From the Director Dr. Jonathan Mermin

On May 17, CDC released an MMWR, *Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel*. Unless there is an exposure or ongoing transmission, CDC and the National Tuberculosis Controllers Association (NTCA) do not recommend annual TB testing for health care personnel. The changes are in response to the overall decrease of TB cases in the United States and the low incidence of TB among health care personnel due to occupational exposure. Additional recommendations include health care personnel with untreated latent tuberculosis infection (LTBI) should receive a yearly symptom screening; and that treatment is strongly encouraged for all health care personnel with latent TB infection.

**MMWR on Extragenital Chlamydia and Gonorrhea Among MSM**

A recent *Morbidity and Mortality Weekly Report (MMWR)* shows that gay, bisexual, and other men who have sex with men (MSM) are at risk for extragenital STIs (e.g. chlamydia or gonorrhea in the throat or rectum). These infections can be difficult to treat and rectal STIs increase the risk of acquiring HIV infection. The study also found that a third of MSM in the study were not tested for an STD in the previous 12 months. CDC recommends STD testing for all sexually active MSM at least once a year. A [visual abstract](#) accompanied the article.

**Hep C State Policy Simulator**

The [Hep C State Policy Simulator](#) is a tool to help policy makers and practitioners make informed decisions about policy and investments related to hepatitis C. The tool shows the potential effect of different screening and treatment policies and cost drivers. The information is designed to help states evaluate the short and long-term economic and public health consequences of specific policies (e.g., universal screening), as well as potential tactics (e.g., drug price negotiations), for managing hepatitis C with constrained resources.