

Guidelines updated for treatment of sexually transmitted infections

July 23 2021



(HealthDay)—Guidelines for the treatment of people with or at risk for



sexually transmitted infections (STIs) have been updated, according to a report published in the July 23 issue of the U.S. Centers for Disease Control and Prevention *Morbidity and Mortality Weekly Report*.

Kimberly A. Workowski, M.D., from the CDC in Atlanta, and colleagues updated guidelines for treatment of persons who have or are at risk for STIs following consultation with professionals knowledgeable in the field of STIs.

The guidelines provide updated recommendations for treatment of Neisseria gonorrhoeae, Chlamydia trachomatis, and Trichomonas vaginalis. For pelvic inflammatory disease, metronidazole was added to the recommended treatment regimen. For bacterial vaginosis, recommended regimens include oral metronidazole, metronidazole gel, or clindamycin cream, and alternative regimens include oral clindamycin, clindamycin ovules, secnidazole, and tinidazole. Recommendations were updated for Mycoplasma genitalium management, with recommended regimens varying if resistance testing is or is not available. Recommendations and counseling messages were updated for human papillomavirus vaccination. Among pregnant women, expanded risk factors were included for syphilis testing. One-time testing is recommended for hepatitis C infection. For men who have sex with men, recommendations were updated for evaluation after sexual assault and include ceftriaxone in a single dose and doxycycline two times/day for seven days. For serological diagnosis of genital herpes simplex virus, two-step testing is recommended.

This report "should be regarded as a source of clinical guidance rather than prescriptive standards," the authors write. "Health care providers should always consider the clinical circumstances of each person in the context of local disease prevalence."

Several authors disclosed financial ties to the biopharmaceutical,



medical device, and medical technology industries.

More information: Abstract/Full Text

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Citation: Guidelines updated for treatment of sexually transmitted infections (2021, July 23) retrieved 24 May 2024 from https://medicalxpress.com/news/2021-07-guidelines-treatment-sexually-transmitted-infections.html

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