

Faut-il prévenir, dépister et traiter les IST asymptomatiques chez les HSH ?

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Journées Thématiques
Santé Sexuelle - IST, PrEP, Vaccination

15-16 mai 2025 Paris (France)



2025

Quelle est la question ?

Prévenir ?

Dépister ?

Traiter ?

IST

Asymptomatique

HSH

Le spectre des IST s'élargit

VIH

Chlamydia trachomatis

Any site

Genital

Anorectal

Oropharyngeal

Neisseria gonorrhoeae

Any site

Genital

Anorectal

Oropharyngeal

Treponema pallidum ^a

Hepatitis A virus

Hepatitis B virus

Hepatitis C virus

Mycoplasma genitalium

Trichomonas vaginalis

HPV/HSV

+ STEnteric

- *Shigella*
- *Salmonella*
- *Campylobacter*
- *Entamoeba*
- *Giardia...*

+ Cutanée

- Gale
- Dermatophyte
- Folliculite à *K. aerogenes*
- Mpox
- *Staphylococcus aureus*

- Méningo C
- Zika
- Ebola
- Lassa

+ multirésistance
EcBLSE...

To be continued...

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- Méningo C
- Zika
- Ebola
- Lassa

+ multirésistance
EcBLSE...

To be continued...

Quelle est la question ?

Traiter une PCR chlam / gono ?

De nombreuses questions

Données dans cette population

- Conséquences ?
- Clearance ? (PHRC PORTAPHAR)
- Sites infectés ?
- Réponses immunitaires des patients ?

Quelle est la question ?

Prévenir ?

1948

Organisation mondiale de la santé

« ensemble des mesures visant à éviter ou réduire le nombre et la gravité des maladies, des accidents et des handicaps »

- Education / information
- Vaccination
- PreP / TPE / RDR
- Pep
- Partenaires

Dépister ?

Quelle est la question ?

Prévenir ?

= Place de la Pep doxy

Pep doxy

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Postexposure Doxycycline to Prevent Bacterial Sexually Transmitted Infections

Anne F. Luetkemeyer, M.D., Deborah Donnell, Ph.D.,
Julia C. Dombrowski, M.D., M.P.H., Stephanie Cohen, M.D., M.P.H.,
Cole Grabow, M.P.H., Clare E. Brown, Ph.D., Cheryl Malinski, B.S.,
Rodney Perkins, R.N., M.P.H., Melody Nasser, B.A., Carolina Lopez, B.A.,
Eric Vittinghoff, Ph.D., Susan P. Buchbinder, M.D., Hyman Scott, M.D., M.P.H.,
Edwin D. Charlebois, Ph.D., M.P.H., Diane V. Havlir, M.D., Olusegun O. Soge, Ph.D.,
and Connie Celum, M.D., M.P.H., for the DoxyPEP Study Team*

RCT 2/1

MSM

Transgender women

Doxy 200 mg 72h

Prep
Doxy
220

Prep
SOC
107

VIH
Doxy
119

VIH
SOC
55

Table 1. Characteristics of the Participants at Baseline (Modified)

Characteristic	Prep Doxy 220	Prep SOC 107	VIH Doxy 119	VIH SOC 55	Total (N=501)
Median age (IQR) — yr				42 (37–50)	38 (32–47)
Race — no./total no. (%) †					
White	144/209 (69)	66/104 (63)	74/116 (64)	37/53 (70)	321/482 (67)
Black	9/209 (4)	5/104 (5)	15/116 (13)	7/53 (13)	36/482 (7)
Asian or Pacific Islander	13/209 (6)	12/104 (12)	7/116 (6)	1/53 (2)	53/482 (11)
Multiple races or other	23/209 (11)	21/104 (20)	20/116 (17)	8/53 (15)	72/482 (15)
Hispanic or Latino ethnic group — no. (%) ‡	55 (25)	41 (38)	41 (34)	14 (25)	151 (30)
Gender identity — no. (%)					
Man	212 (96)	107 (100)	109 (92)	54 (98)	482 (96)
Transgender woman or gender-diverse	8 (4)	0	10 (8)	1 (2)	19 (4)
Gender of sexual partners — no./total no. (%)					
Men only	191/220 (87)	90/107 (84)	105/118 (89)	48/55 (87)	434/500 (87)
Multiple genders	29/220 (13)	17/107 (16)	13/118 (11)	7/55 (13)	66/500 (13)
Annual income — no./total no. (%)					
<\$20,000	31/219 (14)	13/106 (12)	42/119 (35)	17/55 (31)	103/499 (21)
\$20,001–\$50,000	64/219 (29)	39/106 (37)	40/119 (34)	22/55 (40)	165/499 (33)
\$50,001–\$75,000	45/219 (21)	14/106 (13)	22/119 (18)	5/55 (9)	86/499 (17)
>\$75,000	79/219 (36)	40/106 (38)	15/119 (13)	11/55 (20)	145/499 (29)
STI in the past 12 mo — no. (%)					
Gonorrhea	155 (70)	78 (73)	71 (60)	39 (71)	343 (68)
Chlamydia	144 (65)	63 (59)	58 (49)	27 (49)	292 (58)
Syphilis ‡	32 (15)	16 (1)	35 (29)	17 (31)	100 (20)
Two or more STIs in the past 12 mo — no. (%)	106 (48)	44 (41)	39 (33)	26 (47)	215 (43)
Any STI at baseline — no./total no. (%)					146/494 (30)
Gonorrhea	30	41	30	36	99/496 (20)
Chlamydia					61/497 (12)
Syphilis	5/219 (2)	1/107 (1)	11/117 (9)	4/55 (7)	21/498 (4)

Pep doxy efficace

A PrEP Cohort					
Analyses	Doxycycline	Standard Care			
	no. of quarterly visits with event /total no. of visits (%)				
Primary analysis					
Any STI	61/570 (10.7)	82/257 (31.9)		0.34	(0.24–0.46)
Secondary analysis					
Any gonorrhoea	52/570 (9.1)	52/257 (20.2)		0.45	(0.32–0.65)
Urethral	5/570 (0.9)	12/257 (4.7)		0.19	(0.06–0.55)
Pharyngeal	38/570 (6.7)	34/257 (13.2)		0.50	(0.32–0.78)
Rectal	25/570 (4.4)	29/257 (11.3)		0.40	(0.23–0.69)
Any chlamydia	8/570 (1.4)	31/257 (12.1)		0.12	(0.05–0.25)
Urethral	1/570 (0.2)	6/257 (2.3)		0.07	(0.01–0.59)
Pharyngeal	2/570 (0.4)	4/257 (1.6)		0.22	(0.04–1.14)
Rectal	7/570 (1.2)	23/257 (8.9)		0.14	(0.06–0.32)
Any early syphilis	2/570 (0.4)	7/257 (2.7)		0.13	(0.03–0.59)
Subgroup analysis: any STI					
Age					
≤30 yr	15/165 (9.1)	31/91 (34.1)		0.27	(0.15–0.47)
>30 yr	46/405 (11.4)	51/166 (30.7)		0.37	(0.25–0.55)
No. of STIs in previous 12 mo					
1	21/227 (9.3)	34/129 (26.4)		0.35	(0.20–0.60)
		48/128			

