

# GONORRHOEA: THE STATE OF SURVEILLANCE GLOBALLY AND OBSERVED BURDEN OF INFECTION

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## BACKGROUND

*Neisseria gonorrhoeae*



**87 million** Global cases of gonorrhoea in 2016

Underdiagnosed and underreported  
Incidence is increasing  
High levels of antibiotic resistance

Anyone who has sex is at risk, but some groups are more affected

- Young people aged 15–24
- Men-who-have-sex-with-men (MSM)
- Sex workers

LEFT UNTREATED, GONORRHOEA CAN CAUSE:

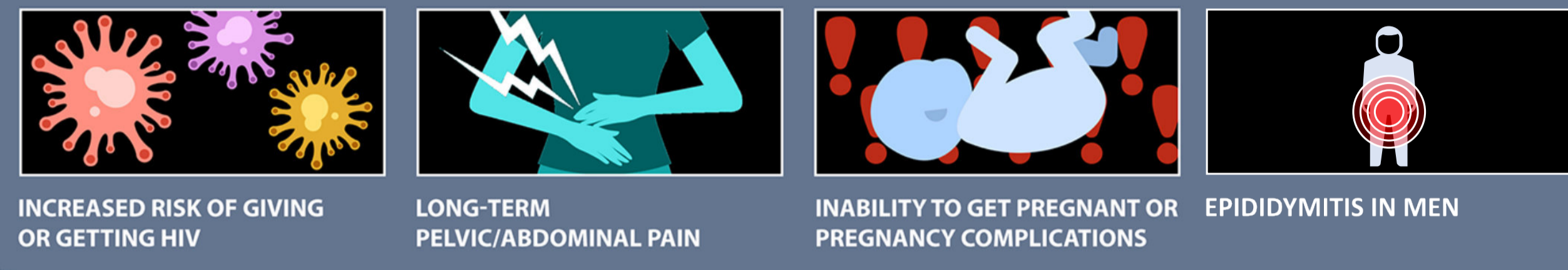


Image: credit of James Archer/CDC; infographics: adapted from CDC; global cases reported by WHO

## Aim of this review:

- To evaluate the prevalence of urogenital and rectal gonorrhoea infections in the general population and in men-who-have-sex-with-men (MSM) and sex workers.
- Describe the state of gonorrhoea surveillance at national level globally.

