Updated STD Guidelines From CDC Coming Soon

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BOSTON — The soon-to-be-released 2006 STD treatment guidelines from the Centers for Disease Control and Prevention are likely to include new recommendations for the diagnosis or treatment of gonorrhea, bacterial vaginosis, trichomoniasis, herpes simplex virus, and human papillomavirus, according to a former CDC official.

Some of the recommendations could change before publication of the final report, but probably not in these treatment areas, Dr. Willard Cates explained. He outlined his predictions for the new guidelines during a conference on contraceptive technology sponsored by Contemporary Forums.

The CDC plans to release the 2006 STD guidelines later this summer. They represent the first update since 2002. When making its recommendations, the CDC weighs scientific evidence, costs, availability, and ease of adherence.

According to Dr. Cates, the updated guidelines will recommend new regimens for treating homosexual men with gonorrhea, pregnant women with bacterial vaginosis, and all individuals with trichomoniasis.

The CDC guidelines also will recommend "what you might think of as suppressive therapy" to reduce the transmission of herpes simplex virus in heterosexual couples. "Treatment is preventative," observed Dr. Cates, president of the Family Health Institute in Research Triangle Park, N.C.

To improve medication adherence among individuals with recurrent disease, some of the new guidelines will recommend higher antiviral dosing for shorter periods of time, he added.

In addition to offering diagnostic and treatment recommendations, the new CDC guidelines also will emphasize counseling for sex partners and other strategies aimed at interrupting chains of transmission.

Azithromycin will probably not be advised for gonorrhea because of concerns about antimicrobial resistance.

The CDC guidelines are intended to serve as "tools, not rules," Dr. Cates emphasized. "More choices allow you more flexibility and adherence, with an emphasis on client-centered counseling."

Here are some of the likely new recommendations in the 2006 guidelines, according to Dr. Cates:

Gonorrhea

► Quinolones will continue to be appropriate therapy in women and in heterosexual men and women.

► Cefpodoxime 400 mg or cefuroxime 1 g will be acceptable alternative therapies in men who have sex with men and in geographical areas where quinolone-resistant gonorrhea has become increasingly prevalent.

► Azithromycin will not be recommended because of concerns about potential emergence of antimicrobial resistance.

Bacterial Vaginosis

► In a woman with a previous high-risk pregnancy, oral metronidazole 500 mg twice daily will be recommended.

Trichomoniasis

► Expanded diagnostic options will include the OSOM *Trichomonas* rapid test (an immunochromatographic capillary flow/dipstick assay) and the Affirm VP III nucleic acid probe test.

► Single-dose tinidazole 2 g will be recommended for initial treatment or treatment failure.

Herpes Simplex Virus

► For recurrent episodes, treatment recommendations will include acyclovir 800 mg three times daily for 2 days or famciclovir 1 g twice daily for 1 day.

► Valacyclovir 500 mg daily will be recommended to reduce transmission in herpes-discordant heterosexual couples.

Human Papillomavirus

► The guidelines will recommend that HPV tests be reserved for cervical cancer screening only.

► The guidelines will recommend against HPV screening for sexually transmitted disease in the general population. ■