Any
0,34 (0,24-0,46)

Chlam
0,07 (0,01-0,59)

Gono
0,45 (0,32-0,65)

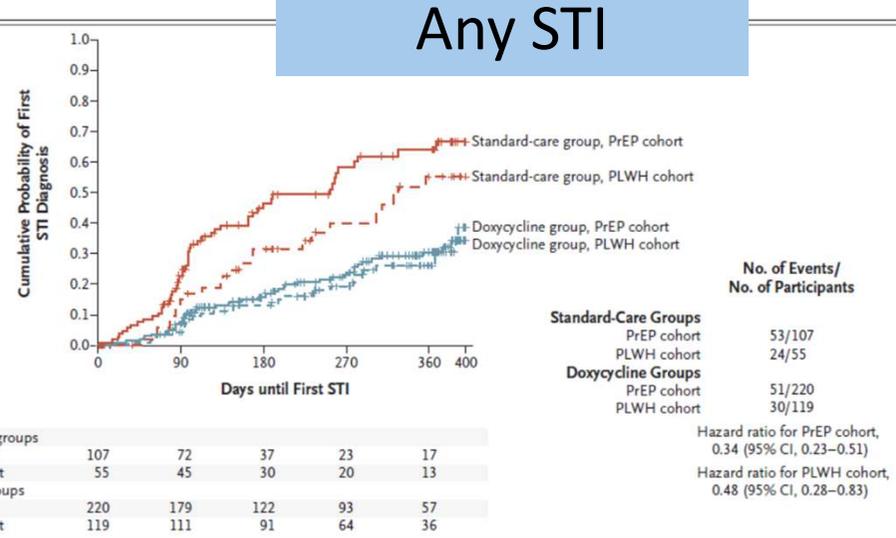


Figure 3. Kaplan–Meier Estimate of Time to First STI Diagnosis.
The cumulative probability of any incident bacterial STI (chlamydia, gonorrhoea, or syphilis) is shown according to study group (doxycycline and standard care) and participant cohort (PrEP and PLWH).

Pep doxy efficace

Mais de nombreuses questions

- Sur le long terme.... Quelle observance ? Essais terminés
- Balance bénéfice risque
- Effets secondaires ?
Antibiorésistance ??

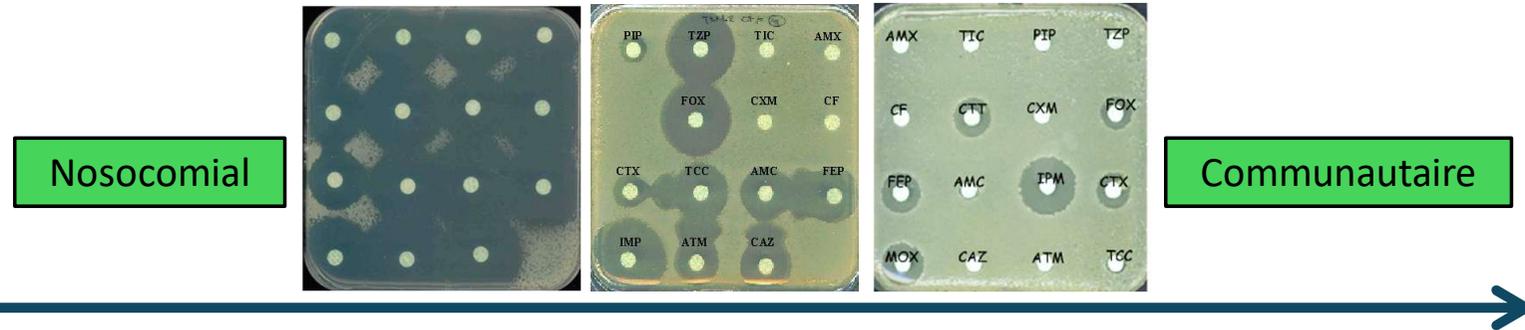
Alexander Fleming

« Les personnes irréfléchies qui abuseront de la pénicilline seront moralement responsables de la mort des patients qui succomberont aux germes résistants, j'espère que ce fléau pourra être évité »

1945
Discours de remise du
Prix Nobel



Explosion et diffusion de la multirésistance



Journal of Antimicrobial Chemotherapy (2009) **64**, Suppl. 1, i29–i36
doi:10.1093/jac/dkp255

Has the era of untreatable infections arrived?

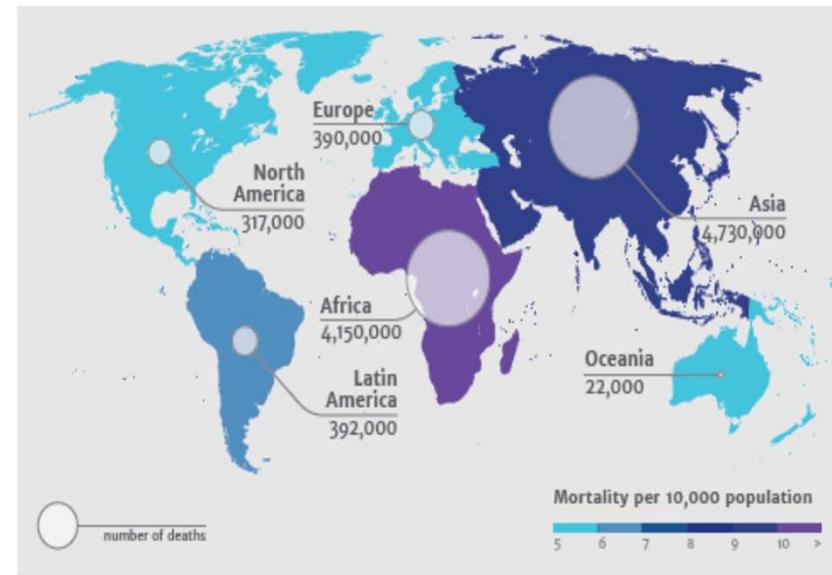
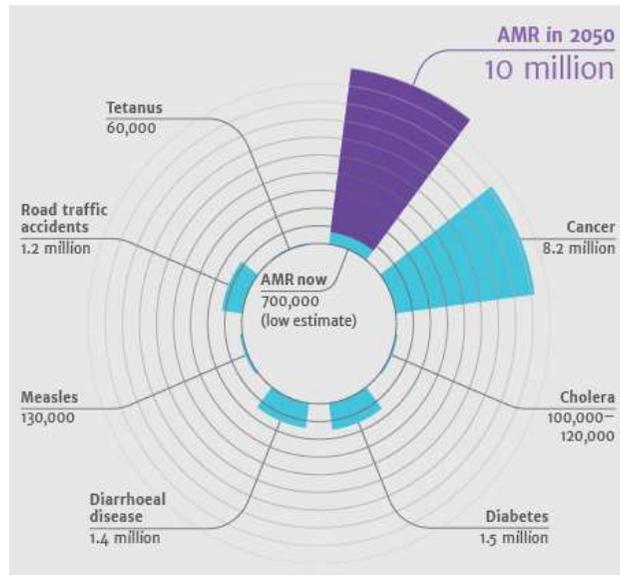
David M. Livermore*

