CDC: STD Rates Continue to Rise in Select Groups

BY HEIDI SPLETE
Senior Writer

Rates of chlamydia, gonorrhea, and syphilis increased in the United States during the past year and continued recent upward trends, according to a report from the Centers for Disease Control and Prevention.

"Young women, racial and ethnic populations, and men who have sex with men are particularly hard hit by these diseases," said Dr. John M. Douglas Jr., director of the CDC's Division of Sexually Transmitted Disease Prevention.

The direct medical costs associated with STDs in the United States were estimated at nearly $15 billion in 2006, the researchers stated in the report, "Sexually Transmitted Disease Surveillance 2006," which was presented in a telebriefing.

In 2006, the national rate of reported cases of chlamydia increased by 5.6% from 2005 to 2006. Specifically, the reported rate was 347.8 cases per 100,000 persons in 2006, compared with 329.4 cases per 100,000 persons in 2005.

Chlamydia hits hardest among adolescent girls and young women—the highest chlamydia rate was reported in young women aged 15-19 years followed by women aged 20-24 years. And racial disparity is high: The chlamydia rate was highest among black women, whose rate was more than seven times higher than that of white women and more than twice as high as that of Hispanic women.

Because of the high rate of chlamydia in young women, the CDC recommends screening sexually active women younger than 26 years for the disease. Chlamydia screening also is recommended for older women with new or multiple sex partners, because these women are also at increased risk. Based on recent studies showing that chlamydia reinfection can occur in women whose partners remain untreated, the CDC's treatment guidelines include retesting patients 3 months after treatment.

"If there are providers who don't think the young women in their practice don't have chlamydia, they should think again," noted Dr. Stuart Berman, chief epidemiologist at the Division of Sexually Transmitted Disease Prevention.

Gonorrhea rates increased for the second consecutive year, following a plateau in reported disease rates from 1997 to 2005. "The racial disparities are stark," in reported gonorrhea cases, Dr. Douglas said. Overall, the rate among blacks is 18 times higher than in whites, he said.

Gonorrhea rates also continue to vary by region. As in previous years, the southern region of the United States had the highest overall gonorrhea rate in 2006, at 159 cases per 100,000 persons.

"We are also concerned about increases in the West," Dr. Douglas said. Gonorrhea cases in the West increased by 2.9% between 2005 and 2006, contributing to a 32% increase between 2002 and 2006.

Untreated gonorrhea can, among other complications, increase a person's risk for HIV if he or she is exposed. But gonorrhea treatment has become more challenging, because evidence of fluoroquinolone resistance—especially among men who have sex with men—prompted the CDC in April 2007 to stop recommending fluoroquinolones as treatment for any gonorrhea cases. As an alternative, the CDC recommends cephalosporins to treat gonorrhea.

Rates of primary and secondary syphilis in the United States increased by nearly 14% from 2005 to 2006, but the most notable increase has occurred among men who have sex with men. Syphilis rates among that group increased by 54% from 2002 to 2006, Dr. Douglas said.

The report's data provide an incomplete picture of sexually transmitted diseases in the United States, the researchers cautioned, because many cases are not reported. To view the complete report, visit www.cdc.gov/std/stats. ■

Syphilis Resurgence Calls for Extra Diagnostic Vigilance

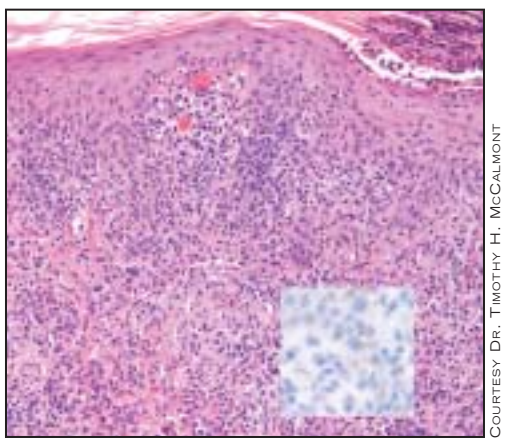
BALTIMORE — Secondary syphilis doesn't always have the textbook lichenoid-psoriasiform appearance, said Dr. Timothy H. McCalmont, professor of clinical pathology at the University of California, San Francisco.

"There's been a resurgence in syphilis. Keep it on your differential diagnosis short list," said Dr. McCalmont. "The microscopy of this disease is highly varied and the textbook descriptions that are out there are perhaps a little bit on the simplistic side," he said at the annual meeting of the American Society of Dermatopathology.

Dr. McCalmont and his colleagues reviewed their experience with syphilis, which included 23 specimens from 22 patients with a confirmed diagnosis of syphilis. Confirmation was made by immunohistochemistry, polymerase chain reaction–based assay, or serology.

Histopathologically, most of the 23 samples did not exhibit the textbook lichenoid-psoriasiform pattern. A lichenoid infiltrate was seen in 11 of the specimens (48%), while psoriasiform epidermal hyperplasia was seen in only 8 (35%). Clear involvement of the epidermal-dermal junction was found in 18 (78%). However, 5 (22%) showed wholly dermal involvement.

