The Clap Trap

The effectiveness of partner notification for gonorrhoea in an LGBT community sexual health clinic

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Background

- High rates of partner change, multiple casual partners and complex sexual networks are thought to contribute to outbreaks of *Neisseria gonorrhoea* (GC) in men who have sex with men (MSM).
- This most at risk population currently accounts for 42% of diagnoses in the UK.
- Prompt, appropriate treatment and effective partner notification are considered key in reducing onward transmission and reinfection.
- Partner notification for GC was audited in MSM attending an LGBT community sexual health clinic in Bournemouth.

Methodology

- 33 episodes of gonorrhoea, diagnosed in 31 patients, were identified via a retrospective audit between 2015-2016.
- Data about their attendance, infection and partner notification were recorded on an Excel spreadsheet for analysis.

Results

Fig.1 Clinical Presentation

Fig.3 Site of GC infection

- 7 (21%) had a dual and 2 (6%) a triple site infection.

Fig.2 Services provided

29 (88%) underwent triple site testing & 4 (12%) dual site

Fig.4 Partner Notification

- A total of 109 contacts, were reported.
- 50 (46%) were untraceable.
- Of those traceable, 31/59 (53%) were confirmed as treated.
- 0.9 contacts were treated per index case (target 0.6)

Discussion

- In the majority of cases gonorrhoea was diagnosed in asymptomatic patients, who underwent triple site screening.
- A high proportion of gonorrhoea infections were in extra genital sites.
- The high frequency of unknown casual partners in MSM means there is often inadequate information to trace partners. Despite this, partner notification outcomes in this community GUM clinic were excellent.
- Partner notification can assist in the wider detection and treatment of gonorrhoea. However, further work is needed into promoting screening amongst asymptomatic contacts who cannot be traced.