

# THIS IS AN OFFICIAL NH DHHS HEALTH ALERT

Distributed by the NH Health Alert Network  
[DHHS.Health.Alert@dhhs.nh.gov](mailto:DHHS.Health.Alert@dhhs.nh.gov)  
October 20, 2021 1330 EDT (1:30 PM EDT)  
NH-HAN 20211020



## Updated 2021 Sexually Transmitted Infections (STI) Treatment Guidelines

### Key Points and Recommendations:

- Refer to CDC's new [2021 STI Treatment Guidelines](#) for information on prevention, screening, diagnosis, and treatment of STIs. The following are some key updates:
  - Treatment of *Chlamydia trachomatis*: The preferred treatment for adolescents and adults is doxycycline. Azithromycin is now an "alternative regimen" (except during pregnancy) because doxycycline has shown higher treatment efficacy for urogenital, rectal, and oropharyngeal infection.
  - Treatment of *Neisseria gonorrhoeae*: The preferred treatment for uncomplicated urogenital, rectal, and pharyngeal infection in adolescents and adults is monotherapy with ceftriaxone 500 mg IM x1 (for persons weighing  $\geq 150$  kg use 1 gram IM x1). If suspected or documented treatment failure occurs, clinicians should perform a simultaneous nucleic acid amplification test (NAAT) and culture for antimicrobial susceptibility testing. Dual therapy with azithromycin and a cephalosporin is no longer recommended because *N. gonorrhoeae* resistance to azithromycin is increasing.
  - Syphilis screening during pregnancy: Providers should continue to screen all pregnant women for syphilis at their first prenatal visit. Pregnant women who are at risk for syphilis during pregnancy (e.g., due to a substance use disorder, diagnosis of another STI, multiple sex partners or a new sex partner, etc.) should be re-tested for syphilis at 28 weeks' gestation and again at delivery.
  - Management of *Mycoplasma genitalium*: Men with recurrent non-gonococcal urethritis and women with recurrent cervicitis should be tested for *M. genitalium*; testing should be considered in women with pelvic inflammatory disease (PID). Diagnostic testing for *M. genitalium* is with a NAAT. Treatment involves two-stage therapy, and recommendations are based on whether resistance testing is available (see [STI treatment guidelines for Mycoplasma genitalium](#)).
  - Recommendations for treatment of *Trichomonas vaginalis*, bacterial vaginosis, and empiric treatment of PID have been updated.
  - There are new recommendations for two-step serologic diagnosis of genital herpes simplex virus (HSV) infection.
- Review CDC's [screening recommendations summary](#) table for STI screening recommendations by both disease and patient population. Testing should be based on reported sexual behaviors and sites of exposure (e.g., urogenital, pharyngeal, rectal).
  - Take a thorough sexual history to determine patient risk and need for STI screening; review CDC's [A Guide To Taking a Sexual History](#).
- The National Network of STD Clinical Prevention Training Centers (NNPTC) provides online clinical consultation that can be accessed at [www.stdccn.org](http://www.stdccn.org).

- Providers can also reach out to the NH Division of Public Health Services (DPHS) with questions about STI screening and treatment by calling 603-271-4496 (after hours call 603-271-5300 and ask for the public health nurse on call).

### **Background:**

Sexually transmitted infections (STIs), including chlamydia, gonorrhea, and syphilis (and congenital syphilis), have continued to increase across the United States; see [CDC's 2019 STI surveillance report](#) for more details.

#### Chlamydia:

Chlamydia is the most common reportable STI. It causes a variety of clinical syndromes including asymptomatic infection, urogenital disease, pharyngitis, proctitis in men, and pelvic inflammatory disease (PID) in women. Chlamydia infections have steadily increased since the early 2000's, and from 2016 – 2019 there has been an average of ~3,750 reported infections per year in NH (see NH's [5 Year Data Summary Report](#)). In 2020, reported chlamydia cases declined to about 2,885, but people may have sought fewer primary care services during the COVID-19 pandemic.

#### Gonorrhea:

Gonorrhea is the second most common reportable STI. Similar to chlamydia, it can cause asymptomatic infection, urogenital disease, pharyngitis, proctitis in men, and PID in women. NH experienced a more than 250% increase in reported gonorrhea infections in 2016 (see [January 2017 HAN](#)). Since then, gonorrhea infections have remained high with an average of more than 500 reported infections per year from 2016 – 2019 (see NH's [5 Year Data Summary Report](#)). In 2020, gonorrhea infections remained high with more than 450 cases reported, and in 2021 the number of new infections has been increasing.

#### Syphilis:

Syphilis is categorized into different stages of disease based on clinical signs and symptoms (i.e., primary, secondary, tertiary, and latent syphilis). These designations are important because they affect treatment recommendations. Latent syphilis refers to infection lacking clinical manifestations at the time of diagnosis, and is further divided into early-latent (infection acquired within the preceding year), and late-latent or latent syphilis of unknown duration. Neurosyphilis, ocular syphilis, and otosyphilis can occur at any stage of disease. The term "infectious syphilis" is used by public health to refer to infections acquired within 12 months of diagnosis (including primary, secondary, early latent syphilis, etc.). Syphilis has been increasing since the early 2000's, but more substantial increases were observed in NH beginning in 2016 (see [June 2017 HAN](#)). From 2016 – 2019 there have been an average of 88 cases of infectious syphilis reported each year in NH (see NH's [5 Year Data Summary Report](#)). In 2020, 83 cases were reported. There have also been a total of 3 cases of congenital syphilis over the last five years (1 case in 2018 and 2 cases in 2019). Similar to trends seen with gonorrhea, the number of new syphilis infections in 2021 has been increasing driven by an increase in primary and secondary syphilis; 90 cases have been reported so far this year through September.

### **Reporting:**

NH DHHS has updated our [STI Reporting Form](#). Please continue to use this form when reporting cases of chlamydia, gonorrhea, and syphilis.

Additional information and resources can be found on CDC's [Provider Resources](#) website, and on the National Network of STD Clinical Prevention Training Centers at <https://www.nnptc.org/>.

**NH DHHS-DPHS  
NH HAN 20211020 Updated 2021 STI Treatment Guidelines**

---

- For any questions regarding this notification, please call the NH DHHS, DPHS, Bureau of Infectious Disease Control at (603) 271-4496 during business hours (8:00 a.m. – 4:30 p.m.).
- If you are calling after hours or on the weekend, please call the New Hampshire Hospital switchboard at (603) 271-5300 and request the Public Health Professional on-call.
- To change your contact information in the NH Health Alert Network, please send an email to [DHHS.Health.Alert@dhhs.nh.gov](mailto:DHHS.Health.Alert@dhhs.nh.gov).

Status: Actual  
Message Type: Alert  
Severity: Moderate  
Sensitivity: Not Sensitive  
Message Identifier: NH-HAN 20211020 STI Treatment Guidelines  
Delivery Time: 12 hours  
Acknowledgement: No  
Distribution Method: Email, Fax  
Distributed to: Physicians, Physician Assistants, Practice Managers, Infection Control Practitioners, Infectious Disease Specialists, Community Health Centers, Hospital CEOs, Hospital Emergency Departments, Nurses, NHHA, Pharmacists, Laboratory Response Network, Manchester Health Department, Nashua Health Department, Public Health Network, DHHS Outbreak Team, DPHS Investigation Team, DPHS Management Team, Northeast State Epidemiologists  
From: Dr. Benjamin Chan, MD, MPH – State Epidemiologist  
Originating Agency: NH Department of Health and Human Services, Division of Public Health Services

**Attachments:** None