The dermal infiltrate included histiocytes in all specimens, neutrophils in 11 (48%), and plasmacytes in 22 (96%). However, plasmacytes were conspicuous in only 7 specimens (30%). Eosinophils are generally not found in syphilis, and none were found in any of these specimens. "If you see a juxtaposition of eosinophils and plasma cells, it's probably not syphilis," said Dr. McCalmont.



COURTESY DR. TIMOTHY H. MCCALMONT

This "lichenoid-psoriasiform" configuration is common in syphilis. Immunoperoxidase staining readily reveals *T. pallidum* (inset).

When using immunoperoxidase staining for *Treponema pallidum*, look for organisms at the perijunctional zone. "They often tend to have a coiled morphology that is easily picked up on staining," said Dr. McCalmont. The organism load is usually high.

A variety of patterns can be seen with secondary syphilis, said Dr. McCalmont. In addition to the prototypic lichenoid-psoriasiform pattern, granulomatous, sarcoidlike, and lupus-like patterns can be seen.

—Kerri Wachter

Cervical Cancer Screening in STD Clinics Found to Be Highly Effective

BY DOUG BRUNK
San Diego Bureau

SAN DIEGO — Cervical cancer screening in STD clinics is feasible and highly effective, according to results from a 2-year single clinic study.

"From previous studies we know that women who attend STD clinics are at greater risk for having abnormal cervical cytology, but screening is often perceived as a barrier, that clinics are very busy, and there are other conflicting interests that bring the patient there," Dr. Susan S. Philip said in an interview during a poster session at the annual meeting of the Infectious Diseases Society of America. "I'd like to argue that it's feasible and it's a good idea to screen women who come to STD clinics for cervical cancer Pap testing."

Between 2004 and 2006 she and her associates offered Pap testing to 10,275 females with a mean age of 27 years who visited San Francisco's public STD clinic and who reported having no Pap test in the previous year. The researchers compared the rates of screening by clinicians trained in family planning versus those who lacked such training. They also analyzed certain demographic characteristics of the study population and defined abnormal Pap results as atypical squamous cell of undetermined significance (ASCUS), low-grade squamous intraepithelial lesion (LGSIL), or high-grade squamous intraepithelial lesion (HGSIL).

Of the 10,275 visits by females for STD testing, 2,158 (21%) included Pap testing, reported Dr. Philip of the STD prevention and control services at the San Francisco Department of Public Health. "That number seems low, but some of those women may have presented with other urgent STD-related needs, so testing was deferred," she explained.

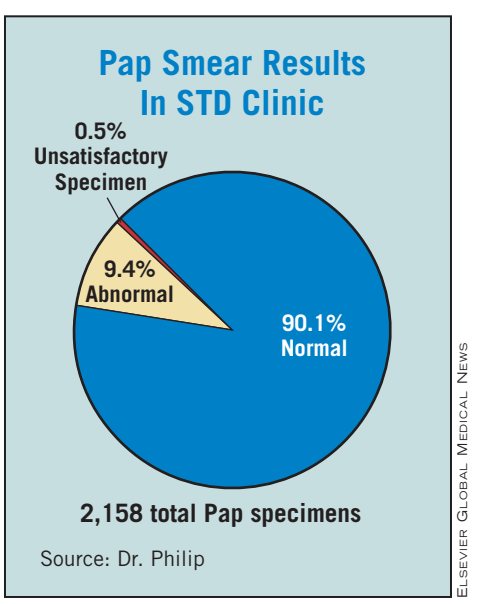
Of clinicians trained in family planning, 25% offered Pap tests to the women, compared with 18% of clinicians who were not, a difference that was statistically significant. "Perhaps we need to see about additional training for those clinicians who are not historically trained in family planning to increase their comfort with the Pap test," Dr. Philip said.

Only 11 of the 2,158 Pap specimens (0.51%) were unsatisfactory by laboratory standards. "We feared that the rate of unsatisfactory specimens would be higher in our STD clinic, maybe because we weren't all trained in family planning or because other conditions were going on at the cervix of the woman in terms of chlamydia or gonorrhea," Dr. Philip said. But "we showed it's possible to get a good sample from these women."

Of the 2,147 satisfactory Pap specimens, 1,944 (90.5%) were normal and 203 (9.5%) were abnormal. Of the abnormal specimens, 124 (61%) were reported as ASCUS, 68 (33.5%) reported as LGSIL, and 11 (5%) reported as HGSIL. Overall, 21.2% of Asian/Pacific Islanders, 16.3% of African Americans, 15.8% of Hispanics, and 1.5% of whites had abnormal Pap results.

Dr. Philip acknowledged certain limitations of the study, including its observational design and the fact that 73% of patients who visit the clinic are men.

"Data from our clinic might not be generalizable to other STD clinic populations, but we encourage people to integrate cervical cancer screening in their own clinic," she said. ■



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