2020 STI Guideline update

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Disclosures

- None
- All off-label prescribing or non-FDA testing recommendations will be noted as such

Objectives

- Distinguish relevant updates to epidemiology, diagnosis, and treatment for bacterial, viral, and other STDs.
- Highlight areas where changing STD epidemiology should effect clinical decision making and treatment choices.
- Discuss how to use the 2020 CDC STI Treatment Guidelines to identify, treat, manage and prevent the most prevalent STIs in the United States.

CDC 2020 STI Treatment guidelines

Scheduled release Summer 2020

COVID!!

Disclaimer

This presentation includes a "sneak-peak" into expected changes, but should not be taken as a substitute for the actual guideline release

No more STD Guidelines

- Now, "CDC STI Treatment Guidelines"
  - Solidifies move away from stigmatizing word "disease"

Adolescents

- Females:
  - Screen all females < 25 for gonorrhea and chlamydia
    - Site specific based on reported activity: urogenital, pharyngeal and rectal
    - "Opt-out" screening vs "Opt-in"
- Males:
  - No screening recommendations save for YMSM (Boooooooo!)

Persons in Correctional Facilities

- Males:
  - < 30 years of age screened for gonorrhea/chlamydia
    - Increase of 5 years from age 25
- Females:
  - <35 years of age screened for gonorrhea/chlamydia
    - Increase of 10 years from age 25
- Consider "opt-out" language at intake

Men Who Have Sex with Men (MSM)

- Screening:
  - At least annual screening for HIV, syphilis, gonorrhea/chlamydia
    - Q3months for persons with multiple sexual partners
    - Q3months for persons on PrEP
    - All sites, not just urogenital

MSM Continued

- Consider adding chlamydia pharyngeal screening
  - Very low rates: 0.5-2.3%[1]
  - Will pick up asymptomatic gonorrhea infections
    - Prevalence 9-15%[2]
    - More likely to difficult to treat
    - Rarely causes exudate

1. Park J, Marcus JL, Pandori M, Snell A, Philip SS, Bernstein KT. Sentinel surveillance for pharyngeal chlamydia and gonorrhea among men who have sex with men–San Francisco, 2010. Sexually transmitted diseases 2012;39:482-4.
2. 2. Sheldon R, Morris, Jeffrey D. Klausner, Susan P. Buchbinder, Sarah L. Wheeler, Beryl Koblin, Thomas Coates, Margaret Chesney, Grant N. Colfax, Prevalence and Incidence of Pharyngeal Gonorrhea in a Longitudinal Sample of Men Who Have Sex with Men: The EXPLORE Study, *Clinical Infectious Diseases*, Volume 43, Issue 10, 15 November 2006, Pages 1284–1289, https://doi.org/10.1086/508460

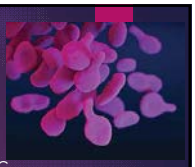
MSM Continued

- Possible** addition to PrEP regimen
  - Doxycycline for prevention of syphilis and chlamydia acquisition
  - Much more data needed, may not make this round of review

Transgender Men and Women

- Terminology update to include "non-binary" persons
- Discussion about lack of data on STI risk after transition surgery
  - Major issue is how to collect the best sample in new anatomy

Mycoplasma Genitalium



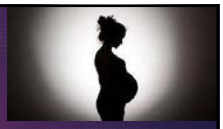
- Gets its OWN section the round!!
- New, FDA approved NAAT via Roche and Hologic
  - Consider with NGU, recurrent vaginitis/cervicitis/PID
    - No screening yet recommended, diagnostic only
- Treat like BASHH guidelines:
  - Doxycycline to reduce bacterial load, then azithromycin** or moxyfloxacin
    - **Emerging resistance to azithromycin

*British Association for Sexual Health and HIV

Syphilis

- New terms: "serofast" vs "serological non-response"
- Eliminations:
  - CSF exams in persons with isolated ocular symptoms and confirmed ocular findings on exam
  - Follow-up CSF exam at 6 months in HIV uninfected OR HIV well controlled persons IF appropriate serological response
  - CSF exams in persons with isolated otic symptoms

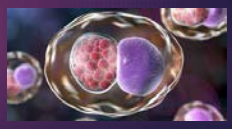
Syphilis Continued



- Pregnancy
  - No ceftriaxone in pregnancy
    - Attractive because of less frequent dosing, but not as effective.
    - Penicillin continues to be the best choice
  - Stronger language re 4-fold decrease by time of delivery
    - Only 38% of women achieve this without clear increased risk in neonate
  - Reverse sequence algorithm: +FTA or TPPA, - RPR
    - Infant get prophylaxis

Chlamydia

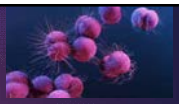
- Problems with azithromycin
  - Does not reliably cure rectal chlamydia
    - Doxycycline better, moved back to "recommended " box
  - Azithromycin will likely remain for:
    - Persons with adherence issues
    - Pregnant women
    - Short-stay correctional settings



Chlamydia Continued

- Point of care testing coming soon!!
  - GeneXpert, 90 minute turn around
  - Others in development
- In children (defined as pre-pubertal) NAAT testing strongly encouraged over culture, even though not FDA approved.
  - Likely will need a secondary confirmatory test
  - Azithromycin recommended over erythromycin

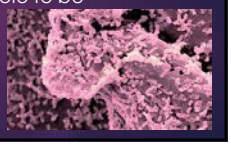
Gonorrhea



- Perilously close to losing azithromycin as duel therapy
  - Increasing MIC, no longer reliable
  - SINUS INFECTIONS! COVID!
  - Ceftriaxone only outpatient regimen left ☹
    - May increase to 500 mg for all infections, all sites
- Debate about stopping erythromycin ointment for all newborns
  - Several countries have already stopped (Canada, UK, Australia, others in Europe)

Bacterial Vaginosis

- Secindazole new option
  - Either 1G or 2G options- 2G option more efficacious
- Language re alcohol and metronidazole to be changed
  - Possibly removed



Trichomoniasis

- More treatment failures with 2G bolus dose of metronidazole
  - 500 mg PO BID x 7 days may become preferred regimen

Vulvovaginal Candidiasis

- Significant resistance to fluconazole
  - Topical azoles should be pushed and used first line
  - Will likely not be a change this round, but consider for 2024-2025