JAC



Enjeu majeur de sante publique

Résistance antibiotique = problème santé publique



- 2050 = 10 millions de morts
- Pays à ressources limitées ++

MDR *Neisseria gonorrhoeae*

Selection of *Neisseria gonorrhoeae* ceftriaxone resistance using doxycycline post-exposure prophylaxis

case, 32 more penA60 (and the more recently emerged and closely related penA237) reports have been published. Combined, this entails 96 isolates or strains from 14 countries, with tetracycline susceptibility data available for 75 (78.1%) of 96 reported strains. Of strains with tetracycline

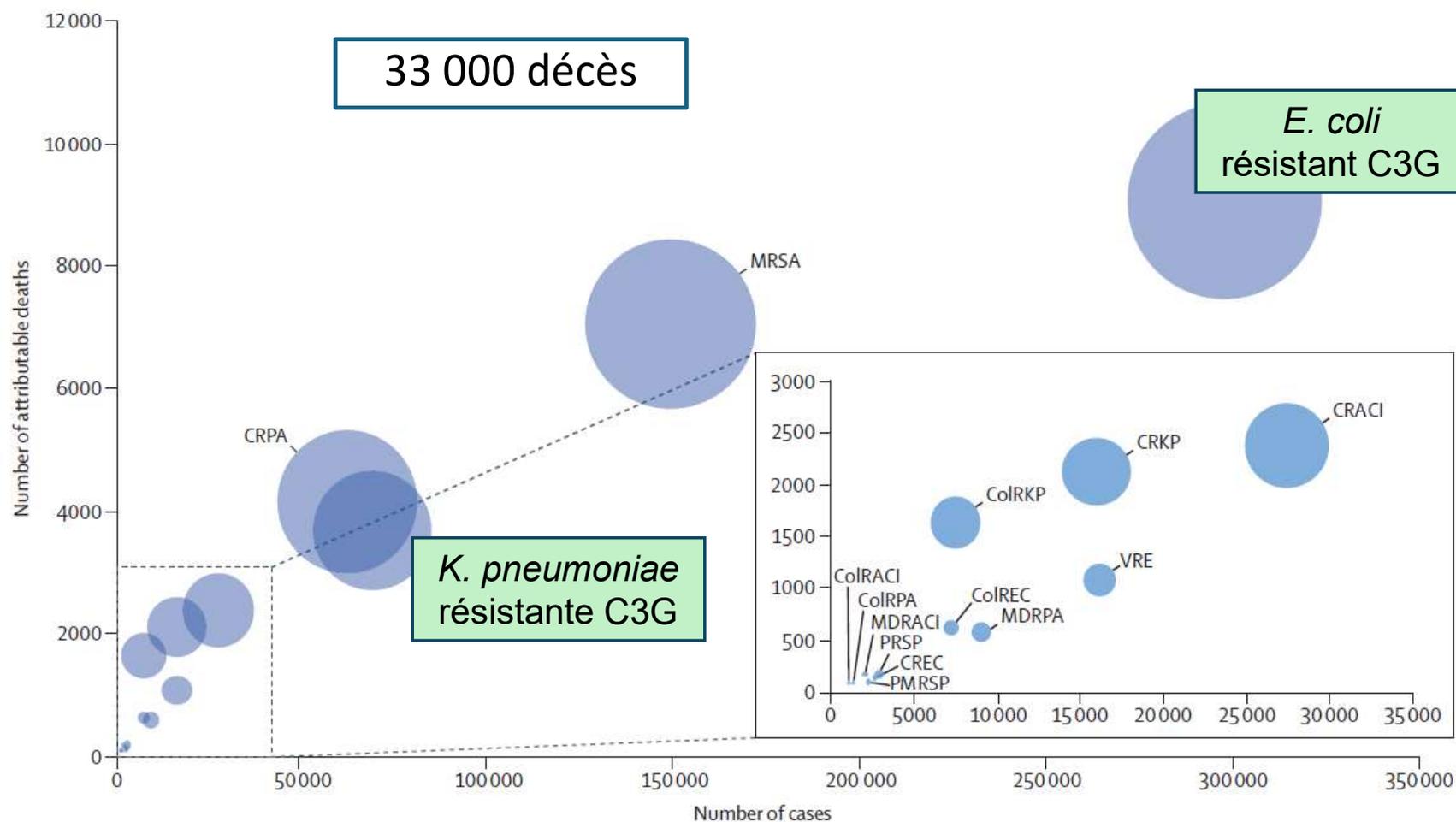
is unknown. It is likely that this will depend on many factors, including how widespread the doxy-PEP use is, the populations in which it is used (including associated circulating gonococcal antimicrobial resistance profiles), and whether additional measures are put in place, such as



