Emerging and Reemerging Sexually Transmitted Infections

TO THE EDITOR: Hepatitis C virus (HCV) should be added to the list of emerging sexually transmitted pathogens described by Williamson and Chen (May 21 issue).1 Since 2000, several studies have shown an increasing incidence of HCV infections among men who have sex with men (MSM), and the incidence of acute infection is higher than 1.4 cases per 100 patient-years.2 This epidemic affects both human immunodeficiency virus (HIV)-positive and HIV-negative MSM (especially those receiving preexposure prophylaxis), who share similar HCV transmission networks.3 Sexual transmission of HCV among MSM is likely to occur, since HCV infections in this population have been associated not only with intravenous drug use, but also with traumatic sexual practices and “chemsex” (the use of drugs to enhance sexual gratification).2,4 Moreover, HCV RNA has been detected in the semen5 and rectum6 of HCV-infected persons, and these findings show the potential of the virus to directly infect sexual partners. To prevent ongoing transmission, a “test and treat” strategy based on the use of point-of-care tests for early diagnosis,2 followed by immediate treatment and contact tracing of HCV-positive persons, appears to be essential.

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No potential conflict of interest relevant to this letter was reported.

4. Vanhoornig JW, Lammers FAE, Schinkel J, et al. Risk fac-
TO THE EDITOR: Williamson and Chen note increasing numbers of cases of syphilis with congenital infection among heterosexual men; this increase could translate into more numbers of pregnant women with syphilis and penicillin allergy for whom decision making regarding the choice of antibiotic therapy would be warranted. The Centers for Disease Control and Prevention still recommends penicillin desensitization for this unique group of patients, since azithromycin and erythromycin have questionable efficacy in both the mother and fetus, and tetracycline and doxycycline are contraindicated in the second and third trimesters of pregnancy.

The current Covid-19 crisis has made in-hospital drug challenges difficult. If this crisis were to be compounded with penicillin supply challenges, effective and safe alternative antitreponemal therapies would be needed. The best alternative appears to be daily parenteral ceftriaxone for 14 to 21 days. Serologic responses (a decrease in the nontreponemal test titer by a factor of ≥4) may be used as a guide to assess treatment efficacy in both pregnant women and men with any stage of syphilis. A continuing effort to develop novel diagnostic strategies for old diseases is one way to understand disease reemergence and resistance and ensure that new therapies see the light of day.

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THE AUTHORS REPLY: We agree with Gras et al. that HCV has been an important emerging sexually transmissible pathogen among MSM. Khan’s letter regarding the treatment of syphilis in pregnant women who have penicillin allergy highlights the fact that management of syphilis can be difficult, particularly for health care providers who are unfamiliar with syphilis. Together, these issues illustrate the fact that sexually transmitted infections include a diverse range of infections that present complex challenges to diagnosis and management.

U.S. guidelines recommend routine screening for HCV in all HIV-positive persons when they begin to receive care for HIV infection, with repeat HCV screening annually or as indicated according to risk exposure. This screening should include regular HCV screening of HIV-positive MSM who are sexually active. U.S. guidelines also recommend testing for HCV in MSM who are beginning to receive preexposure prophylaxis as well as annual HCV testing among persons with ongoing risk. We agree with Gras et al. that early detection of HCV is important, given the high cure rate associated with treatment for HCV infection and the potential for preventing ongoing HCV transmission.

The correct diagnosis and management of syphilis are important because of the serious sequelae that may result from misdiagnosis or inadequate treatment. The diverse presentations and complications of syphilis were recently reviewed by Ghanem et al. Increases in the incidence of syphilis infection among women of childbearing age are especially worrisome because of the morbidity and mortality associated with congenital infection. There remain major real-world barriers to preventing congenital infection, including inadequate screening or rescreening for syphilis during pregnancy and poor engagement in antenatal care, which can result in inadequate treatment even when syphilis is diagnosed. Ocular syphilis and neurosyphilis are also of concern because they can result in serious neurologic sequelae, including blindness. However, the diagnosis of ocular syphilis and neurosyphilis may be delayed because these diagnoses are not considered by health care providers or because interpretation of results of testing of cerebrospinal fluid may be complex. Addressing these problems re-
quires awareness among health care providers that syphilis is now common and that testing, correct treatment with benzathine penicillin, and advice from specialists are available.

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Since publication of their article, the authors report no further potential conflict of interest.

1. Panel on Opportunistic Infections in Adults and Adolescents

More on Covid-19 in Immune-Mediated Inflammatory Diseases

**TO THE EDITOR:** In their letter, Haberman et al. (online April 29; July 2 issue)1 provide data on a series of 86 patients with immune-mediated inflammatory disease who had either confirmed or highly suspected symptomatic coronavirus disease 2019 (Covid-19). It was reassuring to learn that the percentage of hospitalized patients in such a series (16%) was not higher than the percentage observed among patients with Covid-19 in the general New York City population (26%). However, the analyses according to the treatment received by the patients in their study series were based on so-called floating numerators, which are quite unreliable.2 The only suitable denominator for such analyses would have been the number of persons receiving a given treatment, biologics and Janus kinase (JAK) inhibitors as compared with other therapies or no treatment, in the reference patient population. Numbers similar to those analyzed in the letter can be derived from underlying populations with widely divergent risks of Covid-19 and consequent hospitalization (Table 1).

Providing signals of risks in patient subgroups is of major importance during the severe acute

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*The simulations are based on data from Haberman et al.1 regarding 86 patients with immune-mediated inflammatory disease who had either confirmed or highly suspected symptomatic Covid-19. Of 72 ambulatory patients, 55 were receiving biologics or JAK inhibitors when Covid-19 developed. Of 14 hospitalized patients, 7 were receiving biologics or JAK inhibitors when Covid-19 developed.