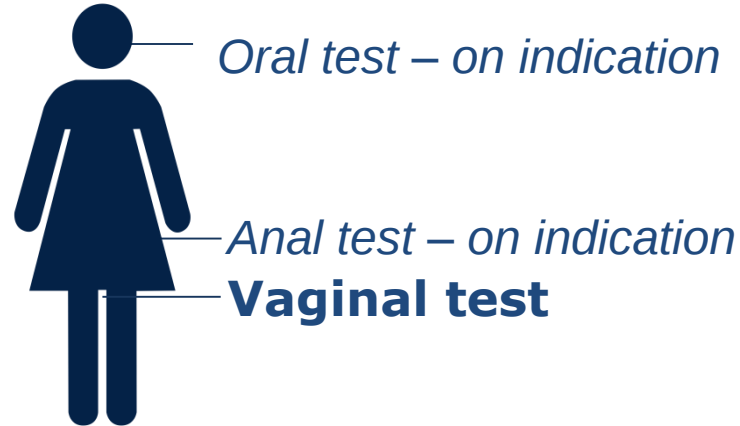
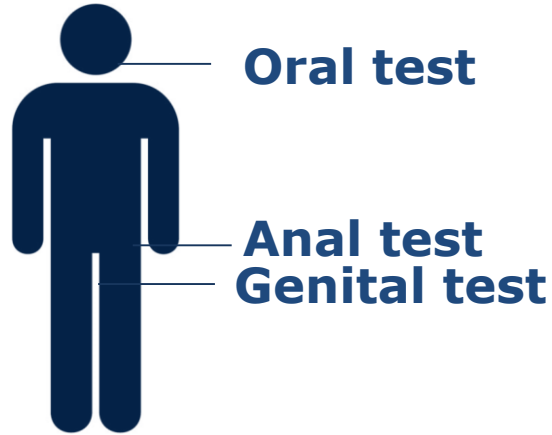


Study setting

- Secondary data analysis
- Dutch STI clinics
- 2006-2013
- Women and MSM



STI clinic data



Patient registry questionnaire

Inclusion criteria



Study population

21,245
data pairs



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graph TD; A[21,245 data pairs] --> B[Male]; A --> C[Female];
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80.6%
n=5,493
41 years



19.4%
n=1,779
34 years

Statistical analyses (I)

- Generalized Estimating Equation(GEE)
 - Repeated measurement
 - People bringing in more than one data pair
 - Allows adjusting for confounders

Statistical analyses (II)

- Adjusted for:

- Sociodemographic



- Co-infections (measured in clinic)



- Risk behaviour (patient registry data)



Positivity rate

Oral test

T0



Oral CT 1.9%
(80/4,120)



Oral CT 1.2%
(208/17,125)

Anal test

T1



Anal CT 5.4%
(224/4,120)



Anal CT 7.7%
(1,316/17,125)

Results : oral → anal?

MSM OR (95%CI)	Women OR (95%CI)
2.1 (1.4–3.0)***	2.3 (1.1–4.8)*



Socio-demographics

Co-infections

Risk behaviour

Sensitivity analyses

	unadjusted <24 months OR (95%CI)	unadjusted <12 months OR (95%CI)	unadjusted <6 months OR (95%CI)
MSM	2.1^{***} (1.4–3.0)	1.2 (0.8–1.9)	1.2 (0.7–1.9)
Women	2.3[*] (0.9–2.1)	0.4 (0.1–1.0)	0.5 (0.1–1.2)

Main finding

- Preceding oral CT infection is **not an independent risk factor** for subsequent anorectal CT infection in MSM and women.

Limitations

- Selective follow-up
- Misclassification (natural clearance)
- Low generalizability

Take home messages

- Preceding oral CT infection is **not an independent risk factor** for subsequent anorectal CT infection in MSM and women.
- Its **impact** on public health is **likely limited**.

