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Implementation of Targeted Outreach for STI Screening and Linkage to Comprehensive Preventative Services for Mpox Patients

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BACKGROUND

- Since May 2022, there have been 31,894 cases of Mpox with 57 deaths in the US
- High rates of co-infection with STIs and HIV were reported among patients with Mpox
- Early in the outbreak, patients tested for Mpox often did not receive comprehensive STI screening.
- There has been a call for increased coordination of care to connect patients to all services they need wherever they seek care
- This study aimed to evaluate the effects of targeted outreach to participants who were tested for Mpox on follow-up STI screening and HIV PrEP counselling

METHODS

- Retrospective chart review (June 2022 - March 2023), with data obtained from 414 patients tested for Mpox
- Comprehensive care coordinators implemented targeted outreach to individuals to arrange follow-up testing for STIs and provide counselling for preventive services such as PrEP
- Descriptive statistics used for summarization and Chi-square (χ^2) test was used to compare STI screening rates and PrEP counselling between patients who received outreach and patients who did not receive outreach.

Table 1. Demographics of patients tested for Mpox

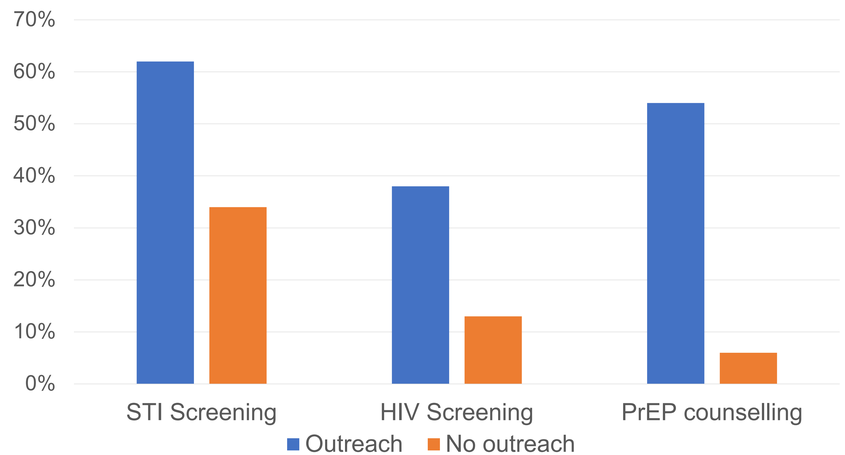
Patient Characteristics	N=414	%
Legal Sex		
Female	49	12%
Male	365	88%
Race		
American Indian	3	1%
Asian	5	1%
Black	160	39%
Other Pacific Islander	2	<1%
Unknown	23	6%
White	221	53%
Ethnicity		
Hispanic	158	38%
Non Hispanic	243	59%
Unknown	13	3%
Average age	38	
HIV status at time of Mpox testing		
Persons living with HIV (PLWH)	238	57%
Negative or unknown	176	43%

Targeted outreach increased follow-up screening rates for STIs, HIV and PrEP counseling among patients who were tested for Mpox.

RESULTS

- 414 individuals tested for Mpox with 203 PCR-confirmed cases
  - 43% initially screened for HIV; 6 patients (1.5%) were found to have new diagnosis of HIV
  - 33% initially screened for chlamydia, gonorrhea, and/or syphilis; 39 new STI cases (9.4%) identified
- 23% (n=94) of patients received targeted outreach
  - Higher rates of STI testing (62% [58/94]) with outreach vs no outreach (34% [109/320]) ($p<0.001$)
  - Higher rates of HIV screening (38% [10/26]) with outreach vs no outreach (13% [19/144]) ($p<0.001$)
  - Higher rates of counselling on PrEP (54% [14/26]) with outreach vs no outreach (5.6% [8/144]) ($p=0.0016$)

Figure 1. Follow-up STI Screening and PrEP Counseling after Targeted Outreach



*STI Screening included testing for chlamydia, gonorrhea, and/or syphilis
*HIV screening and PrEP counselling were analyzed among those who were known HIV-negative after initial presentation for Mpox testing

CONCLUSIONS

- Outreach efforts focused on individuals who were tested for Mpox resulted in higher rates of follow-up testing for HIV, syphilis, and chlamydia/gonorrhea compared to those who did not receive outreach.
- A substantial number of participants tested for Mpox were found to have an additional STI, although overall comprehensive STI screening rates at initial presentation were low.
- Six individuals (3% of those tested) were found to have a new HIV diagnosis upon seeking testing for Mpox, highlighting the importance of comprehensive screening.
- These results support the use of outreach interventions in facilitating access to comprehensive preventive services, including PrEP, to at-risk individuals.
- Limitations:
- Multiple concurrent efforts were ongoing during this intervention period to increase awareness of PrEP and co-infections of Mpox and other STIs which may have influenced the results.
- Employing care coordinators dedicated to outreach efforts may not be generalizable to other healthcare systems
- Further investigation is needed to understand the impact of targeted outreach across multiple health systems

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