



National Network of
STD Clinical Prevention
Training Centers



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STI Treatment Guidelines

2021 RECOMMENDATIONS NOW AVAILABLE

National Webinar initially presented September 22, 2021

<https://www.youtube.com/channel/UCwxtukwft0uxhFAPGAUUeFQ>

Subset presented November 5, 2021 at NECHA-NYSCHA



Goals

- Share updates included in the 2021 STI Treatment Guidelines
- Discuss the rationale for these updates
- Align clinical practice with updated guidelines





Presenting NNPTC Faculty

Ratelle PTC

Katherine Hsu, MD, MPH

Kevin Ard, MD, MPH

Erica Hardy, MD, MMSc

PTC at Johns Hopkins

Khalil Ghanem, MD, PhD

Barbara Wilgus, MSN, CRNP

Southeast PTC

Candice McNeil, MD, MPH

NYC PTC

Jason Zucker, MD, MS

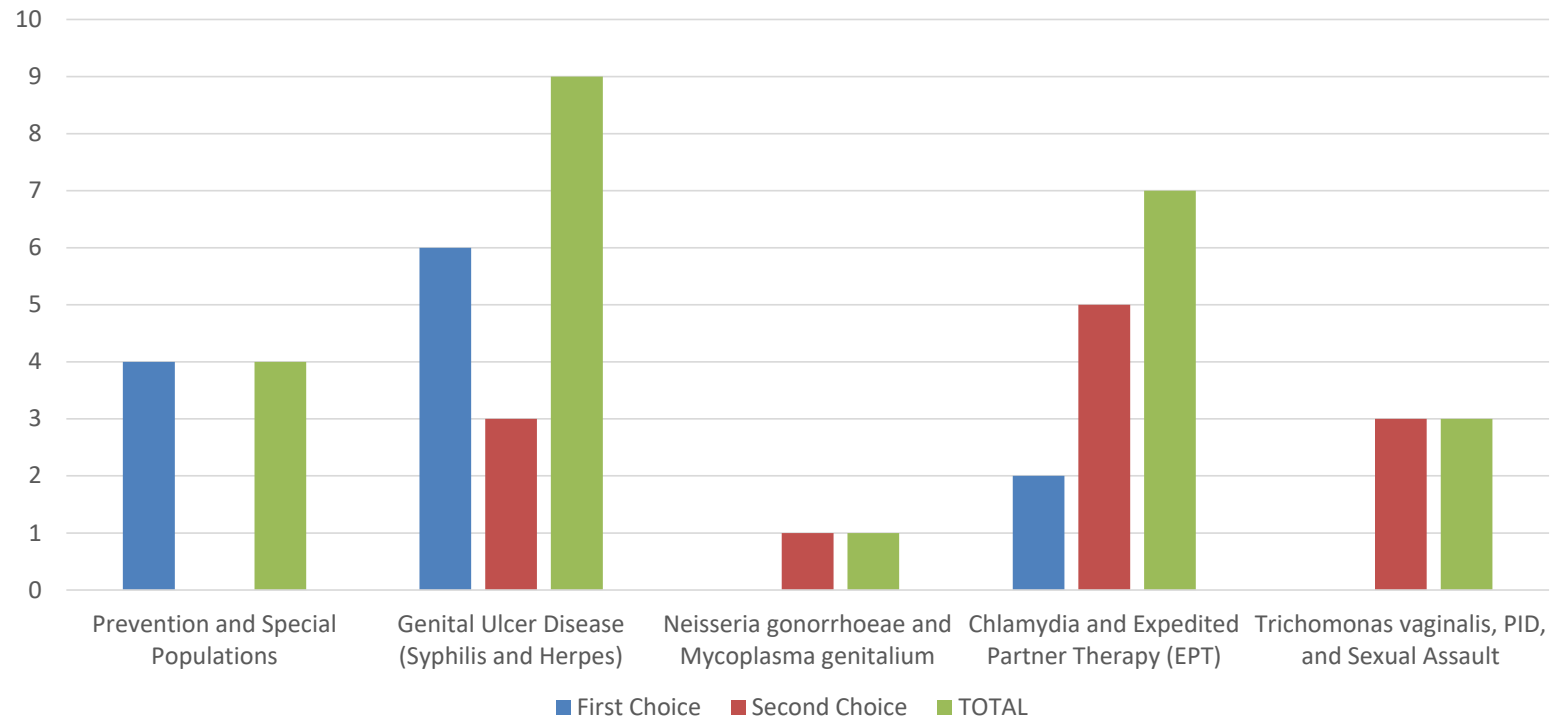


Disclosures

- CDC, our planners, content experts, and their spouses/partners wish to disclose they have no financial interests or other relationships with the manufacturers of commercial products, suppliers of commercial services, or commercial supporters with the exception of Candice McNeil and she wishes to disclose Clinical Trials: Atlas (past), BARDA/GSK (current), BD (current), Cepheid (past), NIH (ongoing). Grants: CDC (ongoing), Gilead (current), NACCHO (past).
- Planning committee reviewed content to ensure there is no bias.
- Content will not include any discussion of the unlabeled use of a product or a product under investigational use.
- CDC did not accept commercial support for this continuing education activity.

Florida-Massachusetts Lunch-and-Learn

What would you like to hear about today?