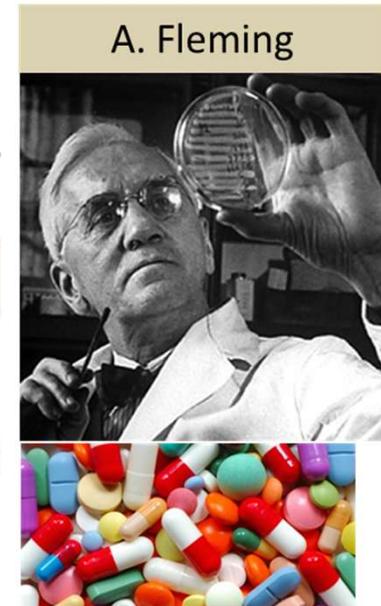
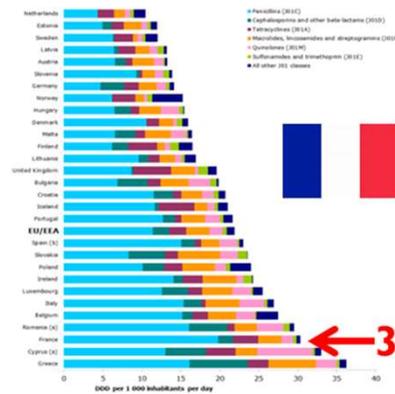
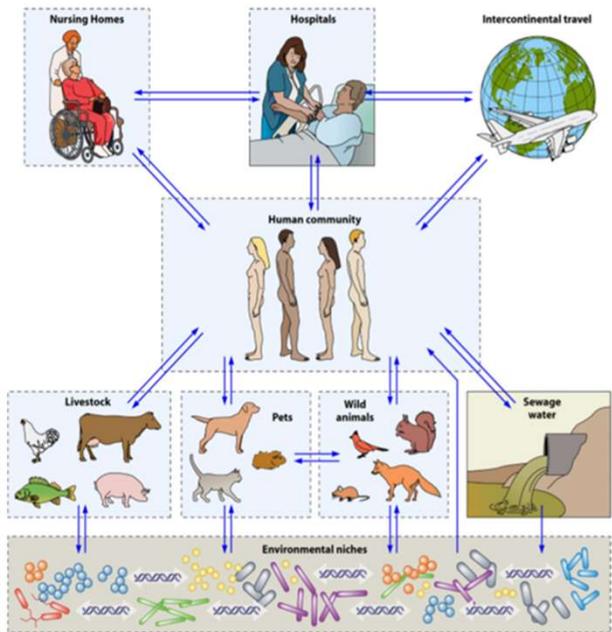
Lancet Infect Dis 2023
Published Online
June 12, 2023
[https://doi.org/10.1016/S1473-3099\(23\)00359-6](https://doi.org/10.1016/S1473-3099(23)00359-6)

Cf présentation précédente Pr Béatrice Berçot

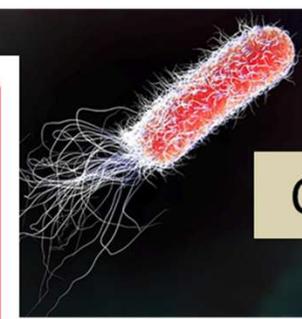
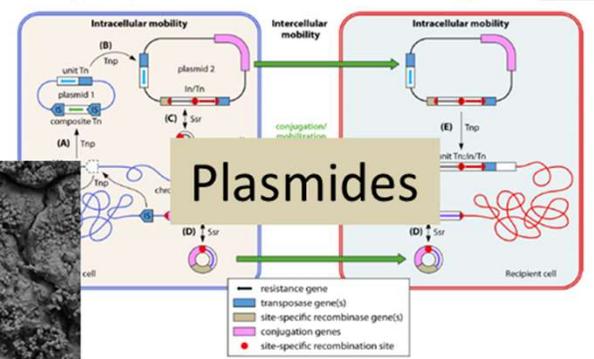
Infections à bactéries résistantes en Europe, 2015



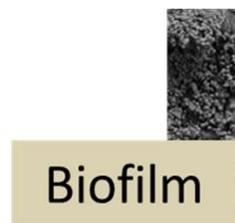
Etude BMR-IST : transmission communautaire EBLSE ?



Woerther. 2013
 Høiby. 2015
 Partridge. 2018
 Surgers. 2018
 Surgers. 2019



Clones



Biofilm

345 adultes sains
Paris, 2011
Colonisation à *E. coli* BLSE = 6 %
Multiplié par 10 en 5 ans

Nicolas-Chanoine. 2012

Evidence of Sexual Transmission of Extended-Spectrum β -Lactamase-Producing Enterobacterales: A Cross-sectional and Prospective Study

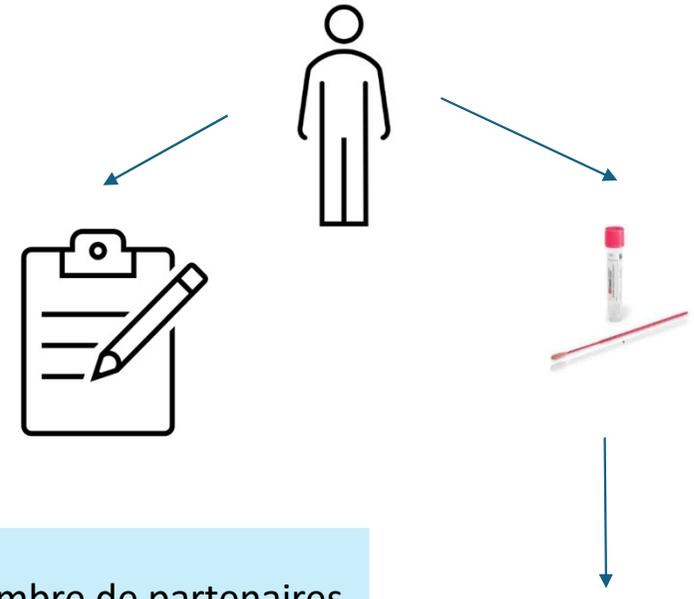
Laure Surgers,^{1,2} Thibault Chiarabini,¹ Guilhem Royer,^{3,4} Hayette Rougier,⁵ Mélanie Mercier-Darty,³ Dominique Decré,^{6,7} Nadia Valin,¹ Paul-Louis Woerther,^{3,4} Jean-Winoc Decousser,^{3,8} Pierre-Marie Girard,^{1,2} Karine Lacombe,^{1,2} and Anders Boyd²

Etude monocentrique de cohorte
Mai 2018 - juin 2019
CeGIDD, VIH +
Financement ANRS-MIE

