

## 2021 STI Treatment Guideline Highlights

On July 22, 2021, the United States Centers for Disease Control and Prevention (CDC) released [Sexually Transmitted Infections Treatment Guidelines \(https://www.cdc.gov/std/treatment-guidelines/STI-Guidelines-2021.pdf\)](https://www.cdc.gov/std/treatment-guidelines/STI-Guidelines-2021.pdf), 2021. This document provides current evidence-based diagnostic, management, and treatment recommendations. The updates serve as a source of clinical guidance for managing sexually transmitted infections (STIs). The new guidelines include the following notable updates from the previous 2015 guidance.

### Specific Topics

#### Chlamydia and Gonorrhea

##### Patient treatment

- The recommended treatment regimen for non-pregnant patients with *C. trachomatis* is doxycycline 100 mg orally twice a day for seven days. This change is due to the increasing antibiotic resistance to azithromycin therapy. In-depth rationale can be found in the guidelines document. The recommended treatment for uncomplicated gonococcal infection is ceftriaxone 500 mg intramuscular (IM) in a single dose, or 1 g IM in a single dose for persons weighing  $\geq 150$  kg.
- For individuals with a diagnosis of gonorrhea, and chlamydia infection has not been excluded (i.e., no test done, or no results are available including in sexual assault, or when prescribing expedited partner treatment): treat for possible chlamydia with doxycycline 100 mg 2 times daily for 7 days if patient is not pregnant.
- Any person treated for pharyngeal gonorrhea should return 7-14 days after initial treatment for a test of cure. However, testing at seven days might result in an increased likelihood of false-positive tests.

#### 2021 CDC STI Treatment Recommendations- Patient Treatment

Category	Medication & Dose	Specifications
Chlamydia	Doxycycline 100 mg. orally bid x 7 days	
Chlamydia in pregnancy	Azithromycin 1 gm orally, single dose	
Gonorrhea	Ceftriaxone 500 mg IM, single dose	Persons weighing <150 kg
	Ceftriaxone 1 gm IM, single dose	Persons weighing >150 kg
If chlamydia not excluded	Add: doxycycline 100 mg orally bid x 7 days	

## Expedited Partner Treatment (EPT)

- The first-line treatment for gonorrhea in patients/partners seen in person is a single 500 mg dose of intramuscular ceftriaxone. Recent sex partners should be referred for evaluation, testing, and presumptive treatment. For those partners unable or unlikely to seek treatment, the recommendation for EPT is a single 800 mg dose of oral cefixime. If concomitant chlamydial infection is either suspected or cannot be ruled out, the recommended treatment for non-pregnant partners is doxycycline 100 mg twice daily for seven days.

## Expedited Partner Treatment in Minnesota

Category	Medication & Dose	Specifications
Chlamydia ( <i>if suspected or not ruled out</i> )	Doxycycline 100 mg. orally bid x 7 days	
Gonorrhea	Cefixime 800 mg. orally, single dose	
Trichomoniasis	Metronidazole 500 mg orally bid x 7 days	Females
	Metronidazole 2 gm orally, single dose	Males

## Cervicitis, Nongonococcal Urethritis (NGU)

The recommended treatment regimen for cervicitis and NGU is doxycycline 100 mg orally twice a day for seven days. Treatment for gonococcal infection for cervicitis can be considered if the patient is at risk for gonorrhea or lives in a community where the prevalence of gonorrhea is high.

## Pelvic Inflammatory Disease (PID)

Treatment regimens have been updated for all oral, IM and parenteral methods of treating PID. Metronidazole, in combination with all IM or oral regimens, is now recommended. See pages 94-97. All current contraceptive methods should be continued, including IUDs.

## Syphilis During Pregnancy

Due to the ongoing high rates of syphilis throughout Minnesota, screening for syphilis in pregnant people should occur at the first prenatal visit, at 28 weeks' gestation and at delivery.

## Trichomoniasis

The recommended regimen for trichomoniasis among all women (regardless of HIV status) was updated to metronidazole 500mg twice a day for seven days. The recommended regimen for trichomoniasis among men remains metronidazole 2 g orally in a single dose.

## Hepatitis C Virus (HCV)

In alignment with CDC's 2020 HCV testing recommendations, universal HCV screening is recommended at least once in a lifetime for all adults aged  $\geq 18$  years and all patients during each pregnancy at the first prenatal visit in settings where the HCV prevalence is  $>0.1\%$ . Routine periodic HCV screening is recommended for persons with ongoing risk factors (e.g., injection drug use, HIV-infection, or hemodialysis).

## Additional topics of special interest

- Screen for chlamydia at 1<sup>st</sup> and 3<sup>rd</sup> trimester prenatal appointments (page 12)
- Provide PrEP for HIV negative adolescents who are at risk for HIV (page 15)
- Increase use of antibiotic susceptibility/resistance testing before prescribing treatment (page 75-78)
- Test for HIV at 1<sup>st</sup> and 3<sup>rd</sup> trimester prenatal visits for all pregnant people (page 11)
- New FDA test for trichomoniasis approved (page 88-89)
- PEP for sexual assault (pages 8, 130)
- Screen all pregnant people for syphilis in 1<sup>st</sup> trimester (or at first prenatal visit), retest at 28 weeks gestation and at delivery even if negative at 1<sup>st</sup> prenatal visit (page 11)
- Do not discharge neonates from hospital without knowledge of mother's syphilis status in pregnancy (pages 11-12)
- Test for syphilis any woman who delivers a stillborn infant (page 12)
- Screening and treating transgender patients (pages 20-22)
- Detailed screening and treatment for *M genitalium* (pages 80-82)
- Disseminated gonorrhea diagnosis and treatment (page 77)

For questions about the updated CDC 2021 STI Treatment Guidelines, you can email the clinical team in CDC's Division of Sexually Transmitted Diseases (STD) Prevention at [stixguidelines@cdc.gov](mailto:stixguidelines@cdc.gov). You can also contact the CDPH STD Control Branch at [stdcb@cdph.ca.gov](mailto:stdcb@cdph.ca.gov) or consult [STD Clinical Consultation Network \(https://www.stdccn.org\)](https://www.stdccn.org).

For questions about the implementation of the CDC 2021 STI Treatment Guidelines in Minnesota, contact the STD Prevention Nurse Specialist at [candy.hadsall@state.mn](mailto:candy.hadsall@state.mn) or call 651-201-4015 or 651-592-3013 (cell).

## Resources

- [CDC Sexually Transmitted Infections Treatment Guidelines, 2021 \(https://www.cdc.gov/std/treatment-guidelines\)](https://www.cdc.gov/std/treatment-guidelines)

## 2021 STI TREATMENT GUIDELINE HIGHLIGHTS

- [CDPH Expanded Syphilis Screening Recommendations for the Prevention of Congenital Syphilis \(https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Expanded-Syphilis-Screening-Recommendations.pdf\)](https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Expanded-Syphilis-Screening-Recommendations.pdf)
- [STD Clinical Consultation Network \(https://www.stdccn.org\)](https://www.stdccn.org)