

2006 STD Guidelines
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[Announcer] This Podcast is presented by the Centers for Disease Control and Prevention.

[Dan Rutz] Welcome to a podcast by CDC's National Center for HIV, STD and TB Prevention – working with partners and providers to eliminate, prevent, and control HIV/AIDS, viral hepatitis, sexually transmitted diseases and tuberculosis in the United States and around the world. I'm your host, Dan Rutz.

Recently, CDC released the 2006 STD Treatment Guidelines, the most widely referenced and authoritative source of information on STD treatment and prevention strategies for clinicians who provide care for persons with STDs or those at risk of STDs. These Guidelines were developed by CDC after consultation with public and private sector professionals knowledgeable in the management of STDs.

Here to discuss the 2006 STD Treatment Guidelines is the author, Dr. Kimberly Workowski, and the Director of CDC's Division of STD Prevention, Dr. John Douglas. Welcome.

[Dr. Douglas] We're very happy to be here today.

[Dan Rutz] Dr. Douglas, tell us please why the STD Treatment Guidelines are such an important tool for health care professionals in the United States?

[Dr. Douglas] Sexually transmitted diseases have far reaching consequences on the sexual and reproductive health of individuals, as well as the long-term health of the community. Too often, these diseases go undiagnosed and untreated.

An estimated 19 million STD infections occur annually in the United States, half among people under the age 25. If they're left untreated, STDs can cause serious health problems ranging from infertility, adverse outcomes of pregnancy, increased risk of HIV infection, and STD-related cancers. The Guidelines advise health care professionals on prevention and vaccination strategies, screening procedures, and most effective treatment regimens for STDs.

[Dan Rutz] Dr. Workowski, are there any new recommendations in this edition of the Guidelines?

[Dr. Workowski] Yes, Dan, there are a variety of new tools available to health professionals.

First, there is new information on suppressive antiviral therapy that providers should consider as part of a strategy to prevent transmission of genital herpes. Suppressive therapy with valacyclovir, 500 mg daily, has been shown to decrease Herpes Simplex Virus, Type 2 transmission among discordant heterosexual couples.

Next, pre-exposure vaccination is one of the most effective methods for preventing transmission of some STDs. A quadrivalent HPV vaccine against human papillomavirus, HPV types 6,11,16,18, is now available and licensed for females ages 9-26. Ideally, the vaccine should be administered before the onset of sexual activity. However, females who are already sexually active may also benefit from vaccination.

There is also a new medication, tinidazole, for the treatment of trichomonas vaginitis. Evidence suggests that tinidazole is equivalent or superior to metronidazole in achieving parasite eradication and resolution of symptoms. It is also more easily tolerated, but it is more expensive.

[Dan Rutz] Dr. Douglas, I understand there are new tools for partner management. Please tell us about them.

[Dr. Douglas] An important component of STD treatment is the evaluation and treatment of sex partners. The provision of partner services and the specific STDs for which they are offered may vary among providers, agencies, and geographic areas. Expedited partner therapy is the practice of treating partners of infected persons without medical evaluation by giving medications or a prescription to the patient to give to the partner. This may be an option for management of heterosexual persons with chlamydia or gonorrhea.

There is no evidence to support the use of expedited partner therapy in the routine management of syphilis or among men who have sex with men who have either chlamydia or gonorrhea infections. Expedited partner therapy may not be feasible in some settings because of operational barriers, including uncertain legal status in some states.

[Dan Rutz] According to CDC, chlamydia and gonorrhea remain the most commonly reported infectious diseases in the United States. Dr. Workowski, what do the Guidelines recommend for the screening of these infections?

[Dr. Workowski] The guidelines reinforce the need for providers to screen all sexually active women under 26 for chlamydia annually, and to screen for gonorrhea if the patient is at increased risk of infection. There is insufficient evidence to recommend routine screening for chlamydia or gonorrhea in sexually active young men. Because of the high prevalence of recurrent infection with chlamydia or gonorrhea, repeat testing should be considered 3-4 months after treatment.

[Dan Rutz] Are there any updates for the treatment of pregnant women?

[Dr. Workowski] Studies support the use, efficacy, and safety of a single dose of azithromycin as a recommended regimen for chlamydial infections in pregnancy.

[Dan Rutz] Dr. Douglas, how do the Guidelines address antibiotic resistance, which continues to be such a problem in the United States?

