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Three site testing by the Third Sector in partnership with the sexual health service: the way forward

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What we already know
Compared sensitivity and specificity of self-taken rectal and pharyngeal swabs with clinician-taken swabs for the diagnosis of extra-genital NG and CT in women and MSM
Order randomised using computer randomisation
1795 (1284 women, 509 MSM) recruited by 5 clinicians

<table>
<thead>
<tr>
<th>Gonorrhoea</th>
<th>Sensitivity (95% CI)</th>
<th>Specificity (95% CI)</th>
<th>Chlamydia</th>
<th>Sensitivity (95% CI)</th>
<th>Specificity (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rectal clinician</td>
<td>93.98 (86.50-98.02)</td>
<td>99.94 (99.67-100.00)</td>
<td>Rectal clinician</td>
<td>95.95 (92.68-98.04)</td>
<td>99.87 (99.53-99.98)</td>
</tr>
<tr>
<td>Phar clinician</td>
<td>93.06 (84.53-97.71)</td>
<td>99.94 (99.68-100.00)</td>
<td>Phar clinician</td>
<td>92.06 (82.44-97.37)</td>
<td>99.94 (99.68-100.00)</td>
</tr>
<tr>
<td>Phar self</td>
<td>95.83 (88.30-99.13)</td>
<td>99.94 (99.68-100.00)</td>
<td>Phar self</td>
<td>93.65 (84.53-98.24)</td>
<td>99.83 (99.49-99.96)</td>
</tr>
</tbody>
</table>

First adequately powered RCT to demonstrate self-taken samples are equivalent to clinician-taken samples
What did we identify?
Standards for the management of sexually transmitted infections (STIs) in outreach services
July 2016
What did we do?
How to take your throat swab

Wash and dry your hands and take the throat swab first
The pack contains a swab stick and a plastic container which will be labeled 'Pharynx'
Do not place the swab stick directly on any surface
Do not touch the cotton wool tip of the swab
Ask for a new kit if you drop the swab or touch the tip or spill any of the liquid in the container.

1. Getting Ready:
   Peel open the pack. Take out the container, carefully unscrew the top and place it on a flat surface.

2. How to hold the swab:
   Take the swab stick out of its packet and hold the plastic shaft in the middle.

3. Taking the sample:
   - Open your mouth widely and say ‘AH’
   - Push the cotton bud to the back of your throat
   - Rub it firmly around the tonsils (the yellow circles) and the very back part of the throat (the yellow-lined area)
   - Do this for 5 seconds in all (count to 5 slowly)
   - It is likely that you will ‘gag’ as this is a natural instinct but please do try to take the swab from the back of your throat and do it for 5 seconds
   - Carefully pull the swab out

4. To finish off:
   - Put the swab in the container.
   - Make sure you do not spill any of the liquid.
   - Snap the stick off at the black line.
   - Screw the lid back on tightly.

How to take a swab from your bum

You should have taken your throat swab first
The pack contains a swab stick and a plastic container which will be labeled ‘Rectum’
Do not place the swab stick directly on any surface
Do not touch the cotton wool tip of the swab
Ask for a new kit if you drop the swab or touch the tip or spill any of the liquid in the container.
Wash and dry your hands after finishing doing this swab.

1. Getting Ready:
   Peel open the pack. Take out the container, carefully unscrew the top and place it on a flat surface.

2. How to hold the swab:
   Take the swab stick out of its packet and hold the plastic shaft in the middle.

3. Taking the sample:
   - Put your legs apart and bend forward slightly
   - Approach your bum from the side of your buttock (either side is fine as you can use your right or left hand)
   - Push the cotton bud at this angle into the entrance of your bum, you will need to relax the muscle of your bum to allow it in
   - Then insert it 1-2 inches into your bum, your fingers on the middle of the shaft will stop you going in too far
   - Rotate the swab around inside your bum, making sure it touches the inside walls, for 5 seconds (count to 5 slowly)
   - Carefully pull the swab out

4. To finish off:
   - Put the swab in the container.
   - Make sure you do not spill any of the liquid.
   - Snap the stick off at the black line.
   - Screw the lid back on tightly.
What did we find?
# Results

<table>
<thead>
<tr>
<th>Testing method</th>
<th>Year(s)</th>
<th>Client screens</th>
<th>Numbers of infections</th>
<th>Positivity rate</th>
<th>GC* cases</th>
<th>CT** cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postal urine kits only</td>
<td>2013-2016</td>
<td>758 (33.5% under 25)</td>
<td>27</td>
<td>3.6%</td>
<td>3</td>
<td>24</td>
</tr>
<tr>
<td>TSO Triple site protocol</td>
<td>2017</td>
<td>478 (26% under 25)</td>
<td>72</td>
<td>15%</td>
<td>32</td>
<td>40</td>
</tr>
</tbody>
</table>

*GC Gonorrhoea; **CT Chlamydia

Over 99% were MSM/Transfemales in both periods.
Triple-site screening is significantly better than urine alone (P<0.05) at detecting infection in this setting.
88% of Gonorrhoea and 58% of Chlamydia would have been missed with urine-only testing.
AJ came in for a test.

Now he’s chilled out.

Get tested. Tonight 6-8pm.
Conclusion
Questions?
Thank you!

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