FPs Less Likely to Take Sexual History Than Pediatricians

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JACKSONVILLE, FLA. — Pediatricians were the specialists most likely to ask patients about sexual history—followed by obstetricians and gynecologists, family physicians, and internists, according to a survey of physicians in the Atlanta metropolitan area.

The results, presented in a poster at a conference on STD prevention sponsored by the Centers for Disease Control and Prevention, came as a surprise to investigator Dr. Yolanda Wimberly.

"In most other studies, obstetrician-gynecologists are number one. This is part of what they do," she said in an interview.

Respondents were primary care physicians; 51% were men, and the mean age was 44 years. Being black, female, and a pediatrician were the demographic factors most often associated with taking a sexual history.

There appears to be a disconnect between beliefs and practices, said Dr. Wimberly, of Morehouse School of Medicine in Atlanta. Most of the 414 primary care physicians rated sexual history taking as important, relevant, and something they were comfortable discussing with a patient. A majority, 77%, rated sexual history taking as fairly or extremely important; 85% said it was fairly or extremely relevant to medical care; and 79% indicated they were fairly or extremely comfortable with the practice.

Yet only 55% reported routinely asking patients.

Most of the metropolitan Atlanta physicians surveyed do not take a comprehensive history, but simply ask patients if they are sexually active, Dr. Wimberly said. "Instead of just asking: 'Do you take a sexual history?' we broke it down into components of a complete sexual history."

Although 55% of respondents ask at the time of an annual exam about sexual history, "the numbers go down for the other components," Dr. Wimberly said. For example, only 11% of physicians ask about sexual abuse and only 12% ask about sexual orientation. The findings suggest primary care physicians could benefit from additional training or use of a standardized questionnaire about sexual history, she added.

A total of 56% of physicians reported adequate or more than adequate training for sexual history taking. The practice rarely or never takes too much time, according to 57% of respondents. ■

Is Gonorrhea Add-On to Chlamydia Test of Benefit?

JACKSONVILLE, FLA. — Most privately insured women tested for chlamydia are also checked for gonorrhea, which may be unnecessary given its significantly lower incidence, according to a study presented at a conference on STD prevention sponsored by the Centers for Disease Control and Prevention.

"Gonorrhea is much more rare. Chlamydia incidence is 5%-7% versus less than 1% for gonorrhea," Thomas L. Gift, Ph.D., said in an interview at his poster presentation.

Screening of all sexually active adolescents and females 25 years or younger for chlamydia is recommended by the CDC. However, screening for gonorrhea is only recommended for those at high risk of sexually transmitted diseases.

Dr. Gift and his associate Michele K. Bohm identified 61,183 females aged 15-65 years who were tested for chlamydia, gonorrhea, or both in 2001. They searched outpatient claims in the Medstat Marketscan Database of approximately 4 million privately insured patients. They looked for current procedures terminology codes specific to chlamydia testing or gonorrhea testing. DNA direct or amplified dual-assay codes were also included in the study.

Patients were tested for chlamydia on 66,070 occasions and for gonorrhea on 58,163 occasions. They were tested for both chlamydia and gonorrhea on 56,371 of these occasions, suggesting frequent use of dual testing assays. "Eighty-five percent of the time we found a gonorrhea test on the same day on the chart as the chlamydia test," said Dr. Gift, an economist in the CDC Division of STD Prevention. "A lot of people are being tested for gonorrhea when they shouldn't be," Dr. Gift said.

The costs can be more than economic—there are false-positive concerns with sexually transmitted infections (STIs), Dr. Gift said. "There is such a host of undefinable costs—for example, an STD diagnosis in a monogamous relationship. The prudent thing is to treat just in case, but there is wreckage strewn around by suggesting someone has an STI." ■

Rectal Gonorrhea and Syphilis Rates High in Asymptomatic

JACKSONVILLE, FLA. — Positive test results for rectal gonorrhea and syphilis were common in asymptomatic men who have sex with men among patients seeking care at a large primary care clinic, according to a poster presentation at a conference on STD prevention sponsored by the Centers for Disease Control and Prevention.

The researchers reviewed 21,784 medical visits to Fenway Community Health Center in Boston by men who have sex with men (MSM). Fenway is the largest primary care clinic for MSM in New England and is a participating site in the CDC's MSM Prevalence Monitoring Project. The nearly 22,000 visits by MSM were culled from years 2003 and 2004.

