Response to: Fernández-Huerta et al.
**Re: Abbott et al., A Case of Rectal *Ureaplasma* Infection
and Implications for Testing in Young Men Who Have
Sex with Men: The P18 Cohort Study**
(From: Fernández-Huerta M, Serra-Pladevall J, Esperalba J, et al.
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Dear Editor:

WE APPRECIATE THE THOUGHTFUL RESPONSE to our case report¹ by Fernández-Huerta et al.² Indeed, their concern about overscreening and the development of antibiotic resistance is well taken and a very important consideration. Our original intention in sharing this case report of a young man who has receptive anal sex with men who was culture positive for *Ureaplasma* spp. was to highlight a potential risk factor in anal HIV acquisition. The fact that newer molecular testing has replaced standard culture in looking for, specifically, *Neisseria gonorrhea* and *Chlamydia trachomatis* (NG/CT) means that other diagnoses such as *Ureaplasma* may remain unidentified, particularly in the absence of symptoms. Although molecular tests for *Ureaplasma* exist, they are rarely if ever used in the clinical setting for asymptomatic people. That said, we agree with Fernández-Huerta et al.² that the answer is not to begin screening widely for rectal *Ureaplasma* spp., but to remind providers that the change in our method of screening to molecular testing may leave us unaware of these infections. Furthermore, we agree that widespread treatment of asymptomatic *Ureaplasma* is not necessary.

As a final point, in the case report we reference that the participant in our study was “notified of his result and linked to outside medical treatment.”¹ We found ourselves in the unenviable situation of having an unanticipated positive result of unclear significance without the benefit of clinical follow-up. The specific advice we gave the participant is that this finding was not an infection that is typically screened for and, therefore, treated; however, he should discuss the finding with a health care provider. In an effort to center the patient’s health, we emphasized the importance of regular screening with a primary care provider for infections recommended

by Centers for Disease Control and Prevention guidelines, including HIV, NG/CT at three sites, and syphilis.³

Author Disclosure Statement

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