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# Treatment of Sexually Transmitted Diseases (STD's): New Additions to an Old Tradition

In August, 1982, the Centers for Disease Control released new and updated "Treatment Guidelines for Sexually Transmitted Diseases (STD)" in a supplemental issue of the Morbidity and Mortality Weekly Report (MMWR). We would like to review the most significant changes which were recommended by the Centers for Disease Control.

Probably the most significant change in the August, 1982 Guidelines was the expansion from traditional recommendations limited to the five classic venereal diseases - gonorrhea, syphilis, chancroid, lymphogranuloma venereum, and lymphogranuloma inguinale - to include a more comprehensive list of sexually transmitted diseases encompassing infections with chlamydia, genital herpes, cytomegalovirus (CMV) infections, group B streptococcal infections, hepatitis, vaginitis, enteric infections, genital warts and ectoparasitic diseases. Because of the length of these recommendations, we are not able to print all of them in this bulletin. Copies may be obtained by writing or calling the Sexually Transmitted Diseases Unit, Section of Communicable Disease Control, 561-4233.

Among the more significant changes in treatment recommendations are the following:

1. a combination of amoxicillin (or ampicillin) followed by a tetracycline has been proposed for the treatment of uncomplicated gonococcal infection.

2. major changes have occurred in CDC recommendations for the treatment of acute pelvic inflammatory disease (PID). Several combination regimens with broad in vitro activity against major pathogens that play a role in PID are presented. Since the last CDC recommendations in 1979, studies have revealed that previous recommendations for treatment of acute PID with ampicillin, amoxicillin and/or tetracycline are associated with unacceptable clinical failure rates. No clinical studies have produced data that clearly establish a single treatment of choice. Consequently, several PID treatment guidelines have been presented based primarily on the collective wisdom and experiences of experts. Examples of combination regimens for treatment of PID include:

   - oxycycline and cefoxitin
   - clindamycin + gentamicin or tobramycin
   - doxycycline + metronidazole.

   While some experts feel that ambulatory treatment can be employed for PID, many experts recommended that all patients with PID be hospitalized for treatment. Complete recommendations for treatment of PID in the STD treatment guidelines include information on antibiotic use, including doses and routes of administration.

6. Treatment guidelines are provided for three common, yet less well defined, syndromes associated with STD in women.

   - Gardnerella vaginalis is now believed to have a significant role in causing a distinct vaginal discharge that will respond to appropriate therapy
   - mucopurulent cervicitis often reflects cervicitis due to chlamydia or gonococcal infection.
   - the urethral syndrome (dysuria-frequency syndrome) may also be associated with important sexually transmitted pathogens that can be readily managed when accurately diagnosed.

10. The new guidelines address the management of STD's in rape victims and sexually abused children. While the risk of these victims of contracting an STD is poorly defined, the guidelines give recommendations on how they can be appropriately evaluated and managed.

We urge all physicians and other health care providers who diagnose and treat individuals afflicted with sexually transmitted diseases to become thoroughly familiar with the CDC guidelines. Consultation on individual patients is available through the Sexually Transmitted Disease Unit, Section of Communicable Disease Control, 561-4233, or from the Epidemiology Office, 561-4406.

(Washington AE, Mandell GL, Treatment of sexually transmitted diseases: new additions to an old tradition, Rev Inf Dis, 1982, 4:S727-28. Sexually transmitted diseases treatment guidelines, 1982 Morbid Mortal Wkly Rep, 1982, 31 (Supp.): 32S-62S.)

## SYPHILIS IN ALASKA - 1982

Early syphilis (primary, secondary and early latent under 1 year's duration) increased from 27 cases in 1981 to 32 cases in 1982. Twenty-two of last year's cases were male and 13 (59%) were gay. A total of 56 cases (all stages) were reported in 1982, including 3 military cases, the same number reported in 1981. However, our rate of civilian syphilis (all stages) decreased from 12.5 cases per 100,000 population in 1981 to 12.0 cases per 100,000 population in 1982. In 1981 the national rate of syphilis (all stages) was 32.0 cases per 100,000 population. We reported no cases of congenital syphilis in 1982.

(Reported by Tom Kelly, Public Health Advisor, STD Unit, Section of Communicable Disease Control)