[Dr. Douglas] The prevalence of quinolone resistant *Neisseria gonorrhoeae* has increased in many areas of the United States and among men who have sex with men, resulting in changes in recommended treatment regimens. Since prevalence of quinolone resistant gonorrhea can vary greatly by location, state and local public health officials should maintain the capacity to detect and monitor the prevalence of resistant strains. We expect that strains of gonorrhea resistant to the quinolones will continue to spread.

In the future, it will probably be inadvisable to use quinolones to treat gonorrhea. Currently, providers should know that quinolones are not recommended for treatment of gonorrhea among men who have sex with men or in areas with increased prevalence of quinolone resistance. In these patients, the recommended treatment is a single dose injection of Ceftriaxone.

[Dan Rutz] Among men who have sex with men, rates of certain STDs, such as syphilis, are increasing. How do the Guidelines address this challenge?

[Dr. Douglas] Dan, in the last decade, increased rates of infectious syphilis, gonorrhea, and chlamydial infection, and of higher rates of unsafe sexual behaviors have been documented among some groups of men who have sex with men. To address this issue, we have included guidance to help increase health care providers' awareness of and vigilance for STDs among men who have sex with men.

[Dan Rutz] Can you elaborate on the specific prevention guidance for at-risk men who have sex with men?

[Dr. Douglas] Providers should assess the risks of STDs for all men, including a routine inquiry about the sex of the patient's sex partners. Clinicians should provide STD/HIV risk assessment and client-centered prevention counseling to reduce the likelihood of acquiring or transmitting STDs.

Routine laboratory screening for common STDs is indicated for all sexually active men who have sex with men. Health care providers should screen at least annually for:

- HIV
- Syphilis
- A test for urethral infection for chlamydia and gonorrhea in men who have had insertive intercourse; a test for rectal infection for chlamydia and gonorrhea in men who have had receptive anal intercourse; and a test for pharyngeal infection for gonorrhea in men who have had receptive oral intercourse.
- Clinicians should consider more frequent STD screening, at 3-6 month intervals, of their patients who have multiple partners, have sex in conjunction with illicit drug use or methamphetamines, or whose sex partners participate in these activities.

Vaccinations for hepatitis A & B are also recommended for men who have sex with men if previous infection or immunization cannot be documented.

Providers also need to be aware of the occurrence of acute hepatitis C and sexually transmitted gastrointestinal syndromes, such as LGV proctitis in men who have sex with men.

[Dan Rutz] Tell us please about some of the new general approaches for STD prevention in the Guidelines.

[Dr. Douglas] The new Guidelines do provide our most updated information about the role of male condoms in reducing HIV and other STDs. First, the Guidelines indicate that the best way to avoid transmission of STDs is to abstain from sex or to be in a long-term, mutually monogamous relationship with an uninfected partner. For people embarking on a mutually monogamous relationship, screening for common STDs before initiating sex might reduce the risk for future transmission of STDs. For persons whose sexual behaviors place them at risk for STDs, male latex condoms -- when used consistently and correctly -- are highly effective in preventing the sexual transmission of HIV and can reduce the risk for other STDs, including chlamydia, gonorrhea, and trichomoniasis and might reduce the risk of pelvic inflammatory disease.

Of note, new data suggest that condom use might reduce the risk of transmission of herpes simplex virus-2 and of acquiring HPV-associated diseases, particularly, genital warts and cervical cancer. In addition, recent data indicate a protective effect of condoms on the acquisition of genital HPV infection, with one recent prospective study among newly sexually active college women demonstrating that consistent condom use was associated with a 70% reduction in risk of HPV transmission.

[Dan Rutz] Dr. Workowski, Are there any prevention strategies in the Guidelines that you would like to highlight?

[Dr. Workowski] The new Guidelines highlight two important prevention strategies for those at risk of HIV infection and Hepatitis B. HIV testing is recommended for all persons who seek evaluation and treatment for STDs, and in accordance with new CDC guidance, consent for HIV testing should be incorporated into the general consent for care, with an opportunity to decline HIV testing, an approach called opt-out testing. The Guidelines also make stronger recommendations for vaccination against Hepatitis B. Hepatitis B vaccine should be routinely offered to all unvaccinated persons attending STD clinics or to those seeking treatment for STDs in other settings, including correctional facilities, drug abuse treatment and prevention centers, clinics serving men who have sex with men, and HIV testing and treatment sites.

[Dan Rutz] Drs. Workowski and Douglas, thanks for joining us. For more information on the 2006 STD Treatment Guidelines, visit the CDC website at www.cdc.gov/std or call CDC's National Prevention Information Network at 800-458-5231.

For CDC, I'm Dan Rutz.

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