

Old Chlamydia Variant Tied to New STD Outbreak

BY PATRICE WENDLING
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NICE, FRANCE — An old nemesis appears to be the cause of a new outbreak of lymphogranuloma venereum proctitis.

The *Chlamydia trachomatis* L2b variant was thought to be a new strain when it was first identified as the major cause of the lymphogranuloma venereum (LGV) proctitis outbreak in homosexual men that began in the Netherlands in late 2003

and now occurs elsewhere in Europe, in Canada, and in the United States.

But recent findings suggest the *C. trachomatis* L2b variant was circulating among gay men in the 1980s in San Francisco and is appearing in large numbers as part of the overall increase in sexually transmitted diseases in this population, Julius Schachter, Ph.D., said at the 16th European Congress of Clinical Microbiology and Infectious Diseases.

"The obvious concern about LGV is

that it's a systemic, more invasive disease that causes lots of tissue destruction and, because of the inflammatory component, was considered a potential risk factor for HIV transmission among gay men seen with the condition," he said.

Chlamydiae were commonly recovered from rectal swabs from homosexual men with proctitis in San Francisco in the early 1980s. But the isolation rate dropped from about 33% to 6% in 1984-1985, suggesting that chlamydiae caused less pro-

ctitis as the gay community modified its behavior in response to AIDS, said Dr. Schachter, professor of laboratory medicine at the University of California, San Francisco. Throughout this time, about two-thirds of isolates were LGV.

After the recent outbreak began, serovar typing was performed on 51 archived specimens from San Francisco collected 20-25 years ago; 15 were identified as serovar L1, 18 as serovar L2, and 18 as the L2b variant (Emerg. Infect. Dis. 2005;11:1787-8).

New technologies, such as sequence-based nucleic acid testing, are useful in discriminating between LGV serovars and less invasive *C. trachomatis* species, he said. ■

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Too Many Given 'Unnecessary' Gonorrhea Tests

JACKSONVILLE, FLA. — A majority of 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 session.

Screening of all sexually active adolescents and females 25 years or younger for chlamydia is recommended by the CDC. However, screening for gonorrhea is recommended only 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 procedure 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 division of STD prevention at the CDC.

"There are a lot of people being tested for gonorrhea when they shouldn't be," he 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."

—Damian McNamara



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