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**DEPARTMENT OF
HEALTH AND HUMAN SERVICES**
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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Technical Bulletin

Date: August 9, 2021
Topic: Sexually Transmitted Infections Treatment Guidelines, 2021
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To: Health Care Providers, Medical Facilities, and Correctional Facilities

Situation:

The Centers for Disease Control and Prevention (CDC) has updated its Sexually Transmitted Infection (STI) Treatment Guidelines. These guidelines provide current evidence-based diagnostic, management, and treatment recommendations for STIs.

Summary Guidance for New STI Treatment Guidelines:

The new guidelines include notable updates from the previous 2015 guidance, including updated treatment recommendations for chlamydia, and for uncomplicated gonorrhea in neonates, children, and other specific clinical situations (e.g., proctitis, epididymitis, sexual assault), which builds on broader treatment changes published in Morbidity and Mortality Weekly Report late last year. This technical bulletin includes a summary of treatment updates, you can read the full 192-page guidance document here: <https://www.cdc.gov/std/treatment-guidelines/STI-Guidelines-2021.pdf>

Updated Treatment for Chlamydia Infection:

Regimen for Adults and adolescents

- Doxycycline 100 mg orally 2x/day for 7 days

Alternative regimen for Adults and adolescents

- Azithromycin 1 gm orally in a single dose **OR** levofloxacin 500 mg orally 1x/day for 7 days

Regimen for Pregnancy

- azithromycin 1 gm orally in a single dose

Alternative regimen for Pregnancy

- amoxicillin 500 mg orally 3x/day for 7 days

Regimen for Infant and children <45 kg (nasopharynx, urogenital, and rectal)

- erythromycin base, 50 mg/kg body weight/day orally, divided into 4 doses daily for 14 days **OR** erythromycin ethylsuccinate, 50 mg/kg body weight/day orally, divided into 4 doses daily for 14 days

Regimen for Children who weigh ≥45 kg, but who are aged <8 years (nasopharynx, urogenital, and rectal)

- azithromycin 1 gm orally in a single dose

Regimen for Children aged ≥8 years (nasopharynx, urogenital, and rectal)

- azithromycin 1 gm orally in a single dose **OR** doxycycline 100 mg orally 2x/day for 7 days

Regimen for Neonates: ophthalmia and pneumonia

- erythromycin base, 50 mg/kg body weight/day orally, divided into 4 doses daily for 14 days **OR** erythromycin ethylsuccinate, 50 mg/kg body weight/day orally, divided into 4 doses daily for 14 days

Alternative regimen for Neonates: ophthalmia and pneumonia

- azithromycin suspension 20 mg/kg body weight/ day orally, 1x/day for 3 days

Updated Treatment for Gonococcal Infection:

Regimen for uncomplicated gonococcal infections of the cervix, urethra, or rectum:

- Ceftriaxone 500 mg intramuscular (IM) as a single dose for persons weighing <150 kg (300 lb.).
- For persons weighing ≥150 kg (300 lb.), 1 g of IM ceftriaxone should be administered.

Alternative regimens for uncomplicated gonococcal infections of the cervix, urethra, or rectum if ceftriaxone is not available:

- If cephalosporin allergy: Gentamicin 240 mg IM as a single dose plus azithromycin 2 g orally as a single dose **AND** azithromycin 2 gm orally in a single dose
- If ceftriaxone administration is not available or not feasible: cefixime 800 mg orally in a single dose

Recommended regimen for uncomplicated gonococcal infections of the pharynx and pregnancy:

- Ceftriaxone 500 mg IM as a single dose

Recommended regimen for gonococcal infection with conjunctivitis

- ceftriaxone 1 gm IM in a single dose

Recommended regimen for Disseminated gonococcal infections (DGI)

- ceftriaxone 1 gm IM or by IV every 24 hours

Alternative regimens for Disseminated gonococcal infections (DGI)

- cefotaxime 1 gm by IV every 8 hours
- **OR** ceftizoxime 1 gm every 8 hours

Recommended regimen for Uncomplicated gonococcal vulvovaginitis, cervicitis, urethritis, pharyngitis, or proctitis: infants and children ≤45 kg

- ceftriaxone 25–50 mg/kg body weight by IV or IM in a single dose, not to exceed 250 mg IM

Recommended regimen for Uncomplicated gonococcal vulvovaginitis, cervicitis, urethritis, pharyngitis, or proctitis: children >45 kg

- Treat with the regimen recommended for adults (see above)

Recommended regimen for Ocular prophylaxis in neonates

- erythromycin (0.5%) ophthalmic ointment in each eye in a single application at birth

Recommended regimen for Ophthalmia in neonates and infants

- ceftriaxone 25–50 mg/kg body weight by IV **OR** IM in a single dose, not to exceed 250 mg

Alternative regimen for Ophthalmia in neonates and infants

For neonates unable to receive ceftriaxone due to simultaneous administration of intravenous calcium:

- cefotaxime 100 mg/kg body weight by IV or IM as a single dose

Resources:

1. CDC Sexually Transmitted Infection Treatment Guidelines, 2021 available online at:
<https://www.cdc.gov/std/default.htm>
2. Technical Bulletin: Recommendations for Hepatitis C Screening Among Adults, July 2021:
<https://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Resources/TB-HepC-Screening-07-23-2021.pdf>
3. Technical Bulletin: PrEP (Pre-Exposure Prophylaxis) and PEP (Post-Exposure Prophylaxis), July 2021:
<https://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Resources/TB-PrEP-PEP-07-09-2021.pdf>
4. Technical Bulletin: Expedited Partner Therapy (EPT), May 2021:
<https://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Resources/TB-EPT-05242021.pdf>
5. CDC, Syphilis Diagnosis and Treatment: <https://www.cdc.gov/std/treatment-guidelines/syphilis.htm>

Questions:

For updated guidance, please review the DPBH Technical Bulletin [website](#) and Nevada's health response [website](#) regularly.



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