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EDMUND G. BROWN JR.
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Dear Medical and Public Health Colleagues:

On June 5, 2015, the Centers for Disease Control and Prevention (CDC) released the new [2015 Sexually Transmitted Diseases \(STD\) Treatment Guidelines](https://www.cdc.gov/std/tg2015/default.htm) (<https://www.cdc.gov/std/tg2015/default.htm>). Listed below are highlights of the key screening and treatment recommendations. Yellow stars indicate items that are significantly changed from the 2010 Guidelines. There was a national webinar describing the 2015 CDC STD Treatment Guidelines on June 22, 2015; this can be viewed on the CDC's [STD Webinars website](http://www.cdc.gov/std/training/webinars.htm#tg-overview) (<http://www.cdc.gov/std/training/webinars.htm#tg-overview>).

Chlamydia and Gonorrhea Screening:

- Sexually active women less than age 25 are recommended to receive annual chlamydia and gonorrhea screening¹

STD Screening in Men Who Have Sex with Men (MSM):

- In addition to HIV, syphilis serology, and urine chlamydia and gonorrhea screening, pharyngeal gonorrhea and rectal chlamydia and gonorrhea screening are recommended in sexually active MSM regardless of reported condom use
- ★ Hepatitis C testing (HCV) is now recommended at least annually in MSM with HIV infection; more frequent testing is recommended based on HCV prevalence, high risk behavior, ulcerative STDs, or STD-related proctitis

Male Urethritis Diagnosis:

- ★ Point-of-care diagnostic criteria for male urethritis changed to ≥ 2 white blood cells (WBCs) per oil immersion field (previously ≥ 5 WBCs)
- ★ Point-of-care diagnostic tests recommended for diagnosis now include methylene blue or gentian violet stain microscopy of urethral secretions, in addition to Gram stain microscopy of urethral secretions, first void urine with microscopy, and leukocyte esterase test

¹ U.S. Preventive Services Task Force (USPSTF) recommends chlamydia and gonorrhea screening in sexually active women less than age 25 as grade “B” recommendation.

Gonorrhea Treatment:

- Recommended dual antibiotic treatment for uncomplicated gonococcal infections:
CEFTRIAXONE 250 MG INTRAMUSCULAR (IM) plus AZITHROMYCIN 1 GRAM (g) ORALLY
 - ★ Doxycycline moved to an alternative co-treatment
 - ★ Azithromycin 2 g orally no longer recommended as single drug therapy in cephalosporin-allergy
 - Dual treatment with cefixime 400 mg orally plus azithromycin 1 g orally remains acceptable as expedited partner treatment for gonorrhea
- ★ New gonorrhea treatment options in cases of cephalosporin-allergy, IgE-mediated penicillin allergy, or treatment failure to recommended regimen:
 - **Gentamicin 240 mg IM + azithromycin 2 g orally, or**
 - **Gemifloxacin 320 mg orally + azithromycin 2 g orally**
- ★ Routine test of cure now recommended only for individuals who received an alternative treatment for pharyngeal gonorrhea; test of cure interval has been extended to 14 days after treatment to reduce false positive results (previously 7 days)

Suspected Gonorrhea Treatment Failures:²

- Most treatment failures are due to reinfection; if reinfection likely, treat with recommended regimen (ceftriaxone + azithromycin)
- If true treatment failure is suspected:
 - Obtain culture for antibiotic susceptibility testing³
 - If treatment failure to alternative regimen (cefixime + azithromycin), treat with ceftriaxone 250 mg IM + azithromycin 2 g orally
 - ★ If treatment failure to recommended regimen, treat with gentamicin + azithromycin OR gemifloxacin + azithromycin
 - Report to local or state health department
 - Test of cure 7-14 days after retreatment
 - All partners in last 60 days should be tested with culture and empirically treated using the same regimen used for the patient

² [California Gonorrhea Treatment Guidelines -- Suspected Gonorrhea Treatment Failure](https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/CAGCTreatmentFailureProtocol.pdf)
(<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/CAGCTreatmentFailureProtocol.pdf>)

³ Contact CDPH clinician warm line if you have difficulty obtaining access to culture: 510-620-3400

Chlamydia Treatment:

- ★ Amoxicillin moved to alternative regimen for treatment of chlamydia in pregnancy
- Increasing data that doxycycline is more effective than azithromycin for rectal chlamydia infection; no change to rectal chlamydia treatment
- ★ Delayed-release doxycycline (Doryx) 200 mg daily for 7 days may be an alternative regimen for treatment of urogenital chlamydia infection