"This is a primary care clinic—so it is not MSM data from an STD clinic," said Donna Helms, ORISE (Oak Ridge Institute for Science and Education) fellow in the Division of STD Prevention at the National Center for HIV, STD, and TB Prevention at the CDC. "This clinic also provides elderly care, cardiac care, and treats local university students seeking health care."

Overall, 4,977 MSM (23%) were tested for an STD. The mean age was 38 years; 82% were white, 5% were black, 4% were Hispanic, and 9% selected other or nondisclosed ethnicity.

A total of 66% of those MSM tested for an STD were asymptomatic. "The asymptomatic were screened because we're seeing such high rates of gonorrhea and exposure to STDs. We screen those who report high-risk activity, such as no condom use or anonymous sex, and those who report exposure to STDs," Ms. Helms said in an interview.

In total, 7% of the asymptomatic MSM tested positive for at least one STD, compared with a 20% positivity rate among symptomatic MSM. Ms. Helms and her associates examined positive results according to the reasons for testing. For example, 17% reported being exposed to an STD, 7% reported having high-risk sex, and 4% were detected during routine screening.

"Urethral gonorrhea and rectal gonorrhea positivity rates were high," Ms. Helms said. Among all asymptomatic MSM tested, 10% had urethral gonorrhea and 6% had rectal gonorrhea. Other findings included seroreactivity for syphilis in 6% and pharyngeal gonorrhea in 2%.

Because of these findings, Ms. Helms recommended that MSM who report exposure to STDs or who engage in high-risk sexual activity should be screened for STDs. "We need a standardized questionnaire for screening, especially to identify the asymptomatic," she added. ■

Gonorrhea Spike Reported in Five Western States, Hawaii, and Alaska

JACKSONVILLE, FLA. — The reasons for prominent increases in reported gonorrhea cases since 2000 in five western states as well as Hawaii and Alaska remain unknown, Dr. Lori M. Newman said at a conference on STD prevention sponsored by the Centers for Disease Control and Prevention.

A combination of better gonorrhea detection, increased risky sexual behavior, reduced disease control efforts, and/or increased antimicrobial resistance likely accounts for the 25% or more jump in gonorrhea cases in the "Wild West," said Dr. Newman, medical officer, Division of STD Prevention at the CDC.

Among states with at least 500 gonorrhea cases reported in 2005, preliminary data indicate that the greatest increases since 2000 were seen in Utah (206% increase), Hawaii (107%), California (55%), Washington (53%), Oregon (50%), Alaska (48%), and Nevada (40%).

In contrast to national trends, aggregated data for these seven states indicate a 48% increase in new cases among males and a 40% increase in new cases among females between 2000 and 2005. This disparity suggests increases among men who have sex with men, Dr. Newman said. However, overall increases suggest heterosexual transmission as well.

The overall gender gap for gonorrhea has narrowed. Historically, males have had higher infection rates, but female transmission surpassed that of males slightly during the last 3 reported years. The 2004 transmission rates were 117 females per 100,000 and 110 males per 100,000 in the United States.

CDC researchers have yet to identify any demographic risk factor that might explain the increases in the seven states. The increases are not concentrated in a particular age group, for example. By ethnicity, there has been an 80% increase among whites, an 89% increase among Hispanics, and an 18% increase among blacks since 2000.

The CDC has enhanced gonorrhea surveillance through six sites in the West in the STD Surveillance Network. "Translation of data into action is the most important step," Dr. Newman said.

Following an impressive overall decline in reported gonorrhea cases in the 1970s and 1980s, the total transmission rate in the United States has not changed much in the past decade, Dr. Newman said. According to the provisional data for 2005, the transmission rate is about 113 people per 100,000. "This is still far from our goal of 19 cases per 100,000."

Only some states in the Northwest and Northeast (Idaho, Maine, Montana, New Hampshire, North Dakota, Vermont, and Wyoming) have met the national goal.

Racial disparities still exist and are cause for concern, Dr. Newman said. Blacks still have an 18 times higher gonorrhea rate than whites despite a 24% overall decrease in reported cases from 1996 to 2006. "This is the highest disparity for any reported infectious disease," she said.

"Gonorrhea is of greatest concern for adolescents and young adults," Dr. Newman said. For example, nearly 70% of gonorrhea morbidity occurs in people aged 15-24 years, she said.

Among females, the highest gonorrhea rates are in 15- to 19-year-olds, Dr. Newman said. Among males, the highest rates are in those aged 20-24 years. ■

Visit www.cdc.gov/std/gonorrhea for more information.