Critères d'inclusion

- >18 ans
- parlant français
- volontaires
- acceptant prélèvement

- Nombre de partenaires
- ATB
- Voyages
- Pratiques sexuelles



Si +
Selles et suivi à 6 mois

Etude BMR-IST : population

Characteristic	251 Prep MSM	487 MSM (n = 487)	500 HIV MSM	439 MSW	480 WSM	PValue ^b
Demographic characteristics						
Age, median (IQR), y	36 (29–45)	31 (25–40)	46	27 (23–33)	25	<.001
Geographic origin						
Europe	200 (79.7)	395 (81.1)	399 (79.8)	348 (79.3)	393 (82.1)	
North America, DOM, TOM, or Australia	19 (7.6)	45 (9.2)	58 (11.6)	23 (5.2)	33 (6.9)	
Africa or Middle East	23 (9.2)	37 (7.6)	36 (7.2)	64 (14.6)	46 (9.6)	
Asia	9 (3.6)	10 (2.1)	7 (1.4)	4 (0.9)	7 (1.5)	
Born outside France	58 (21.1)	118 (24.2)	115 (23.0)	87 (19.8)	86 (17.9)	.11
Time since arrival in France, median (IQR), y ^c	9 (3–19)	7 (2–18)	16 (7–29)	4 (1–19)	4 (1–15)	<.001
Employment status						
Vegetarian or vegan diet	2 (4.2)	6 (6.5)	6 (4.0)	8 (9.5)	23 (16.2)	.005
Hospitalization in past 12 mo	11 (4.4)	18 (3.7)	41 (8.2)	11 (2.5)	20 (4.2)	.001
Antibiotic use in past 6 mo	37	122 (25.1)	149 (29.8)	10	75 (15.6)	<.001
Type of antibiotic used^f						
None	157 (62.6)	365 (75.0)	351 (70.2)	393 (89.5)	405 (84.4)	
β-Lactamines	30 (12.0)	59 (12.1)	62 (12.4)	28 (6.4)	47 (9.8)	
Doxycycline	19 (7.6)	21 (4.3)	27 (5.4)	8 (1.8)	7 (1.5)	
Other	45 (17.9)	42 (8.6)	60 (12.0)	10 (2.3)	21 (4.4)	
Antibiotic use in past 3 mo	23	80 (16.4)	97 (19.4)	6	57 (11.9)	<.001
Travel outside France	190 (75.7)	383 (78.6)	335 (67.0)	313 (71.3)	358 (74.6)	.001

Etude BMR-IST : prévalence de colonisation 10 %

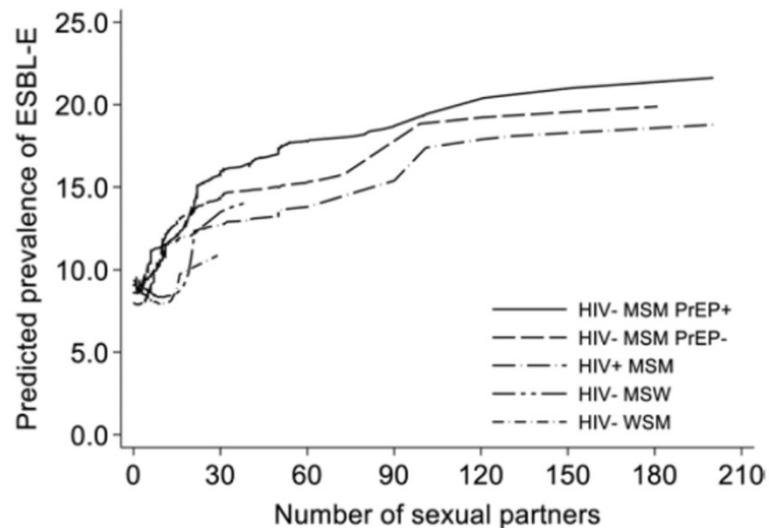


Figure 2. Prevalence of extended-spectrum β -lactamase-producing Enterobacterales (ESBL-E) by number of sexual partners in the past 6 months. Abbreviations: HIV, human immunodeficiency virus; MSM, men who have sex with men; MSW, men who have sex exclusively with women; PrEP, preexposure prophylaxis for HIV; WSM, women who have sex with men.

Ajusté ATB
Ajusté Voyage

Sexual Group	Participants, No.	ESBLE Positive, No. (%)	Univariable Analysis		Model 1 ^a		Model 2 ^b	
			OR (95% CI)	PValue	aOR (95% CI)	PValue	aOR (95% CI)	PValue
HIV-negative MSM on PrEP	251	PreP = 16 %	3.4 (1.63–4.30)	<.001	RR = 2,58	.01	1.94 (1.09–3.44)	.02
HIV-negative MSM not on PrEP	487	47 (9.7)	1.45 (.91–2.30)	.12	1.44 (.89–2.32)	.14	1.19 (.72–1.97)	.51
HIV-positive MSM	500	61 (12.2)	1.88 (1.21–2.93)	.005	1.96 (1.17–3.28)	.01	1.75 (1.03–2.97)	.04
HIV-negative MSW	439	44 (10.0)	1.51 (.94–2.42)	.09	1.50 (.93–2.42)	.09	1.48 (.92–2.38)	.11
HIV-negative WSM	480	WSM = 6 %	Reference	...	Reference	...	Reference	...

Association Between Sexual Groups and Extended-Spectrum β -Lactamase-Producing Enterobacterales Carriage

Etude BMR-IST : clones et enzymes

Variable	HIV-1 251 Prep MSM	HIV-1 487 MSM	HIV-1 500 HIV MSM	HIV-1 439 MSW	HIV-1 480 WSM	P Value ^b
Phylogenetic group	(n = 46)	(n = 48)	(n = 72)	(n = 45)	(n = 37)	.06
A	6 (13.0)	6 (12.5)	18 (25.0)	5 (11.1)	7 (18.9)	
B2	27 (58.7)	29 (60.4)	34 (47.2)	14 (31.1)	17 (46.0)	
D	7 (14.6)	6 (12.5)	13 (18.1)	13 (28.9)	7 (18.9)	
Other	6 (13.0)	7 (14.6)	7 (9.7)	13 (28.9)	6 (16.2)	
ST	(n = 46)	(n = 49)	(n = 72)	(n = 47)	(n = 37)	.001
ST10	3 (5.6)	1 (2.0)	8 (11.1)	1 (2.1)	2 (5.4)	
ST14	11 (23.9)	9 (18.4)	7 (9.7)	0 (0)	0 (0)	
ST131	8 (17.4)	14 (28.6)	14 (19.4)	12 (25.5)	13 (35.1)	
ST1193	6 (13.0)	5 (10.2)	9 (12.5)	1 (2.1)	2 (5.4)	
Other ST	18 (39.1)	20 (40.8)	34 (47.2)	33 (70.2)	20 (54.1)	
ESBL gene	(n = 46)	(n = 49)	(n = 72)	(n = 47)	(n = 37)	.004
CTX-M-15	22 (47.8)	27 (55.1)	45 (62.5)	29 (61.7)	21 (56.8)	
CTX-M-27	9 (19.6)	7 (14.3)	12 (16.7)	8 (17.0)	7 (18.9)	
SHV-12	11 (23.9)	10 (20.4)	8 (11.1)	0 (0)	0 (0)	
Other	4 (8.7)	5 (10.2)	7 (9.7)	10 (21.3)	9 (24.3)	

Etude BMR-IST : microbiote et colonisation à EBLSE ?



Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

Clinical Microbiology and Infection

journal homepage: www.clinicalmicrobiologyandinfection.com



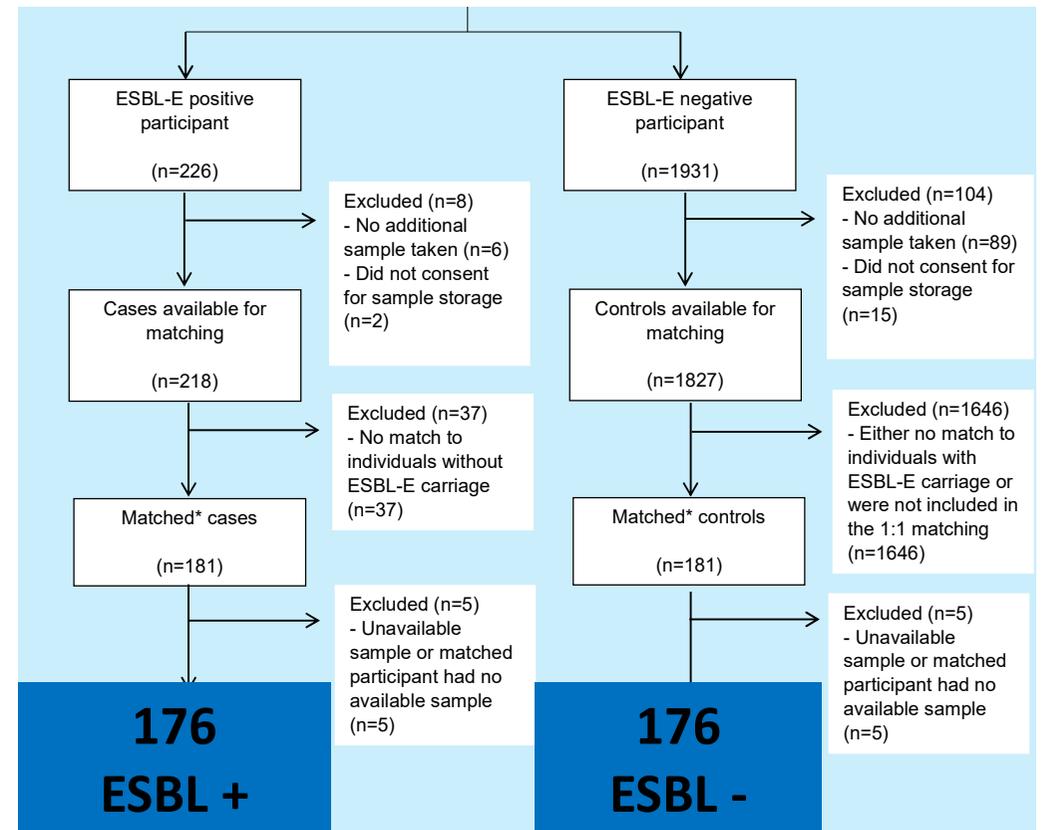
Original article

Gut microbiome diversity and composition in individuals with and without extended-spectrum β -lactamase-producing *Enterobacteriales* carriage: a matched case–control study in infectious diseases department

Anders Boyd^{1,2,3,†}, Mariam El Dani^{1,4,†}, Roula Ajrouche^{4,5}, Vanessa Demontant⁶, Justine Cheval⁶, Karine Lacombe^{1,7}, Guillaume Cosson⁷, Christophe Rodriguez^{8,9}, Jean-Michel Pawlotsky^{8,9}, Paul-Louis Woerther^{6,8,10}, Laure Surgers^{1,7,*}

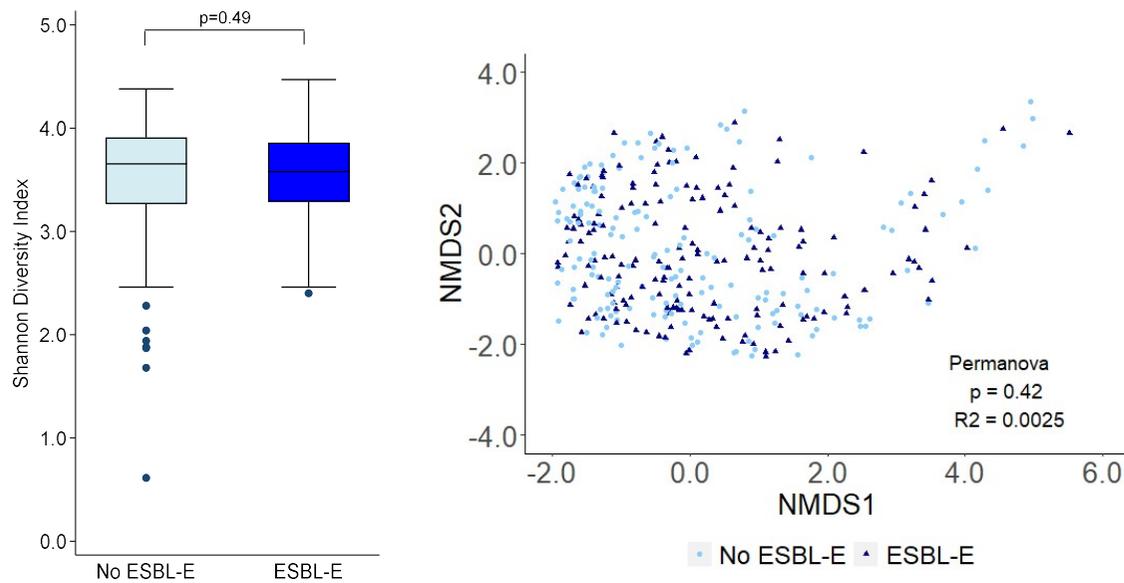
Critères d'appariement

- Orientation sexuelle
- Voyage < 12 mois
- Nombre de partenaires sexuels < 6 mois
- Origine géographique
- Antibiothérapie < 6 mois



