



# Health Update:

## New CDC Guidelines for Treatment of Sexually Transmitted Infections

September 20, 2021

### Situational Update

San Francisco is experiencing epidemic rates of sexually transmitted infections (STIs), including gonorrhea, chlamydia, and syphilis. Between 2014 and 2019, the number of gonorrhea infections in San Francisco increased by 70%, chlamydia by 58%, and early syphilis by 37%. These increases mirror national 2019 data, which show that STIs increased for the 6<sup>th</sup> year in a row, reaching a new all-time high. Screening for HIV and other STIs declined sharply in 2020 during the COVID-19 pandemic. Untreated STIs can cause significant morbidity, including ectopic pregnancy, infertility, stillbirth, and chronic pain, and can increase risk of HIV acquisition and transmission. Screening persons [at increased risk](#) for HIV and STIs, and promptly administering effective treatment can prevent complications and reduce transmission, and can help identify persons who would benefit from HIV pre-exposure prophylaxis (PrEP).

On July 22, 2021, the CDC released the [Sexually Transmitted Infections \(STI\) Treatment Guidelines, 2021](#). These updated guidelines provide evidence-based recommendations for the prevention, diagnosis, and treatment of STIs, and replace the guidance last released in 2015. Provider resources include a downloadable [wall chart and pocket guide](#), with a new mobile app coming soon. The preferred terminology has changed from “STD” to “STI,” recognizing that not all STIs cause symptomatic or clinically recognizable disease states. Practice-changing updates include 1) new treatment recommendations for chlamydia, [gonorrhea](#), trichomoniasis, nongonococcal urethritis (NGU), and pelvic inflammatory disease (PID); 2) guidelines for management of *Mycoplasma genitalium* infections; 3) revised recommendations for human papillomavirus vaccine; 4) new guidance on the interpretation of reverse-sequence serologic testing for syphilis, and 5) updates to screening recommendations for hepatitis C, syphilis in pregnant persons and extragenital infections.

To align with these guidelines, SFDPH has revised the [San Francisco City Clinic STI Clinical Protocols](#), a concise guide for providers on the diagnosis and treatment of STIs.

### Key Updates (see full guidelines for details):

- 1) **Chlamydia:** Doxycycline 100 mg PO BID x 7 days for uncomplicated infection at all sites:
  - Azithromycin 1 g PO x 1 is now an alternative, 2nd line treatment, though remains 1<sup>st</sup> line if pregnancy cannot be ruled out
- 2) **Gonorrhea:** 1<sup>st</sup> line treatment is now ceftriaxone *monotherapy*:



- 500 mg IM x 1 in persons weighing <150 kg, or 1 g IM x 1 in persons  $\geq$ 150 kg
  - Doxycycline 100 mg PO BID x 7 days should be added in cases where chlamydial co-infection has not been ruled out
- 3) **Mycoplasma genitalium (M. gen):** No longer an “emerging pathogen” and now has its own section:
- NAAT testing for M. gen is indicated in patients with recurrent/persistent urethritis
  - Recommended treatment: Doxycycline 100 mg PO BID x 7 days *followed by* moxifloxacin 400 mg PO daily x 7 days
- 4) **Pelvic Inflammatory Disease (PID):** First line treatment for PID now includes anaerobic coverage for all patients, regardless of whether BV infection is detected:
- For outpatient therapy: Ceftriaxone IM x 1 (dosed per weight-based GC guidance above) PLUS Doxycycline 100 mg PO BID AND Metronidazole 500 mg PO BID (both x 14 days)
- 5) **Nongonococcal Urethritis (NGU):** Doxycycline 100 mg PO BID x 7 days has replaced azithromycin 1 g PO once as the preferred initial therapy for NGU
- 6) **Trichomonas:** Treatment no longer varies by HIV status:
- Vaginal infection: Metronidazole 500 mg PO BID x 7 days
  - Penile/urethral infection: Metronidazole or tinidazole, both dosed at 2 gm PO x 1
- 7) **Test all pregnant people for syphilis at least twice during pregnancy:** 1) at the first clinical encounter (ideally during the first trimester) and 2) during third trimester (ideally between 28-32 weeks gestation). **Pregnant people should be tested again at delivery unless they have a negative test in the third trimester and no risk factors for syphilis.**
- 8) **Test all patients diagnosed with gonorrhea or syphilis for HIV and offer HIV pre-exposure prophylaxis (PrEP) to those who are negative for HIV.**
- 9) **Re-screen** all patients diagnosed with chlamydia, gonorrhea, syphilis, or trichomoniasis 3 months after treatment, as repeat infections are common.
- 10) **Ensure that sex partners are referred for testing and treatment:**
- California health and safety code (§ 120582) authorizes providers to prescribe or dispense expedited partner therapy (EPT) to patients with chlamydia, gonorrhea and trichomoniasis to give to their sex partners, along with instructions for their use.



### **Important STI Prevention Numbers and Resources**

- Syphilis titer and treatment history & DPH LINCS partner services referrals: 415-487-5531
- San Francisco City Clinic provider line for clinical questions: 415-487-5595
- San Francisco City Clinic PrEP line: 415-487-5537
- [San Francisco STI Screening Guidelines](#)
- [San Francisco City Clinic STI protocols](#)
- [CDC STI Treatment Guidelines, 2021](#)

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