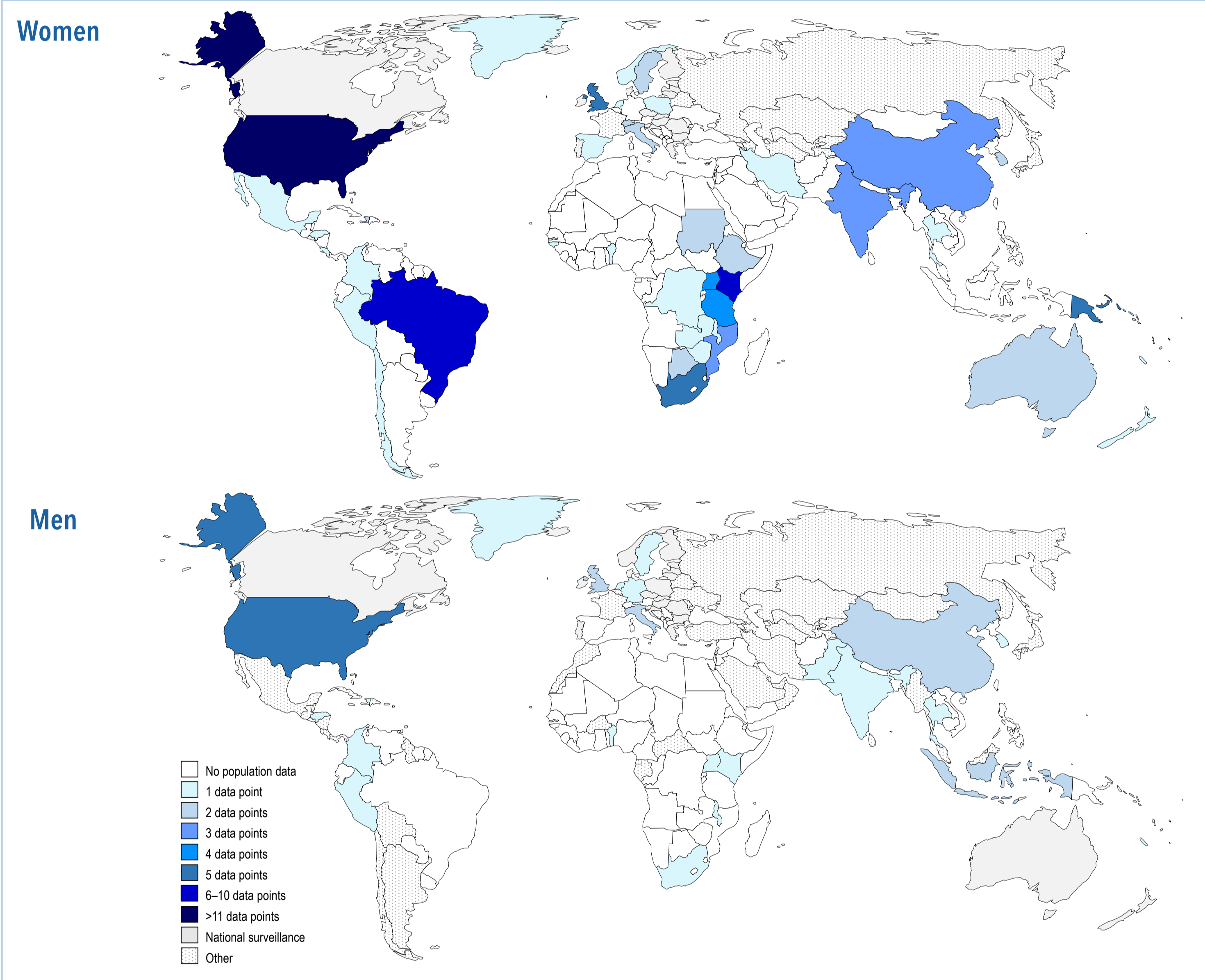
## METHODS

- We conducted a systematic literature search to estimate the prevalence of gonorrhoea, with the proportion of positive tests per number tested at the study level as primary outcome of interest.
- Papers published from 22 August 2008 to 11 April 2019 were searched according to pre-specified inclusion criteria. English language abstracts were included and full texts reviewed in English, Spanish, Portuguese, German and French.
- Estimates were adjusted for laboratory test performance and geographic location.
- We also conducted a grey literature online search (in English) of websites, data repositories and surveillance reports, and public health or governmental agencies to provide contextual information about the surveillance systems in each country or region.

## RESULTS

- Data are reported from 235/2042 empirical studies reviewed and 12 data repositories, including routine (inter)national and surveillance reports.

Number of population-based prevalence points identified at country level (both men and women) according to systematic search criteria. Prevalence was highest in Oceania and countries in Southern and sub-Saharan Africa (data not shown).