Résultats

16S rRNA gene amplicon



α diversité
Shannon Diversity Index

β diversité
NMDS analysis

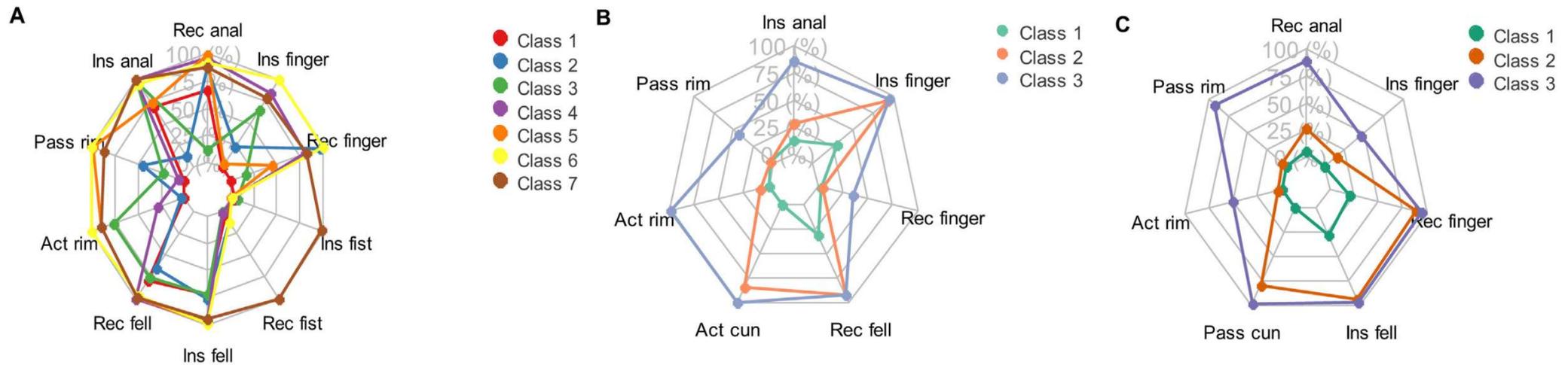
Composition, α et β diversités identiques
chez porteurs et non porteurs de ESBLE

Si EcESBL implanté dans microbiote
Stabilité ++++

Sexual behaviors and risk of extended-spectrum β -lactamase-producing Enterobacterales carriage: A cross-sectional analysis



Boyd. 2024



Description des comportements sexuels [hommes ayant des rapports sexuels avec des hommes (A), hommes ayant des relations sexuelles avec des femmes (B), femmes (C)]

Colonisation EBLSE, association aux classes latentes

Latent class ^a	n	Mean proportion of behaviors	ESBL-E prevalence	Non-adjusted		Adjusted ^b	
				OR (95% CI)	P	aOR (95% CI)	P
MSM (N = 1211)			7 %				
Class 1	259	29.9%		Ref.		Ref.	
Class 2	102	42.3%	12.7%	1.85 (0.86-3.86)	0.11	1.74 (0.81-3.66)	0.15
Class 3	124	44.8%	15.3%	2.29 (1.16-4.52)	0.017	2.19 (1.11-4.34)	0.023
Class 4	100	60.0%	16.0%	2.41 (1.17-4.89)	0.015	2.31 (1.12-4.72)	0.021
Class 5	198	62.2%	10.6%	1.50 (0.78-2.89)	0.22	1.41 (0.73-2.73)	0.31
Class 6	358	79.7%		1.77 (1.02-3.18)	0.047	1.65 (0.95-2.97)	0.084
Class 7	70	91.7%	24 %	4.05 (1.96-8.34)	<0.001	3.78 (1.81-7.83)	<0.001
Other men (N = 439)							
Class 1	72	11.1%	16.7%	Ref		Ref	
Class 2	297	45.0%	8.1%	0.44 (0.21-0.95)	0.031	0.44 (0.21-0.96)	0.031
Class 3	70	79.0%	11.4%	0.65 (0.24-1.67)	0.37	0.64 (0.24-1.67)	0.37
Women (N = 479)							
Class 1	64	7.6%	9.4%	Ref		Ref	
Class 2	343	44.7%	7.0%	0.73 (0.30-2.03)	0.51	0.72 (0.29-2.04)	0.50
Class 3	72	81.2%	4.2%	0.42 (0.09-1.67)	0.23	0.45 (0.09-1.82)	0.28

Data were obtained from individuals in the BMR-IST cohort, Paris, France, 2018-2019.

^a Composition of latent classes for MSM, other men and women are described in [Figure 1a-c](#), respectively.

^b Adjusted for antibiotic use in the past 6 months and highest ESBL-E prevalence of country traveled (i.e., none, low, medium, high). aOR, adjusted odds ratio; CI, confidence interval; ESBL-E, Extended-Spectrum β -Lactamase-Producing Enterobacterales; OR, odds ratio; ref, reference group.

BMR-IST : conclusions

- Transmission sexuelle de la résistance aux antibiotiques (Ec BLSE)
- Sélection et dissémination de clones multirésistants à succès (CC14) : prises itératives d'antibiotiques chez patients IST +
- Clones à succès implantés indépendamment du microbiote

