

**November 2021 KAHF Post: Kentucky Adolescent health forum**  
**A Teen with Vaginal Discharge: A Review of New STI Treatment Guidelines 2021**

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Case: An 18-year-old female is in your clinic requesting screening for STIs. She had sex with one male and one female partner in the last one month. Her boyfriend was diagnosed with Chlamydia infection one week ago. She is on birth control pills. Her last period was one week ago. What tests would you like to order?

Adolescents and young adults ages [15-24 years](#) account for almost half of the new [sexually transmitted infections](#). CDC released [updated STI treatment Guidelines](#) in July 2021. The new guidelines provide important updates notably for STI testing and treatment strategies.

Screening for Chlamydia and Gonorrhea infections is recommended on an annual basis for all sexually active females aged <25 years. Screening for Chlamydia and Gonorrhea, including pharyngeal or rectal testing, should be offered to YMSM (Young Men Who Have Sex with Men) at least annually. For women, C. trachomatis genitourinary infections can be diagnosed by a first-void urine sample, vaginal or cervical swabs. GC and CT PCR tests from a Rectal swab can be considered for females based on reported sexual behaviors through [shared clinical decision making](#). Similarly, gonococcal infections can be diagnosed through urine/ cervical/vaginal / rectal/oropharyngeal specimens as considered appropriate for sexual practices.

***Initial tests results show that Chlamydia PCR is positive. How do you treat this patient?***

The new STI treatment guidelines recommend **Doxycycline 100 mg BID orally x 7 days** as the preferred regimen. Alternate regimen of Azithromycin 1 gm PO once is recommended in pregnancy, known history of allergy to doxycycline or if there are concerns regarding compliance with a 7-day treatment course of doxycycline. If gonorrhea has not been excluded, preferred treatment regimen for uncomplicated Gonococcal infections is Ceftriaxone\*500 mg IM x 1 (previously 250 mg IM). Alternative regimens if patient has Cephalosporin/ Penicillin allergy is Gentamicin 240 mg IM single dose PLUS Azithromycin 2 gm orally in a single dose

***Your patient calls the clinic asking about gonorrhea treatment for her boyfriend. She asks if he has to come in to get tested again?***

[Expedited Partner therapy \(EPT\)](#) can be offered to the index patient's exposed partner/s without examining them. You recommend EPT both her male and female partners. Patients should be [educated on safe sex](#) and instructed to [abstain](#) from sexual intercourse until they and their sex partners have been treated and symptoms resolved. Recommended regimen for chlamydia is the same as for the index patient, Doxycycline 100 mg PO BID for 7 days. New recommendation for EPT treatment for Gonorrhea is Cefixime 800 mg PO x 1.

***Your patient's female partner calls the clinic one week later. She did not take the medicines you prescribed. She complains of lower abdominal pain and fever. On exam, she has cervical motion tenderness. You diagnose her with mild to moderate PID. How do you to treat her?***

Treatment regimens for [PID](#) should cover N. Gonorrhea, c. trachomatis and anaerobes. New STI guidelines recommend a total of 14 days of treatment with Ceftriaxone\* 500 mg IM x 1 PLUS Doxycycline 100 mg BID PLUS Metronidazole 500 mg BID.

\* For persons weighing  $\geq 150$  kg, 1 g of IM Ceftriaxone should be administered.