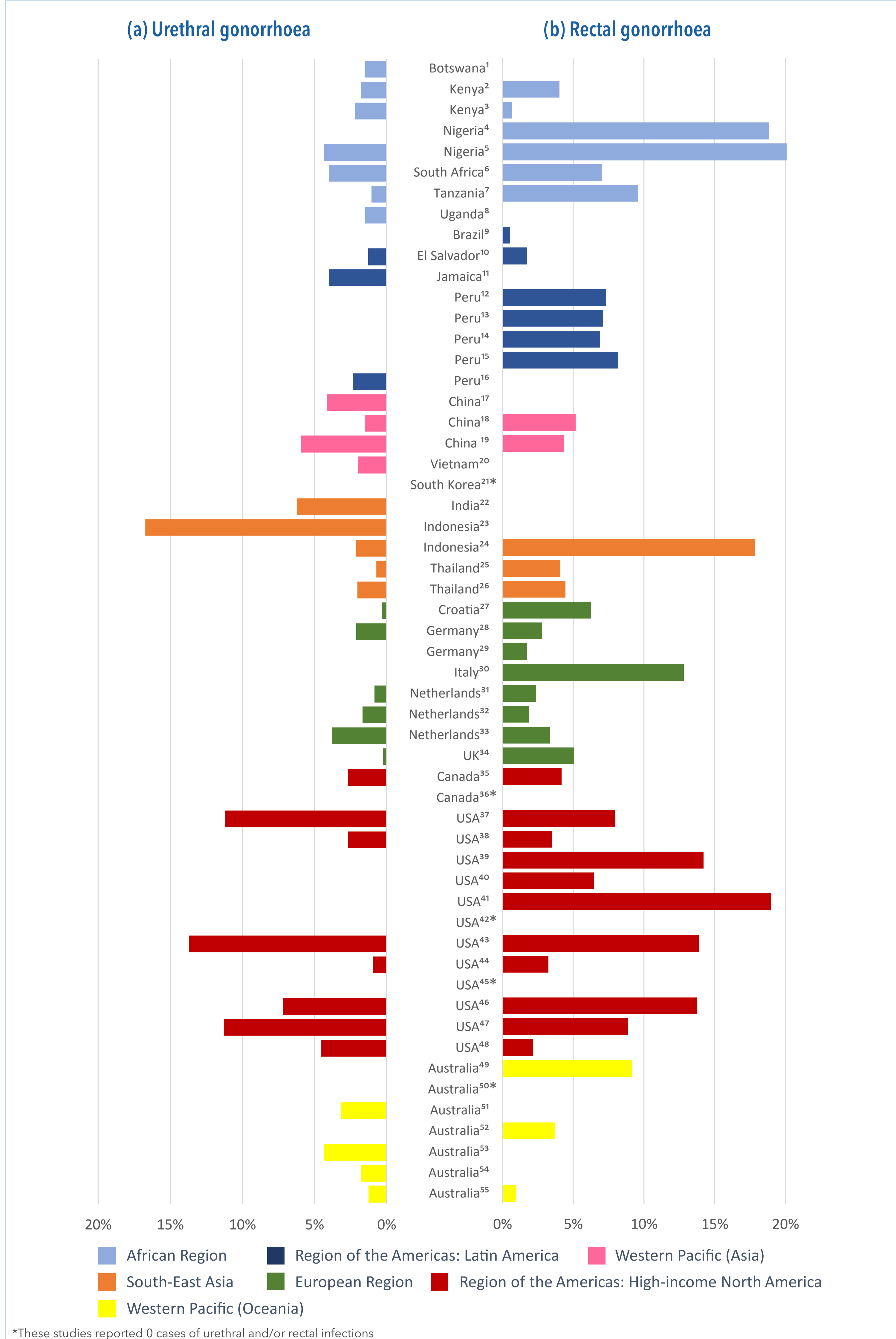
The national surveillance category includes countries that generate national notification rates based on best practice diagnostics, but for which we did not identify a prevalence point. The 'Other' category includes countries that conduct sentinel surveillance only, or for which some data was identified, but a prevalence estimate was not discoverable during our search. Maps represent identified prevalence data points but not actual prevalence data.