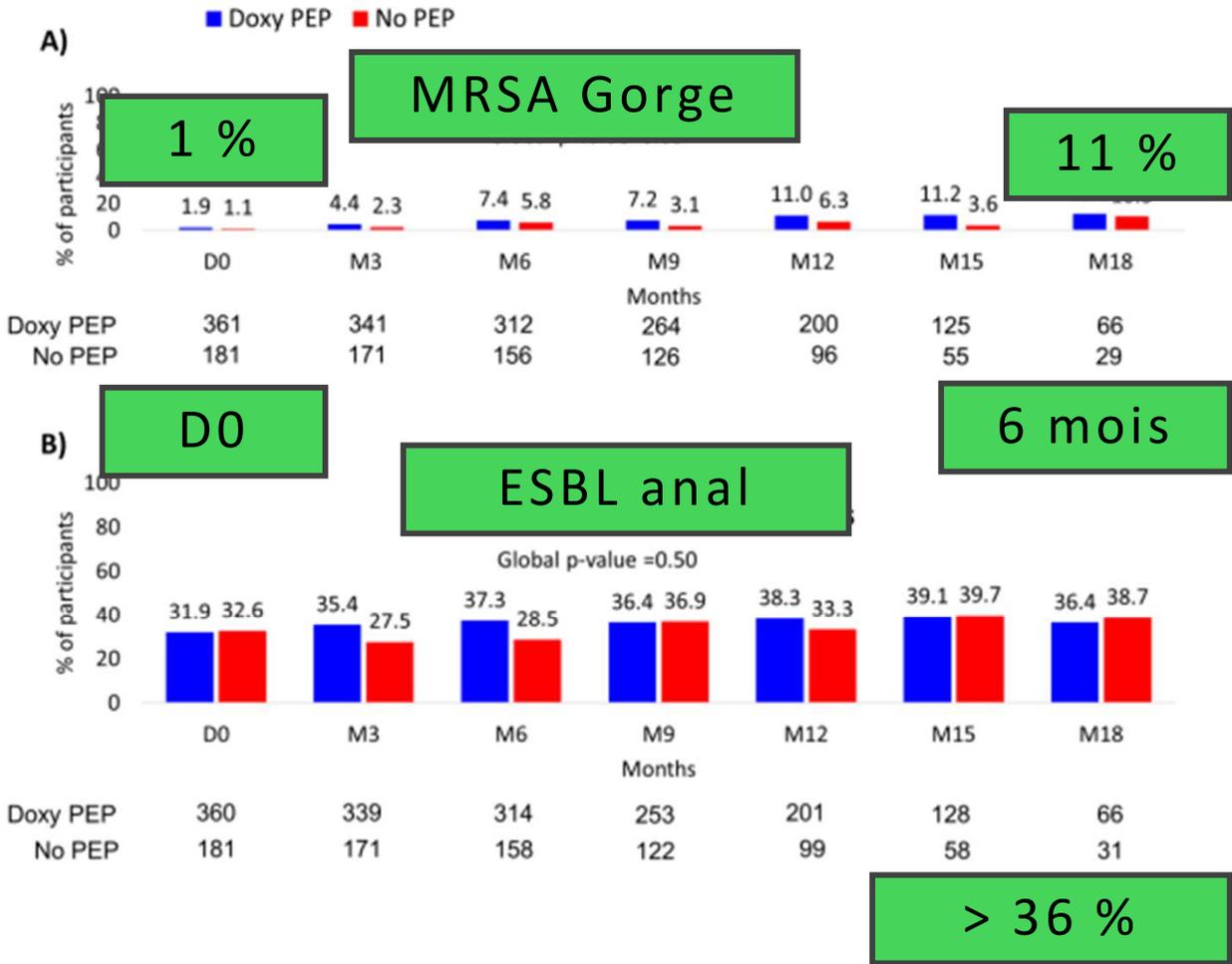
- Prévention ?
- Persistance ?
- Infection ?

Rôle des antibiotiques

Doxycycline prophylaxis and meningococcal group B vaccine to prevent bacterial sexually transmitted infections in France (ANRS 174 DOXYVAC): a multicentre, open-label, randomised trial with a 2 x 2 factorial design



Jean-Michel Molina, Beatrice Bercot, Lambert Assoumou, Emma Rubenstein, Michele Algarte-Genin, Gilles Pialoux, Cl Laure Surgers, Cécile Bébéar, Nicolas Dupin, Moussa Ouattara, Laurence Slama, Juliette Pavie, Claudine Duvivier, Bene Lauriane Goldwirt, Severine Gibowski, Manon Olivier, Jade Ghosn, Dominique Costagliola, for the ANRS 174 DOXYVAC



> 2000



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Shigella sonnei Outbreak Among Men Who Have Sex with Men --- San Francisco, California, 2000-2001

> Int J STD AIDS. 2004 Aug;15(8):533-7. doi: 10.1258/0956462041558221.

Shigellosis - a re-emerging sexually transmitted infection: outbreak in men having sex with men in Berlin

U Marcus ¹, P Zucs, V Bremer, O Hamouda, R Prager, H Tschaep, U Futh, M Kramer

Affiliations + expand

PMID: 15307964 DOI: 10.1258/0956462041558221

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DOI: 10.1111/hiv.12191
HIV Medicine (2015), 16, 168-175

ORIGINAL RESEARCH

Shigella flexneri serotype 1 infections in men who have sex with men in Vancouver, Canada

A Wilmer,¹ MG Romney,^{1,2} R Gustafson,³ J Sandhu,⁴ T Chu,⁴ C Ng,⁵ L Hoang,^{1,5} S Champagne^{1,2} and MW Hull^{6,7}
¹Department of Pathology & Laboratory Medicine, University of British Columbia, Vancouver, BC, Canada, ²Department of Pathology & Laboratory Medicine, Division of Medical Microbiology, St. Paul's Hospital, Vancouver, BC, Canada, ³Communicable Disease Control, Vancouver Coastal Health, Vancouver, BC, Canada, ⁴Public Health Surveillance Unit, Vancouver Coastal Health, Vancouver, BC, Canada, ⁵British Columbia Centre for Disease Control, Public Health Microbiology & Reference Laboratory, Division of Mycology and Bacteriology, Vancouver, BC, Canada, ⁶Department of Medicine, University of British Columbia, Vancouver, BC, Canada and ⁷BC Centre for Excellence in HIV/AIDS, Vancouver, BC, Canada

Shigella XDR

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EID Journal > Volume 20 > Number 5—May 2014 > Main Article

Volume 20, Number 5—May 2014

Dispatch

Shigella spp. with Reduced Azithromycin Susceptibility, Quebec, Canada, 2012–2013

Christiane Gaudreau, Sapha Barkati, Jean-Michel Leduc, Pierre A. Pilon, Julie Favreau, and Sadjia Bekal

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> *Infection*. 2013 Oct;41(5):999-1003. doi: 10.1007/s15010-013-0501-4. Epub 2013 Jul 13.

High rates of quinolone-resistant strains of *Shigella sonnei* in HIV-infected MSM

C Hoffmann¹, H Sahly, A Jessen, P Ingiliz, H-J Stellbrink, S Neifer, K Schewe, S Dupke, A Baumgarten, A Kuschel, I Krznicaric

Affiliations + expand

PMID: 23852945 DOI: 10.1007/s15010-013-0501-4

Emergence of extensively drug-resistant and multidrug-resistant *Shigella flexneri* serotype 2a associated with sexual transmission among gay, bisexual, and other men who have sex with men, in England: a descriptive epidemiological study

Katie Thorley, Hannah Charles, David R Greig, Mateo Prochazka, Lewis C E Mason, Kate S Baker, Gauri Godbole, Katy Sinka, Claire Jenkins



Faut-il prévenir, dépister et traiter les IST asymptomatiques chez les HSH ?

De nombreuses questions



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BMR-IST : persistence de la colonisation ?

Persistence à M6 ?

Chez voyageur : perte colonisation ++
Ici population ATB ++

25 % colonisation à M6

- Persistence

ET

- Nouvelle colonisation

