

Health Advisory:

New Guidelines for the Management of Sexually Transmitted Diseases

May 10, 2011

This document will be updated as new information becomes available. The current version can always be viewed at <http://www.dhss.mo.gov>

The Missouri Department of Health & Senior Services (DHSS) is now using 4 types of documents to provide important information to medical and public health professionals, and to other interested persons:

Health Alerts convey information of the highest level of importance which warrants immediate action or attention from Missouri health providers, emergency responders, public health agencies, and/or the public.

Health Advisories provide important information for a specific incident or situation, including that impacting neighboring states; may not require immediate action.

Health Guidances contain comprehensive information pertaining to a particular disease or condition, and include recommendations, guidelines, etc. endorsed by DHSS.

Health Updates provide new or updated information on an incident or situation; can also provide information to update a previously sent Health Alert, Health Advisory, or Health Guidance; unlikely to require immediate action.

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May 10, 2011

**FROM: MARGARET T. DONNELLY
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SUBJECT: New Guidelines for the Management of Sexually Transmitted Diseases

The Centers for Disease Control and Prevention (CDC) recently released “*Sexually Transmitted Diseases Treatment Guidelines—2010*”. The 2010 *Treatment Guidelines*, which update the 2006 *Treatment Guidelines*, serve as a source of clinical guidance and advice for health care providers on the most effective treatment regimens, screening procedures, and prevention and vaccination strategies for sexually transmitted diseases (STDs). The complete recommendations can be found in the December 17, 2010, issue of *Morbidity and Mortality Weekly Report (MMWR) Recommendations and Reports*, which is available at <http://www.cdc.gov/std/treatment/2010/default.htm>.

Over 19 million cases of STDs occur in the United States each year, with a disproportionate share among young people and racial and ethnic minority populations. The estimated annual direct medical costs of treating STDs and their sequelae are \$16.4 billion. Left untreated, STDs can cause serious health problems ranging from infertility to increased risk of HIV infection. Locally, an upward trend among reportable infections continues in Missouri.

Reported Cases of Chlamydia, Gonorrhea, and Primary & Secondary Syphilis, Missouri, 2009-2010

Disease	2009	2010
Chlamydia	25,868	26,049
Gonorrhea	6,488	7,159
Primary & Secondary Syphilis Among Men Who Have Sex with Men (MSM)	135	132
Primary & Secondary Syphilis Among All Others	173	152

The 2010 *Guidelines*, as developed by CDC after consultation with a group of professionals knowledgeable in the field of STDs, are based on newly available evidence and include:

- Expanded STD prevention recommendations, including HPV vaccination;
- Revised gonorrhea treatment regimens;
- New treatment regimens for genital warts and bacterial vaginosis;
- Revised guidance on the diagnostic evaluation and management of syphilis among HIV-infected persons.

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Highlights of the 2010 *Treatment Guidelines* include:

- **Uncomplicated gonococcal infections of the cervix, urethra and rectum**

Treatment recommendations have been revised as follows:

Ceftriaxone 250 mg IM in a single dose

OR, IF NOT AN OPTION

Cefixime 400 mg orally in a single dose

OR

Single-dose injectible **cephalosporin** regimens

PLUS

Azithromycin 1g orally in a single dose

OR

Doxycycline 100 mg orally twice a day for 7 days

Patients infected with *Neisseria gonorrhoeae* frequently are co-infected with *Chlamydia trachomatis*. This finding has led to the recommendation that patients treated for gonococcal infection also be treated routinely with a regimen that is effective against uncomplicated genital *C. trachomatis* infection (recommended treatment for chlamydial infection is with azithromycin or doxycycline). Note that this recommendation also holds for persons whose chlamydia test is negative. Because most gonococci in the U.S. are susceptible to azithromycin or doxycycline, routine co-treatment might also hinder the development of antimicrobial-resistant *N. gonorrhoeae*.

- **Syphilis among HIV-Infected Persons**

HIV-infected persons should be evaluated clinically and serologically for treatment failure at 3, 6, 9, 12 and 24 months post-therapy. CSF examination and retreatment should be strongly considered for persons whose nontreponemal test titers do not decrease four-fold within 6-12 months of therapy. If CSF examination is normal, treatment with benzathine penicillin G administered at 2.4 million units IM each at weekly intervals for three weeks is recommended.

In response to the late 2010 increase in syphilis cases in the St. Louis area among men who have sex with men (MSM), the Missouri Department of Health and Senior Services (DHSS) recommends the following:

- 1) All HIV-infected MSM, regardless of their area of residence, should be screened for syphilis at least every 6 months;
- 2) In addition, in the St. Louis area, all HIV-negative and HIV-status unknown MSM whose sexual behaviors put them at higher risk for STDs should be screened for syphilis at least every 6 months. Such behaviors include, but are not limited to, multiple sex partners, a new sexual partner, trading sex for money and/or drugs, anonymous sex, having a history of a bacterial STD, or having a sexual partner who engages in high risk behaviors.

Further information regarding the 2010 increase in St. Louis area syphilis cases can be found at <http://www.dhss.mo.gov/emergencies/ert/alertsadvisories/pdf/HAd10-26-10.pdf>.

Questions can be directed to DHSS' Bureau of HIV, STD, and Hepatitis at 573/751-6439.