State of California—Health and Human Services Agency
California Department of Public Health

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Dear STD Controllers/Colleagues:

As we announced in December, the Centers for Disease Control and Prevention (CDC) released their 2010 STD Treatment Guidelines, which are available online: http://cdc.gov/std/treatment/2010/default.htm. The California Department of Public Health STD Control Branch now has bound copies of these Guidelines that are available upon request.

The 2010 STD Treatment Guidelines provide clinical guidance on the most effective treatment regimens, and screening, prevention and vaccination strategies for persons who have or are at risk for STDs. These Guidelines, which were previously issued in 2006, have been updated by CDC, based on newly available evidence and consultation with experts in the field. Our staff have reviewed the guidelines, and major changes are highlighted below.

Key differences between the 2010 and 2006 Guidelines include (list is not exhaustive):

- New treatment recommendations for gonorrhea (detailed below), pp. 50-51;
- An expanded diagnostic evaluation for cervicitis, p. 43, and trichomoniasis, pp. 58-59;
- Additional alternative treatment options for bacterial vaginosis, p. 57 (see Errata below);
- Additional treatment recommendations for external genital warts, p. 71;
- Inclusion of data on culture testing for trichomoniasis, p. 59;
- Revised guidance on the diagnostic evaluation and management of syphilis, including the criteria for spinal fluid examination to evaluate for neurosyphilis among HIV-infected persons, pp. 33-34;
- Strengthened recommendations for chlamydia re-testing, including statement that re-testing of women and men should be a priority for providers, p. 46;
- Expanded adolescents special populations section, including new screening and primary prevention recommendations, pp. 10-11;

- New section introducing persons in correctional facilities as a special population, pp. 11-12.

The Guidelines also include new, expanded, or otherwise revised discussions on the following topics (note: this list is not exhaustive):

- The increasing prevalence of antimicrobial-resistant *Neisseria gonorrhoeae*, p. 50;
- The clinical efficacy of azithromycin for chlamydial infections in pregnancy, p. 47;
- The role of *Mycoplasma genitalium* and *Trichomonas vaginalis* in urethritis/cervicitis, and implications for clinical management, pp. 40-44;
- Lymphogranuloma venereum proctocolitis among men who have sex with men, p. 26;
- The emergence of azithromycin-resistant *Treponema pallidum*, p. 30;
- The sexual transmission of hepatitis C, p. 85;
- Diagnostic evaluation after sexual assault, p. 91 and pp. 94-95;
- Expanded STD prevention approaches, including updates on human papillomavirus (HPV) vaccination, pp. 4-7 and 69-70.

Gonorrhea Treatment

Perhaps the most important set of changes in the 2010 Guidelines is related to treatment for gonorrhea. Because of concerns about antimicrobial resistance to cephalosporins, and for greater efficacy of treatment of pharyngeal infections, three changes regarding recommended treatment have been made:

1. Ceftriaxone is the preferred antimicrobial agent;
2. The dose of ceftriaxone for uncomplicated anogenital gonorrhea infections is increased to 250 mg intramuscular (IM) from 125 mg IM; and
3. Dual therapy is recommended for all suspected and confirmed cases of gonorrhea.

Ceftriaxone (Rocephin) 250 mg IM (an increase from the previous dose recommendation of 125 mg) is now the preferred recommended antimicrobial agent for gonorrhea treatment. An oral dose of cefixime 400 mg remains an option, but does not provide as high nor as sustained a bactericidal level as that provided by ceftriaxone 250 mg.

Though cefixime can be administered orally, this advantage is offset by the limited efficacy of cefixime (as well as other oral cephaloporins) for treating gonococcal infections of the pharynx. Therefore, although cefixime 400 mg is included as a treatment option for gonorrhea in the CDC guidelines, medical sites in California should make every effort to provide ceftriaxone 250 mg as their first-line treatment regimen for gonorrhea.

Additionally, in an effort to slow the continuing development of antimicrobial-resistant *Neisseria gonorrhoeae*, dual therapy is now recommended, with either azithromycin 1 g orally in a single dose or doxycycline 100 mg orally twice daily for seven days (see diagram below). Dual therapy is recommended regardless of whether ceftriaxone or cefixime is prescribed, and regardless of chlamydia test result. Please refer to pages 50-51 of the Guidelines for further discussion of and rationale for these changes to gonorrhea treatment recommendations.

Recommended regimens for treatment of uncomplicated gonococcal infections of the cervix, urethra, and rectum:

Ceftriaxone 250 mg IM in a single dose *OR, **if ceftriaxone is not available,*** **Cefixime** 400 mg orally in a single dose	***PLUS***	**Azithromycin** 1 g orally in a single dose *OR* **Doxycycline** 100 mg orally twice a day for seven days

Clinic Resources

- A one-hour webinar, entitled **2010 STD Treatment Guidelines Webinar: An Overview by CDC and the National Network of STD/HIV Prevention Training Centers (NNPTC)**, including presenters Charlotte Kent, Kim Workowski, Jeanne Marrazzo, Edward (Ned) Hook, and Gail Bolan, was held on January 13, 2011, to highlight and to answer questions regarding the changes to the Guidelines. This webinar was recorded and will be available until January 2012 on the California STD/HIV Prevention Training Center (PTC) website: www.stdhivtraining.org/2010webinar.html.
- In addition to the full Guidelines document, you may order wall charts and pocket guides on the CDC website or by calling 800-232-4636.
- The California PTC will be providing courses focused on the new Guidelines, including a three-day fundamentals of STDs course scheduled for

March 14-16, 2011. More information about these courses and other resources can be found online at: www.stdhivtraining.org.

- We are currently revising the two-page summary table of California STD Treatment Guidelines for Adults and Adolescents. An online downloadable PDF version will be available in the next few weeks; laminated versions will be available upon request.

Errata

Some errors were discovered in the original published Guidelines, including errors in the gonorrhea treatment section, which have subsequently been corrected in the STD Control Branch's printed version of the Guidelines.

An error in an alternative treatment regimen for bacterial vaginosis (p. 57) was not corrected in the Branch's printed version of the Guidelines; however, we included the revised page with the correction highlighted. If other errata are discovered, we will update you promptly.

If you would like to receive one or more (up to three) copies of the bound Guidelines, please direct your request to Mary Frederick at: mary.frederick@cdph.ca.gov.

Please direct any questions or suggestions for other resources that would be valuable to you to Dr. Heidi Bauer at: heidi.bauer@cdph.ca.gov. Clinical questions also can be directed to the STD Control Branch "warm line": (510) 620-3400.

Sincerely,

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Cc: See next page.

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