

**CDC Dear Colleague Letter on Recommended Sexually Transmitted Diseases (STD)
Prevention Services for Men Who Have Sex With Men (MSM)**

**Frequently Asked Questions
March 8, 2004**

1. Why this, why now?

CDC's 2002 STD treatment guidelines call for comprehensive STD prevention services care for MSM, including testing for HIV, syphilis, gonorrhea, and chlamydia at least annually, and vaccination against hepatitis A and B. According to data from outbreak investigations and cross sectional surveys among MSM, 54%-85% have a regular source of health care where these STD prevention services could be provided. Increasingly, STD, HIV, and immunization programs are working together to facilitate the delivery of integrated appropriate services to populations at risk. This letter is intended to encourage and facilitate such efforts.

2. What STD prevention services does the letter recommend for MSM?

The letter recommends that clinicians routinely identify sexually-active MSM, and provide:

- HIV counseling and testing at least annually;
- Testing for syphilis, gonorrhea and chlamydia at least annually; and
- Hepatitis A and hepatitis B vaccination.

3. For whom is the letter intended?

The letter is intended for public health programs and for private providers who serve MSM. Studies suggest that most (65%-85%) MSM receive primary health care from a private provider; fewer (2%-5%) receive primary health care from public health clinics or community clinics (CDC, unpublished data).

4. What does CDC want programs/private providers to do?

Clinicians are encouraged to routinely identify sexually-active MSM and to consistently provide all of the recommended STD prevention services. HIV and STD prevention program managers offering behavioral and/or clinical interventions to MSM should look for ways to structure service delivery to address all STDs. Wherever they access clinical or preventive services, MSM should be able to obtain or be referred for all of the recommended STD prevention services.

5. Is there additional funding available for these services?

Currently, there are no additional federal funds for testing or vaccine. However, where possible, CDC-funded programs should/may work together to identify sources of additional funding for individuals needing free or reduced cost services. Insured persons often may be able to have testing and immunization paid for through a private insurance policy.

6. Will health insurance pay for vaccine and screening?

STD testing is covered by most U.S. health insurance plans. Surveys of major health insurers indicate that preventive care services (including vaccination and testing) are increasingly covered for persons at risk, under plans with a preventive care component.

- Health insurers report that specific risk factor data is not required for reimbursement; an assessment by a clinician that the preventive care service is “medically indicated” is usually sufficient.
- Office billing staff may need training in appropriate codes that allow for reimbursement.

Resources:

Websites:

CDC online resources for information and educational materials on STD prevention among MSM and on adult vaccination:

www.cdc.gov/hepatitis
<http://www.cdc.gov/std/treatment/>
www.cdc.gov/hiv
www.cdc.gov/nip

Other online resources for information about MSM health and information about hepatitis A and B immunization:

www.gayhealth.com
www.glma.org
www.immunize.org

References:

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MacKellar D, Valleroy L, Secura G, et.al. Two decades after vaccine license: hepatitis B immunization and infection among young men who have sex with men. *Am J Public Health* 2001;91:965-971