

Treatment for anorectal *Chlamydia trachomatis* infection with azithromycin
1g single dose
in mem who have sex with mem w/o
HIV infection

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Back ground

Regarding treatment for anorectal *Chlamydia trachomatis* infection, retrospective data showed that failure rate of AZM therapy is as high as 22 % and there is no prospective study on treatment with AZM.

In this study, we prospectively evaluated the efficacy of treatment for ACT with AZM among men who have sex with men (MSM) with or without HIV infection in real clinical settings.

Method

MSM with HIV infection (568 cases) were examined for ACT with Transcription Mediated Amplification (TMA) test between January and March in 2017, and MSM without HIV infection (173 cases) in 2017 for their first visit.

For those who were diagnosed ACT, AZM 1g single dose was administered and test-of-cure was done at least 3 weeks after the treatment. For those who were detected ACT again, DOXY 200mg for 1 week was administered and test-of-cure was done at least 3 weeks after the treatment.

Table 1. The prevalence of anorectal Chlamydia trachomatis infection in MSM with and without HIV infection (n=741)

	Anorectal CT positive (n)	All (n)	Prevalence (%)
All MSM	114	741	15.4%
HIV-infected MSM	89	568	15.7%
non HIV-infected MSM	25	173	14.5%

Table 2. Baseline Characteristic in anorectal *Chlamydia trachomatis* infection in MSM with and without HIV infection (n=114).

	HIV-infected MSM (n=89)	Non HIV- infected MSM (n=25)	all (n=114)
Age (y.o)	Median 42 y.o (21—69)	Median 29 y.o (18—54)	Median 41 y.o (18—69)
Anorectal <i>Neisseria</i> gonorrhoeae infection	6 (6.7%)	1 (4.0%)	7 (6.1%)
TPHA positive	60 (67.4%)	9 (36%)	69 (60.5%)
HBs or HBc antibody positive* (n=84)	56/67 (83.6%)	9/17 (52.9%)	65/84 (77.4%)
HCV antibody positive* (n=104)	7/87 (8.0%)	1/17 (5.9%)	8/104 (7.7%)

*There are missing data

Figure 1. Efficacy of azithromycin and doxycycline against anorectal CT infection

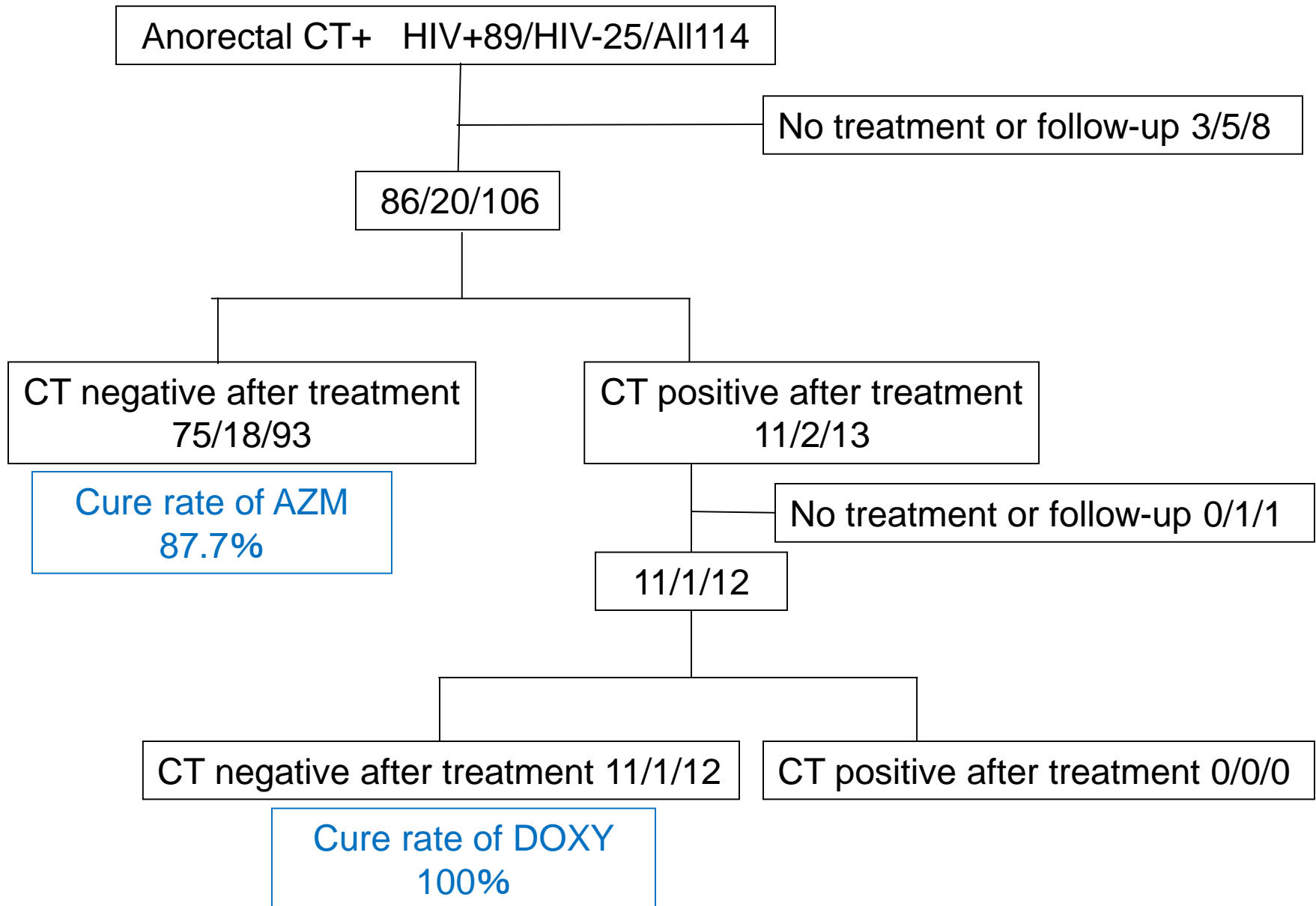


Table 3. Detail of the cases of treatment failure

1	66 y.o	HIV+	HBc Ab +, Neisseria gonorrhoeae positive at the follow-up test
2	53 y.o	HIV+	HBc Ab +, TPHA +
3	47 y.o	HIV+	HBc Ab +
4	46 y.o	HIV+	TPHA +
5	45 y.o	HIV+	HBc Ab +, TPHA+
6	43 y.o	HIV+	
7	40 y.o	HIV+	Neisseria gonorrhoeae positive at the follow-up test
8	38 y.o	HIV+	HBc Ab +, TPHA +, Neisseria gonorrhoeae positive at the follow-up test
9	37 y.o	HIV+	HBc Ab +
10	29 y.o	HIV+	HBc Ab +, TPHA +
11	23 y.o	HIV+	HBc Ab +
12	30 y.o	HIV-	Chronic HBV infection
13	40 y.o	HIV-	Chronic HCV infection

Summary

- The efficacy of AZM for ACT among MSM w/o HIV infection was higher than the results of the previous retrospective studies.
- AZM 1g single dose could be a reasonable option for ACT in a real clinical setting if tests of cure are warranted and there is a concern about adherence for 7 days DOXY treatment.