Sex workers: prevalence estimates for urogenital infection across all countries were approximately 10x higher than in the general population

WHO region	Country	No. of studies	Years included (range)	N tested per study (or range)	Total sample size	Standardized prevalence (or range)	Country prevalence if >1 study (weighted mean)
<b>Female Sex Workers</b>							
African Region	Benin <sup>56</sup>	1	1993–2008	1082	1082	5.5%	5.5%
	Botswana <sup>57</sup>	1	2012	947	947	10.9%	10.9%
	Cote d'Ivoire <sup>58</sup>	1	2007 & 2009	1110	1110	4.4%	4.4%
	Ethiopia <sup>59</sup>	1	2017	338	338	4.1%	4.1%
	Guinea <sup>60</sup>	1	2005–2006	223	223	8.4%	8.4%
	Kenya <sup>61</sup>	1	2009–2010	2933	2933	3.8%	3.8%
	Rwanda <sup>62</sup>	1	2006–2007	397	397	11.1%	11.1%
	Uganda <sup>63</sup>	1	2008–2009	1025	1025	12.5%	12.5%
	Benin <sup>64</sup>	1	2005	882	882	2.9%	2.9%
	Several sub-Saharan countries <sup>65</sup>	1	2010–2011	30	30	6.3%	6.3%
Americas (ex. North America)	Guatemala <sup>66</sup>	1	2008–2009	494	494	0.8%	0.8%
	Honduras <sup>67</sup>	1	2006–2008	1217	1217	1.5%	1.5%
	Mexico <sup>68</sup>	1	2010–2013	212	212	1.0%	1.0%
	Mexico/US <sup>69</sup>	1	2004–2006	924	924	5.7%	5.7%
Western Pacific Asia	Cambodia <sup>70</sup>	2	2005–2008	160–1061	1221	8.1–12.5%	11.9%
	China <sup>71</sup>	10	2003–2013	96–3099	11478	0.9–36.5%	5.1%
	Vietnam <sup>72</sup>	1	2003	395	395	14.4%	14.4%
Eastern Mediterranean	Iran <sup>73</sup>	2	2010–2014	99–278	377	1.8–11.6%	4.4%
	Pakistan <sup>74</sup>	2	2007	533–730	1263	1.3–6.9%	4.5%
Europe	Tunisia <sup>75</sup>	1	2007	188	188	4.7%	4.7%
	Spain <sup>76</sup>	1	2005	353	353	0.6%	0.6%
UK <sup>77</sup>	1	2011	2534	2534	1.9%	1.9%	
South East Asia	Bangladesh <sup>78</sup>	2	2006–2014	700–1013	1713	2.3–4.7%	3.3%
	India <sup>79</sup>	5	2004–2008	300–3223	4576	0.0–2.1%	3.8%
	Indonesia <sup>80</sup>	4	2005–2009	217–4324	7566	10.0–26.1%	26.1%
<b>Male sex workers</b>							
Africa	Cote d'Ivoire <sup>58</sup>	1	2007–2008	96	96	12.5%	12.5%
Americas (ex. North America)	Mexico <sup>68</sup>	2	2010–2013	212–267	479	1.5–2.5%	2.1%
Asia	South Korea <sup>81</sup>	1	2008	118	118	0.0%	0.0%
Vietnam <sup>82</sup>	1	2014–2016	N/R	N/R	N/R	6.07%	
Eastern Mediterranean	Pakistan <sup>74</sup>	1	2007	915	915	0.0%	0.0%
Europe	UK <sup>77</sup>	1	2011	447	447	17.1%	17.1%

N/R, not reported

MSM: more than 70% of reported prevalence of urethral (a) and/or rectal (b) infections ranged from 1%–10%, with highest rates reported for rectal infections. Results are shown by WHO region, country and study.



\*These studies reported 0 cases of urethral and/or rectal infections

## CONCLUSIONS

- Prevalence studies highlight the magnitude of the infection burden, particularly in MSM and sex workers globally, but there is a lack of standardized gonorrhoea monitoring; reporting and surveillance is weak or absent in many countries.
- To better inform sexually transmitted infection control programmes (particularly in risk populations), serial prevalence monitoring at intervals should be considered, including assessment and reporting of a minimum set of epidemiological variables on the infection.
- This will help to optimize evaluations of the burden of disease and maximize the utility of the data collected at local, national and regional level and internationally.

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