



Public Health Advisory

July 24, 2017

Call for Extragenital Screening of Gonorrhea and Chlamydia

Situation

Chlamydia (CT) and Gonorrhea (GC) rates have been increasing over the past 4 years. The rate of CT in Clark County increased 28% from 2012 to 2016 (431.6 to 551.6 cases per 100,000 population) while the rate of GC in Clark County increased 88% (93.8 to 176.2 cases per 100,000 population) during the same time period. The increases may partly be due to continued disease transmission caused by missed infections in the pharyngeal and rectal sites. Studies have shown that as much as 13-85% of CT infections and 30-70% of GC infections have been found only in extragenital sites in men who have sex with men (MSM) and thus could have been missed if only urogenital testing were performed.¹⁻⁴ In 2016 alone, 12% of CT infections and 24% of GC infections diagnosed at Southern Nevada Health District (SNHD) sexual health clinic would have been missed if extragenital tests were not performed.

Recommendations

Amid these trends, SNHD strongly recommends providers offer extragenital testing to their clients if indicated. *C. trachomatis* and *N. gonorrhoeae* are commonly found in pharyngeal and rectal regions among MSM, and due to their asymptomatic nature, the Centers for Disease Control and Prevention (CDC) recommends that MSM who have had receptive anal sex within the past 12 months be screened for rectal GC and CT. In addition, MSMs who have had receptive oral sex within the past 12 months should be screened for pharyngeal GC via NAAT.⁵ Obtaining a comprehensive sexual history will be necessary. Self-collection of specimens have been deemed appropriate and can replace provider-collection for asymptomatic patients.^{6,7} A toolkit consisting of a screening assessment for sexual risk factors, a set of self-collection instruction graphics, and appropriate lab tests and specimen collection is provided by SNHD and can be found at <http://snhd.info/ScreeningToolKit> for your convenience. SNHD can also provide specialized training and technical assistance upon request.

CDC is recommending NAATs to test for extragenital infections based on increased sensitivity and ease of specimen transport and processing. Because these specimen types (pharyngeal and rectal) have not been cleared by FDA for use with NAATs, specimens should be sent to laboratories that have established performance specifications when using these specimens and have met Clinical Laboratory Improvement Amendments (CLIA) regulatory requirements as well as local and/or state regulations. The following local laboratories have completed validation of NAATs for pharyngeal and rectal CT/GC.

Chlamydia and Gonorrhea Laboratory Billing Codes

Quest Client Services: 1-800-288-8008 ext. 5210

Lab Corp Client Service: 1-800-859-6046

CPL Customer Service: 702-795-4900 ext. 4

	Codes for Combined GC/CT NAATs		Codes for GC Test only			Codes for CT Test only		
	LabCorp	Quest	LabCorp	Quest	CPL	LabCorp	Quest	CPL
Rectal	188672	116506	188730	116504	6031	188706	91046	6066
Pharyngeal	188698	170051	188748	170049	6031	188714	170048	6066
	NAATs are offered at (or from) with these codes at any location in the country from Labcorp and Quest							

CPT Billing Codes	
CT Detection by NAAT	87491
GC Detection by NAAT	87591

Ordering Process:

CPL: Contact directly to FAX a supply list

Quest: Order on-line via "Care 360"

The Southern Nevada Health District does not endorse these laboratories; however, they represent the largest labs nationally. For an extensive list of laboratories that accept rectal and pharyngeal specimens for NAAT testing of CT/GC please visit the National Network of Prevention Training Centers (NNPTC) website at <http://75.98.171.114/~nnptc/resources/phlabs.html>.



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References:

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3. Garner AL, Schembri G, Cullen T, Lee V. Should we screen heterosexuals for extra-genital chlamydial and gonococcal infections? *International Journal of STD & AIDS*. 2015;26(7):462-466. doi:10.1177/0956462414543120.
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5. Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2015: Screening Recommendations and Considerations Referenced in Treatment Guidelines and Original Sources. Atlanta: U.S. Department of Health and Human Services; 2015. Available at <http://www.cdc.gov/std/tg2015/screening-recommendations.htm>.
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Health Alert: conveys the highest level of importance; warrants immediate action or attention

Health Advisory: provides important information for a specific incident or situation; may not require immediate action

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action

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