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Health Notification

Updated CDC Treatment Guidelines for Sexually Transmitted Diseases Now Available at <u>www.cdc.gov/std/treatment</u>

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The Centers for Disease Control and Prevention (CDC) periodically publishes updated Sexually Transmitted Disease (STD) treatment guidelines for practitioners to use in clinical settings. On June 5th 2015 CDC published new guidelines in the MMWR [MMWR Recomm Rep 2015; 64 (No. RR-3)]. The guidelines are also available on the internet at www.cdc.gov/std/treatment. These guidelines serve as an update to the 2010 guidelines and include expanded or revised discussions on several topics. A highlight of some of the guideline revisions are listed below.

Neisseria gonorrhoeae

- CDC now recommends treating gonorrhea with 250mg of ceftriaxone delivered intramuscularly
 plus 1g of oral azithromycin. Treatment with ceftriaxone plus doxycycline has now been
 moved to an alternative treatment recommendation for use in case of azithromycin allergy.
- In patients with cephalosporin allergy or IgE-mediated penicillin allergy (anaphylaxis, Stevens-Johnson syndrome and toxic epidermal necrolysis), monotherapy with azithromycin 2 grams is no longer recommended. Potential therapeutic options in this situation include –
 - Oral gemifloxacin 320mg plus azithromycin 2g
 - Intramuscular gentamicin 240mg plus azithromycin 2g
- Oral cefixime is still recommended as an alternative treatment for gonorrhea if ceftriaxone is not available, and for use in Expedited Partner Therapy (EPT).

Urethritis

- Mycoplasma genitalium: Recent studies have shown that the most common cause of
 persistent or recurrent NGU is M. genitalium, especially following doxycycline therapy.
 Azithromycin 1g orally in a single dose should be administered to men initially treated with
 doxycycline. Men who fail a regimen of azithromycin should be retreated with moxifloxacin
 400mg orally once daily for 7 days.
- FDA-cleared diagnostic tests for *M. genitalium* are not available. However some commercial laboratories have validated tests for *M. genitalium*. This testing could be used in cases of persistent or recurrent urethritis.

Prevention

 Pre-Exposure Prophylaxis (PrEP) for the prevention of HIV is an important addition to the Clinical Prevention Guidance section of the STD treatment guidelines. The full CDC PrEP Guidelines also include recommendations for frequent testing for other STDs for those on PrEP. The CDC PrEP Guidelines are available on the internet at http://www.cdc.gov/hiv/pdf/prepguidelines2014.pdf.

Additional changes to the guidelines include updated HPV vaccine recommendations and counseling messages, the management of persons who are transgender, and annual testing for hepatitis C in persons with HIV infection. For more information, the Philadelphia STD Control Program can be reached at 215-685-6737.