Expedited Partner Therapy (EPT):⁴

- ★ EPT for chlamydia and gonorrhea strongly encouraged
- For chlamydia, azithromycin should be provided; for gonorrhea, dual treatment with cefixime + azithromycin should be provided
- ★ Preferred approach is to provide appropriately packaged medication directly to patients to give to their partners; prescriptions are discouraged as many people do not fill prescriptions

Syphilis:

- For pregnant women, benzathine penicillin doses for treatment of late latent syphilis must be administered at 7-day intervals; if a dose is missed or late, the entire series must be restarted
- If clinical signs of central nervous system involvement (neurologic, ocular, auditory, meningitis, stroke) are observed, a cerebrospinal fluid (CSF) examination should be performed

Human Papillomavirus (HPV) Vaccine:

- ★ CDC guidance is aligned with the Advisory Committee on Immunization Practices (ACIP), and includes recently approved 9-valent HPV vaccine:
 - Routine vaccination at age 11 or 12 years old; vaccination is recommended through age 26 for females and through age 21 for males not previously vaccinated
 - Vaccination is recommended for MSM and immunocompromised men through age 26
 - ★ Vaccination of females is recommended with the bivalent, quadrivalent, or nonavalent HPV vaccine; vaccination of males is recommended with quadrivalent or nonavalent HPV vaccine

⁴[California EPT Guidance](https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/EPT-for-CT-GC-Patients_Essential%20Access.pdf) (https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/EPT-for-CT-GC-Patients_Essential%20Access.pdf)

Genital Warts:

- ★ Imiquimod 3.75% is now available as treatment option
- ★ Podophyllin resin was demoted to an alternative regimen after reports of serious toxicities

Trichomonas:

- ★ The use of highly sensitive and specific tests is recommended for detecting trichomonas; improved diagnostic testing is now available, including nucleic acid amplification tests (NAAT), which are highly sensitive among women
- ★ Retest all sexually active women within 3 months after treatment
- Some emerging reports about nitroimidazole resistance but no changes to previously recommended treatment

New Sections:

- ★ Preexposure Prophylaxis (PrEP) for HIV
- ★ Transgender Men and Women
- ★ Hepatitis C
- ★ *Mycoplasma genitalium*
 - No Food and Drug Administration (FDA) cleared test
 - Common cause of nongonococcal urethritis (NGU) and recurrent urethritis
 - Moxifloxacin is more effective than azithromycin for the treatment of *M. genitalium*; doxycycline is largely ineffective against *M. genitalium*

CDC has developed several resources for clinicians based on the updated STD Treatment Guidelines, including:

- [Wall Chart \(http://www.cdc.gov/std/tg2015/2015-wall-chart.pdf\)](http://www.cdc.gov/std/tg2015/2015-wall-chart.pdf). This poster-sized chart provides an overview of the 2015 CDC STD Treatment Guidelines.
- [Pocket Guide \(http://www.cdc.gov/std/tg2015/2015-pocket-guide.pdf\)](http://www.cdc.gov/std/tg2015/2015-pocket-guide.pdf). This booklet includes a summary of the 2015 CDC STD Treatment Guidelines.
- [Apple STD Tx Guide 2015 App \(http://www.cdc.gov/std/tg2015/default.htm\)](http://www.cdc.gov/std/tg2015/default.htm). This can be downloaded for free and is available for Apple devices. An Android app is being developed and will be available later this summer.

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- [Evidence Tables](http://www.cdc.gov/std/tg2015/evidence.htm) (<http://www.cdc.gov/std/tg2015/evidence.htm>). These background documents provide a basis for the recommendations included in the 2015 STD Treatment Guidelines.
- All of these resources can be found on the [CDC's website](http://www.cdc.gov/std/tg2015) (<http://www.cdc.gov/std/tg2015>).

California STD guidelines will be updated to reflect the 2015 CDC STD Treatment Guidelines. California-specific STD guidelines are available on the [CDPH STD Treatment Guidelines page](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STDs-ClinicalGuidelines.aspx) (<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STDs-ClinicalGuidelines.aspx>)

For clinical questions related to the 2015 CDC STD Treatment Guidelines, please contact the STD Clinician Warm Line at (510) 620-3400 or the [STD Clinical Consultation Network](http://www.stdccn.org) (www.stdccn.org) to enter an online consultation request.

Sincerely,

A handwritten signature in black ink, appearing to read "Heidi M. Bauer". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

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