

## PRACTICAL PEARL: Sexually Transmitted Infections

<p><b>INTRODUCTION</b></p>	<ul style="list-style-type: none"> <li>• The new 2021 STI Treatment Guidelines have been published by the CDC with changes related to commonly seen STIs: <a href="https://www.cdc.gov/std/treatment-guidelines/default.htm">https://www.cdc.gov/std/treatment-guidelines/default.htm</a></li> <li>• Use of single dose azithromycin has led to antibiotic resistance and does not adequately treat rectal <i>C. trachomatis</i> (CT) infection in either males or females.</li> <li>• Antibiotic sensitivity to cefixime and ceftriaxone for treatment of <i>N. gonorrhoea</i> (NG) remains good in the US, but resistance has been seen in other parts of the world. Ceftriaxone is the only medication to reliably treat pharyngeal infection.</li> <li>• Single dose metronidazole is less effective than a one-week course for women for <i>T. vaginalis</i> (TV) regardless of HIV status. <i>T. vaginalis</i> should be considered in men with persistent/recurrent urethritis. Avoidance of alcohol is no longer recommended while taking metronidazole.</li> <li>• Pelvic Inflammatory Disease (PID) is a polymicrobial disease which includes infection by anaerobic bacteria which were not adequately covered by previously recommended first line treatment.</li> <li>• <i>M. genitalium</i> (MG) is the most common cause of persistent/recurrent urethritis in men. Testing for MG is recommended for recurrent cervicitis in women and can be considered in PID.</li> </ul>
<p><b>INITIAL EVALUATION AND MANAGEMENT BY PRIMARY CARE</b></p>	<ul style="list-style-type: none"> <li>• First void urine is the preferred specimen in males when screening for asymptomatic GC, CT, TV, or symptomatic infection including <b>symptomatic</b> MG.</li> <li>• A clinician or patient self-collected vaginal swab is the preferred specimen in females. Screening for <b>asymptomatic or symptomatic</b> GC, CT, TV is done with the “blue” Aptima swab. The “orange” multi-test Aptima swab is used for <b>symptomatic</b> MG and can also be used to simultaneously test <b>symptomatic</b> GC, CT, TV, MG, yeast, and BV.</li> <li>• Asymptomatic screening for MG is NOT recommended for either males or females since the consequences of asymptomatic infection are unknown.</li> <li>• CT: One week of doxycycline is now recommended. Single dose azithromycin is reserved for all pregnant women or those with significant concern for noncompliance. Test of cure is recommended for all pregnant women and possibly needed for anyone treated with single dose therapy.</li> <li>• GC: A higher single dose of ceftriaxone (500 mg) as <b>monotherapy</b> is now recommended with 1 g needed when the weight is &gt;150 kg.</li> <li>• TV: One week of metronidazole is recommended in all women; single dose metronidazole in men.</li> <li>• PID: Recommendations are for triple drug therapy which includes metronidazole.</li> <li>• MG: One week of doxycycline should be followed by 4 days of azithromycin or one week of moxifloxacin depending on the results of macrolide resistance testing. If resistance is unknown, use moxifloxacin.</li> <li>• Immediate test of cure is not needed if first line treatment is used, but repeat testing for CT, GC, and TV is recommended 3 months post-treatment.</li> </ul>
<p><b>WHEN TO REFER</b></p>	<ul style="list-style-type: none"> <li>• Patients with recurrent STIs, unlikely to be due to reinfection from an untreated partner and unresponsive to treatment recommendations in the 2021 STI guidelines, should be referred for further evaluation.</li> <li>• Males with recurrent symptoms of urethritis, but without objective signs of urethritis, should be referred for further evaluation rather than being prescribed repeated courses of antibiotics</li> </ul>
<p><b>HOW TO REFER</b></p>	<ul style="list-style-type: none"> <li>• (413) 794-KIDS</li> <li>• Referral can be made to Adolescent Medicine or Infectious Diseases.</li> </ul>
<p><b>WHAT TO EXPECT FROM BAYSTATE CHILDREN’S HOSPITAL VISIT</b></p>	<ul style="list-style-type: none"> <li>• Evaluation will focus on potential etiology of persistent symptoms including possible antibiotic resistance as well as determining if further evaluation by another specialty such as urology or gynecology is indicated.</li> </ul>