Acknowledgements

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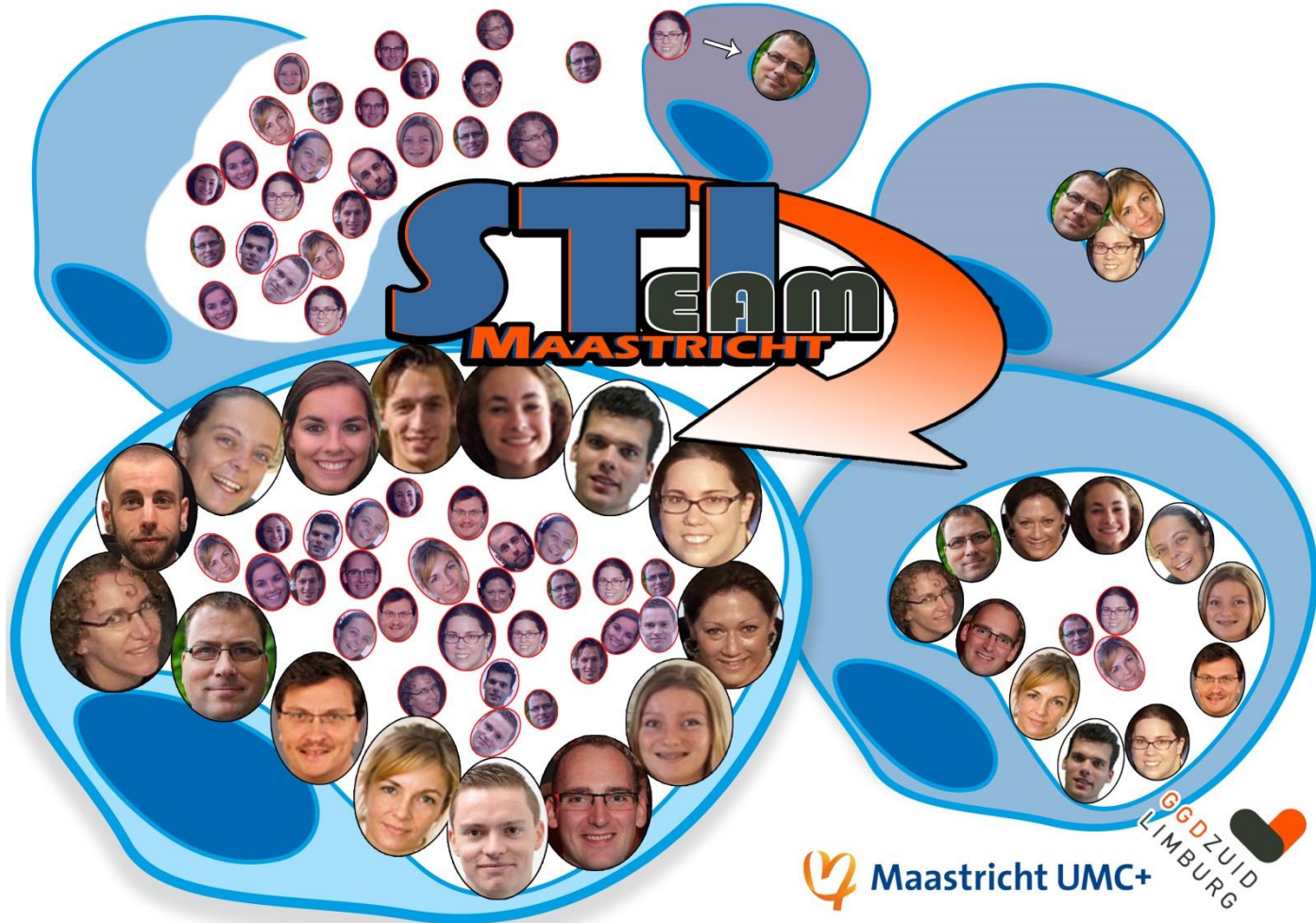
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