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Genital Ulcer Diseases 2021 Update

Khalil Ghanem, MD, PhD

kghanem@jhmi.edu

Syphilis 2021 Update:

What to do with RPR Titers that Don't Respond Appropriately



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- **Lack of a fourfold decline in titers** after waiting a **full 12m** following therapy for early syphilis and a **full 24m** following therapy for late syphilis:
 - Any neurological signs/symptoms? **If yes, perform immediate LP**
 - Could the patient have been reinfected? **If yes, treat**
 - If both of the above are negative, you can either follow the patient carefully or you can give additional antibiotics. Several observational studies suggest that there are **NO short/intermediate-term benefits to additional antibiotics**
- A **four-fold increase in titers** after appropriate therapy:
 - Any neurological signs/symptoms? **If yes, perform immediate LP**
 - Could the patient have been reinfected? **If yes, treat**
 - If the patient denies the possibility of reinfection, **and the titer continues to be elevated when repeated two weeks later, consider performing a LP**

Syphilis 2021 Update: CSF Examination



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- Perform a lumbar puncture (LP) in persons who:
 - **Have neurological signs and symptoms**
 - Are diagnosed with tertiary syphilis (cardiovascular, gummas)
 - Consider in those who are asymptomatic but whose serological titers increase four-fold after stage-appropriate therapy and in whom the likelihood of reinfection is low
- No data to support routine LP in asymptomatic PWH
- No need for follow-up LP 6 months after the diagnosis and treatment of neurosyphilis in HIV uninfected or PWH who are on ART if they improve clinically, and their serological titers are responding appropriately

2021 Update: Otic and Ocular Syphilis



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Otosyphilis

- **Clinical manifestations:** cochleovestibular dysfunction and syphilis infection without an alternate diagnosis; ~50% bilateral
 - Symptoms: **Hearing loss, vertigo, and/or tinnitus** (ringing in the ears)
 - Diagnosis is presumptive; **CSF examination is normal in 90% of cases and is NOT recommended if patient only has otic signs and symptoms**
- **Immediate referral for evaluation**
- **Therapy:** IV penicillin (+/- corticosteroids)

Ocular Syphilis

- Clinical manifestations: any portion of the eye; any ocular manifestation;
 - Symptoms: Redness, pain, floaters, flashing lights, visual acuity loss
 - Diagnosis is presumptive; **CSF examination is normal in 40% of cases and is NOT recommended if patient only has ocular signs and symptoms**
- **Immediate ophthalmological examination**
- **Therapy:** IV penicillin (+ corticosteroids)

2021 Syphilis Update: Syphilis During Pregnancy



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- Maternal risk factors for syphilis during pregnancy include sex with multiple partners, sex in conjunction with drug use or transactional sex, late entry to prenatal care (i.e., first visit during the second trimester or later) or no prenatal care, methamphetamine or heroin use, incarceration of the woman or her partner, and unstable housing or homelessness
- Certain evidence indicates that additional therapy is beneficial for pregnant women to prevent congenital syphilis. For women who have primary, secondary, or early latent syphilis, a second dose of benzathine penicillin G 2.4 million units IM can be administered 1 week after the initial dose
- Missed doses **>9 days** between doses are not acceptable for pregnant women receiving therapy for late latent syphilis

HSV 2021 Update: Serological Diagnosis

2-Step Testing



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- Recommended serological tests for HSV-1 and HSV-2 are the Glycoprotein-G-based IgG EIAs [e.g., HerpeSelect HSV-2 EIA]
 - There are issues with the **SPECIFICITY** of the IgG-2 EIAs with EIA index values <3.0 [in one study, the specificity was 38%]
 - Laboratories should provide index values for all HSV-2 IgG EIA results
 - **If the index value <3.0, a second more specific test should be performed to confirm the original EIA result.** There are two options for the second test:
 - HSV-2 Western Blot- only performed at the University of Washington
 - <https://depts.washington.edu/uwviro/>
 - HSV-2 *Biokit Rapid Test* (Biokit USA, Lexington MA)
- **NEVER IgM serologies**- they are neither sensitive nor specific to diagnose a recent infection

Use screening tools to identify patients who need specialty care ...

Neuro-ocular-
otic syphilis –
occurs in ~2-5%
of secondary
syphilis cases!

Screening Questions for Neurosyphilis (Including Ocular and Ootosyphilis)

Questions	
<u>Symptoms of Ootosyphilis</u>	
1) Have you recently had new trouble hearing?	<input type="checkbox"/> Yes – refer to ENT <input type="checkbox"/> No
2) Do you have ringing in your ears?	<input type="checkbox"/> Yes – refer to ENT <input type="checkbox"/> No
<u>Symptoms of Ocular syphilis</u>	
3) Have you recently had a change in vision?	<input type="checkbox"/> Yes – refer to ophthalmology <input type="checkbox"/> No
4) Do you see flashing lights?	<input type="checkbox"/> Yes – refer to ophthalmology <input type="checkbox"/> No
5) Do you see spots that move or float by in your vision?	<input type="checkbox"/> Yes – refer to ophthalmology <input type="checkbox"/> No
6) Have you had any blurring of your vision?	
<u>Symptoms of neurosyphilis</u>	
7) Are you having headaches?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8) Have you recently been confused?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9) Has your memory recently gotten worse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10) Do you have trouble concentrating?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11) Do you feel that your personality has recently changed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12) Are you having a new problem walking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13) Do you have weakness or numbness in your legs?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Medical providers should consider evaluation and treatment for neurosyphilis in persons with new persistent headaches rated as moderate or greater; new change in vision, including loss, blurring, seeing spots or flashing lights; new change in hearing, including loss, muffling or tinnitus; new and persistent change in personality, memory or judgment; new numbness in both legs; or new gait incoordination.

HIV / STD Program

January 21, 2015

Public Health 
Seattle & King County

With these guideline changes, what challenges might you anticipate in your clinical practice?

clear
simple
other clinicians want Ip
uncomplicated
why test herpes

