

Population-Based Key Evidence

Chlamydia (CT) and gonorrhea (GC) infections commonly occur asymptotically at extragenital (EG)—oropharyngeal and rectal—sites. Patients seeking STI testing should be offered EG screening along with urogenital screening, for complete three-site STI screening. There is evidence to support offering three-site STI screening among most populations, and the takeaway for all is the same:

FAILURE TO TEST AT EXTRAGENITAL SITES LEADS TO MISSED INFECTIONS

TRANS INDIVIDUALS



Infections at extragenital sites

One study found that **most transgender women** (86% and 80.9%, respectively) and more than **a quarter of transgender men** (28.6% and 28.6%, respectively) with an extragenital CT or GC infection had a negative urogenital test at the same visit

MEN WHO HAVE SEX WITH MEN

70%

of extragenital GC infections were associated with negative urethral tests

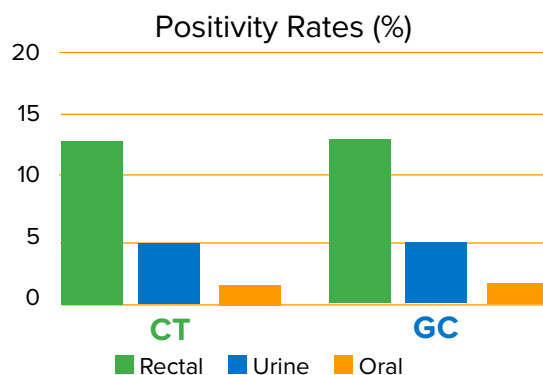
85%

of extragenital CT infections were associated with negative urethral tests

ADOLESCENTS & YOUNG ADULTS

57%

of EG CT and GC would be missed with urogenital screening alone



1/4

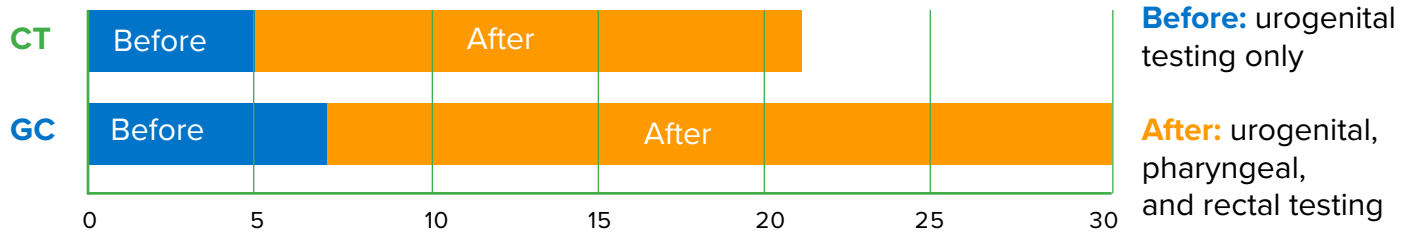


of youth with EG infection had negative urine tests

Population-Based Key Evidence

PEOPLE LIVING WITH HIV

Detection rates before and after implementing EG testing (%)



CISGENDER WOMEN



1/3 of women with EG infection had negative urine tests

Identified exclusively with EG testing

54%
CT

26%
GC

Self-reported behaviors of women testing positive for a rectal STI



Self-report may not be the best way to identify infections

RECTAL GC+ 91% said no anal sex with last partner

RECTAL CT+ 76% said no anal sex with last partner

CISGENDER MEN WHO HAVE SEX WITH WOMEN

35% of GC infections among men who have sex with women were pharyngeal

36% of patients would have been missed if extragenital screening was not performed