RESUMPTION OF SEXUAL ACTIVITY FOLLOWING TREATMENT FOR RECTAL CHLAMYDIA INFECTION AMONG MEN WHO HAVE SEX WITH MEN

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Background:

Management of sexually transmissible bacterial infections includes the conventional recommendation of avoiding sex for 7 days post-treatment to prevent ongoing transmission. However, published data describing when patients resume sexual activity are lacking.

We investigated the resumption of sex among men who have sex with men following treatment for rectal chlamydia.

Methods:

- Using data from an ongoing clinical trial, we investigated resumption of sexual activity including receptive anal intercourse (RAI) following treatment for rectal chlamydia infection among 218 MSM recruited between August 2016 and January 2018.
- Sexual behaviour data were collected via paper and Short Message Service (SMS) surveys.
- Logistic regression was used to calculate odds ratios (OR) to estimate associations between factors and resuming sexual activity within 1 week from commencing treatment.

Results:

Among **218 men**, **30 men** reported resuming RAI within 1 week (13.8%; 95%CI 9.5, 19.1). Overall, **73** (33.5%; 95%CI 27.3, 40.2) reported resuming any sexual activity within 1 week.

- **PrEP users were more likely to resume RAI** within 1 week compared with HIV negative non-PrEP users (OR=9.9; 95%CI: 3.1, 31.7), but there was no difference between HIV+ men and HIV negative non-PrEP users.
- **Condom users also more likely to re-engage** in RAI (OR=3.8; 95%CI 1.3, 11.2)
- **Men reporting ≥9 partners** in the 3 months prior to recruitment were more likely to resume sex (OR=7.6; 95%CI 3.4, 16.8) compared to men reporting <3 partners.
- **Neither PrEP use nor HIV+ status** were associated with resuming sex within 1 week (OR=1.4; 95%CI 0.7, 2.7; OR=0.8; 95%CI 0.3, 2.0, respectively) when compared with non-PrEP users.

Conclusions:

Nearly 15% of men resumed RAI within 1 week of commencing treatment and one third of men resumed any sexual activity.

- Men reporting higher numbers of recent partners were more likely to resume any sexual activity
- PrEP and condom users and were more likely to re-engage in RAI.

This highlights the importance of follow up testing of these groups and the need for strategies in the prevention of onward transmission and reinfection.

	Receptive anal intercourse (RAI)			Any sexual activity		
Variable	N ¹ (%)	Univariate OR	95%CI	N ¹ (%)	Univariate OR	95%CI
Age (years) ²						
<25	9 (30.0)	ref	ref	50 (22.9)	ref	ref
25-34	11 (36.7)	0.6	0.2, 2.1	88 (40.4)	0.8	0.4, 1.7
35+	10 (33.3)	0.8	0.2, 2.7	80 (36.7)	0.7	0.3, 1.5
Test for trend (p-value)		0.74			0.34	
PrEP status						
HIV-/PrEP-	10 (33.3)	ref	ref	137 (62.8)	ref	ref
HIV-/PrEP+	18 (60.0)	9.9	3.1, 31.7	58 (26.6)	1.4	0.7, 2.7
HIV+	2 (6.7)	1.65	0.3, 10.4	23 (10.6)	0.8	0.3, 2.0
Partners 3 months ³						
0-3	6 (20.0)	ref	ref	93 (42.7)	ref	ref
4-8	13 (43.3)	1.9	0.5, 6.4	80 (36.7)	2.0	1.0, 4.0
9+	11 (36.7)	1.3	0.4, 4.5	45 (20.6)	7.6	3.4, 16.8
Test for trend (p-value)		0.79			<0.01	
Sex position ⁴						
Bottom	16 (53.3)	ref	ref	81 (37.2)	ref	ref
Top/Rarely RAI	1 (3.3)	0.1	0.0, 1.1	34 (15.2)	0.5	0.2, 1.3
Versatile	13 (43.3)	0.5	0.2, 1.2	103 (47.6)	0.9	0.5, 1.6
Previous STI ⁵						
No	8 (26.7)	ref	ref	83 (38.1)	ref	ref
Yes	22 (73.3)	1.3	0.5, 3.7	135 (61.9)	1.4	0.8, 2.5
Condom as bottom ⁶						
All/Most	6 (20.0)	ref	ref	92 (42.2)	ref	ref
Some/None	24 (80.0)	3.8	1.3, 11.2	126 (57.8)	1.3	0.7, 2.3
Know who CT from ⁷						
No	22 (73.3)	ref	ref	118 (54.1)	ref	ref
Yes	8 (26.7)	0.5	0.2, 1.3	100 (45.8)	0.5	0.3, 1.0

1. N=Total number of men.

2. Age categories stratified on 25th and 75th percentiles.

3. Number of partners in the 3 months prior to treatment for rectal chlamydia.

4. Predominant sexual position.

5. Previous bacterial STI diagnosis.

6. Condom use as a bottom in the previous 3 months.

7. Believed to have knowledge of who they received rectal chlamydia from.

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