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GAVIN NEWSOM  
Governor

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Dear Colleague,

On July 22, 2021, the United States Centers for Disease Control and Prevention (CDC) released [Sexually Transmitted Infections Treatment Guidelines, 2021](#). This document provides current evidence-based diagnostic, management, and treatment recommendations, and serves 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:

[Chlamydia](#) and [Gonorrhea](#):

- Nucleic acid amplification test (NAAT) platforms have been cleared by the US Food and Drug Administration (FDA) to test for *C. trachomatis* and *N. gonorrhoeae* at rectal and oropharyngeal sites.
- **The recommended treatment regimen for non-pregnant patients with *C. trachomatis* is doxycycline 100mg orally twice a day for seven days.** Azithromycin 1g orally in a single dose is now considered an alternative regimen.
- **The recommended treatment for uncomplicated gonococcal infection is now monotherapy with ceftriaxone 500mg intramuscular (IM) in a single dose, or 1g IM in a single dose for persons weighing  $\geq 150$ kg.** However, if chlamydial infection has not been excluded, providers should treat for chlamydia as above.
- 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.

[Cervicitis](#), [Nongonococcal Urethritis \(NGU\)](#), and [Pelvic Inflammatory Disease \(PID\)](#):

- **The recommended treatment regimen for cervicitis and NGU is doxycycline 100mg orally twice a day for seven days.** Azithromycin 1g orally in a single dose is now considered an alternative regimen. 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.

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- For PID, recommended parenteral treatment for PID includes: ceftriaxone 1g IV every 24 hours plus doxycycline 100mg orally or IV every 12 hours plus metronidazole 500mg orally or IV every 12 hours. IM or oral therapy for mild-to-moderate acute PID includes ceftriaxone 500mg IM in a single dose plus doxycycline 100mg orally twice a day for 14 days plus metronidazole 500mg orally twice a day for 14 days.

### [Mycoplasma genitalium](#)

- Patients with persistent/recurrent NGU or cervicitis should be tested for *M. genitalium*. NAAT for *M. genitalium* is FDA-cleared for use with urine, urethral, penile meatal, endocervical, and vaginal swab samples. Testing should be accompanied with resistance testing, if available. **If *M. genitalium* is detected by an FDA-cleared NAAT, recommended treatment is doxycycline 100 mg orally twice a day for seven days, followed by moxifloxacin 400mg orally once daily for seven days.**

### [Syphilis During Pregnancy](#)

- In addition to screening for syphilis at the first prenatal visit, prenatal screening for syphilis should occur at 28 weeks' gestation and at delivery for pregnant patients who live in communities with high rates of syphilis or who have been at risk for syphilis acquisition during pregnancy. Given the rates of congenital/prenatal syphilis in California, all pregnant patients in California warrant this additional screening (see [Dear Colleague Letter](#) regarding the [California Department of Public Health Expanded Syphilis Screening Recommendations for the Prevention of Congenital Syphilis](#)).
- For the treatment of late latent syphilis or syphilis of unknown duration in pregnant patients, the optimal intervals for doses is seven days. Pregnant patients who miss doses beyond nine days should repeat the full course of therapy.

### [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 2g 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).

In addition, the new CDC guidelines provide updated information on recommended two-step serologic testing for diagnosing [genital herpes](#), harmonized recommendations for [human papillomavirus](#) vaccination with the Advisory Committee on Immunization Practices, and screening recommendations for [transgender and gender diverse persons](#).

The California Department of Public Health (CDPH) will update state STI screening and treatment recommendations to reflect changes in these national guidelines.

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 the STD Clinical Consultation Network (<https://www.stdccn.org>).

Sincerely,



Kathleen Jacobson, MD  
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#### Resources:

1. CDC Sexually Transmitted Infections Treatment Guidelines, 2021: <https://www.cdc.gov/std/treatment-guidelines>
2. 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>
3. STD Clinical Consultation Network: <https://www.stdccn.org>