DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention

July 13, 2009

Dear Colleague:

In CDC's July 9, 2009, *Morbidity and Mortality Weekly Report* (MMWR), colleagues from three county health departments, six gay-focused community-based organizations (CBOs) and CDC published "Testing for Rectal and Pharyngeal *Neisseria gonorrhoeae* and *Chlamydia trachomatis* Infections by Gay-Focused Community-Based Organizations — 5 U.S. Cities, 2007." This letter is to call your attention to the report and the implication for gonorrhea (GC) and chlamydia (CT) control among men who have sex with men (MSM).

The rectum and pharynx are the most common sites of GC and CT infection among MSM. These infections are usually asymptomatic and typically occur without concomitant urethral infection. Thus, in addition to annual serologic testing for HIV and syphilis among sexually active MSM, CDC recommends at least yearly screening for rectal GC and CT infection for MSM who had receptive anal intercourse during the preceding year and for pharyngeal GC infection for MSM who have participated in receptive oral intercourse during the preceding year; screening is recommended regardless of history of condom use during exposure. CDC also recommends screening at three to six month intervals for MSM who have multiple or anonymous partners, have sex in conjunction with illicit drug use, use methamphetamine or whose sex partners participate in those activities (www.cdc.gov/std/treatment). Unfortunately, at the present time only a minority of MSM at risk for STDs are screened for GC and CT at the recommended frequency.

Nucleic acid amplification tests (NAAT) have been found to be substantially more sensitive than culture for the detection of both GC and CT. In this report, positivity using NAATs was 5.4% for rectal GC, 8.9% for rectal CT, and 5.3% for pharyngeal GC. NAATs have not been cleared by the FDA for the diagnosis of rectal or pharyngeal GC and CT infections; however, establishment of performance specifications for a modification of an FDA-cleared test is straightforward. CDC encourages laboratories to do their own studies to establish performance and initiate testing; please contact Carol Farshy (cef1@cdc.gov) for more information about this process. A list of laboratories that have completed the studies to establish performance is available on the American Public Health Laboratories' website at http://www.aphl.org/aphlprograms/infectious/std. In addition, Laboratory Corporation of America and Quest Diagnostics offer NAATs for the diagnosis of rectal and pharyngeal GC and CT. Information about ordering codes for these private laboratories is available at http://stdcheckup.org/provider/screen_testing.html.

Employing simple and easy-to-use NAATs, gay-focused CBOs have the potential to detect a large number of GC and CT infections that might not otherwise be diagnosed and treated. Local health jurisdictions should consider partnering with and helping support comprehensive STD testing at gay-focused CBOs. We would appreciate your sharing this letter with other colleagues who might be critical partners in providing comprehensive STD care for MSM.

Sincerely,

/John M. Douglas, Jr./

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