NCSD
National Coalition of STD Directors

Promoting Sexual Health Through STD Prevention

NCSDDC.ORG

1029 Vermont Ave NW
Ste 500
Washington, DC 20005

202.842.4660
202.842.4542 (Fax)

Centers for Disease Control and Prevention
National Center for HIV/AIDS, Viral Hepatitis,
STDs and TB Prevention (NCHHSTP)
1600 Clifton Road
Atlanta, Georgia 30329-4027

September 15, 2017

Public comments regarding update to PrEP guidelines

The National Coalition of STD Directors (NCSD) respectfully submits these comments in response to the draft revised PrEP Guidelines Update released on September 1, 2017. NCSD appreciates the revisions recommending that providers conduct STD testing for sexually active persons with symptoms and for asymptomatic MSM at high risk at least every three months, as well as testing for all sexually active adolescents and adults every six months, even if asymptomatic. NCSD does feel, however, that there continues to be items that would make these recommendations stronger:

- Change the three-month STD testing recommendation to broaden the recommendation so that providers screen asymptomatic MSM AND any other asymptomatic individuals who are at risk for bacterial STIs. We suggest the following language:
  > "Conduct STI testing for sexually active persons with symptoms and for asymptomatic MSM and any other asymptomatic individual who is at risk for bacterial STIs"
- Add language about around extragenital testing from the CDC STD Treatment Guidelines.

NCSD has been recommending similar changes to the PrEP Guidelines since 2015 with three separate letters to the CDC, raising concerns regarding the STD screening intervals for those on PrEP. Those letters, summarized in a letter from March 11, 2016, encouraged CDC to revise the guidelines to provide a stronger recommendation on STD screening intervals for persons on PrEP.

While overall, NCSD is in support of the recommendations presented in the updated PrEP Guidelines, we do believe that there were opportunities that were missed with this update. While we appreciate the update's change to three months for "all sexually active persons with symptoms" and "MSM at high risk," we believe that STD prevention would be better served if the recommendation for testing at three months was broadened so that providers screen asymptomatic MSM and any other asymptomatic individuals who are at risk for bacterial STIs. This change is consistent with the research and NCSD's previous letters on STD testing for PrEP users. Additionally, we would recommend deleting the word "recurrent" for the 3 month STI testing section.

The risk for STIs, regardless of previous infection, would indicate the need for STI testing for those on PrEP.

Most people who acquire an STD remain asymptomatic and the CDC's most recently released STD Surveillance Report (2015) indicates significant increases in rates of all three reportable STDs (syphilis, gonorrhea, and chlamydia) in all populations across the United States. As a result, it is important that there be strong messaging in support of the routinization of STD testing, especially among MSM and other populations prescribed PrEP. The recommended update to the PrEP Guidelines do that—by taking advantage of when a provider is seeing a PrEP patient to conduct an HIV test at the three month intervals to also provide optimal sexual health care and deliver STD screening at all potential anatomic sites of infection. Advances in testing strategies, including self-collected rectal and pharyngeal specimens, have and are paving the way for a more streamlined STD screening process which in turn makes that optimal delivery of care less onerous for providers and patients alike.

At the 2016 Conference on Retroviruses and Opportunistic Infections, Cohen *et al*. presented data on bacterial STI infection rates in patients on PrEP, including the proportion of cases that would have been missed had they not been screened for STIs at three-month intervals. Participants exhibited high rates of STI infection and frequent condomless anal intercourse; and, based on assessment of STI *symptoms* and not routine STI testing at three-month intervals, 34 percent of gonorrhea, 40 percent of chlamydia, and 20 percent of syphilis infections among participants would have gone undetected had testing occurred at six-month intervals instead.[i]

Additionally, we feel that there should have been prescriptive guidance with regard to the use of extragenital testing (testing for STDs at the rectum and throat). The reasons for performing extragenital tests include urine-only chlamydia and gonorrhea testing misses 70-88 percent of infections in MSM[ii] and rectal gonorrhea infections are asymptomatic 85 percent of the time supporting the need for routine screening.[iii] Therefore, performing extragenital screening tests for gonorrhea and chlamydia, especially in MSM, can improve patient outcomes and reduce transmission of STDs. While some clinical settings do not yet have the capacity to do extragenital tests, routinizing these tests for PrEP patients would play an important role in normalizing extragenital testing among patients with exposure at rectal or pharyngeal sites. This would support community-level reduction in STDs, including HIV, by identifying and treating infections quickly.

In addition, we concur with comments submitted by NASTAD regarding the urgent need to update the 2006 recommendation to test MSM only once every twelve months. We concur with NASTAD that it would be beneficial for CDC's HIV testing recommendations for MSM to have greater consistency- for those on PrEP and those not-- responding to the saddening trends in new HIV infections in MSM of color, the urgency of immediate HIV treatment and its impact on transmission, and the low rates of risk disclosure among MSM. CDC should take this opportunity to revise its 2006 HIV testing guidelines for MSM to encourage providers to test MSM with higher frequency than at least every

twelve months.

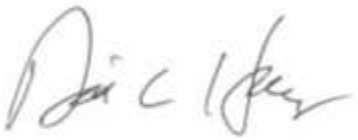
In conclusion, we recommend the following edits to the proposed update to the PrEP Guidelines:

- Broaden the three-month STD testing recommendation
- If there is not the above broadening of the three-month testing recommendation, we would recommend the six-month recommendation read, "Conduct STI screening as recommended for sexually active adolescents and adults."
- Add language about extragenital (rectal and pharyngeal) testing to all recommendations for STI testing.

If you have questions on these comments, please contact NCSD's Senior Manager, Policy and Government Relations, Rebekah Horowitz.

Thank you for your attention to these matters.

Sincerely,



David C. Harvey
Executive Director

---

[i] Stephanie Cohen *et al.*, Abstract Number 870: Quarterly STI Screening Optimizes STI Detection among PrEP Users in the Demo Project, Presented at the 2016 Conference on Retroviruses and Opportunistic Infections (Feb. 22-25, 2016), *available at* http://www.croiconference.org/sessions/quarterly-sti-screening-optimizes-sti-detection-among-prep-users-demo-project-0.

[ii] Patton ME et al. Extragenital gonorrhea and chlamydia testing and infection among men who have sex with men—STD Surveillance Network, United States, 2010-2012, Clin Infect Dis. 2014; 58(11):1564-1570.

[iii] Kent CK, Chaw JK, Wong W, Liska S, et al. Prevalence of rectal, urethral, and pharyngeal chlamydia and gonorrhea detected in 2 clinical settings among men who have sex with men: San Francisco, California, 2003. Clin Infect Dis. 2005; 41(1):67-74.