

Nebraska Department of Health and Human Services

# Health Alert Network

## UPDATE

December 2, 2025

### Sexually Transmitted Infection (STI) Treatment Guidelines

#### Background:

Nebraska has reported 6,944 chlamydia cases, 1,373 gonorrhea cases, 522 syphilis cases, and 22 congenital syphilis cases during 2025 year-to-date. Although overall Nebraska STI case counts are beginning to decline, rates remain above 2019 levels. Furthermore, congenital syphilis continues at a high level, with five (5) stillbirth cases since 2023, and 22 congenital syphilis cases reported year-to-date in 2025 for Nebraska. **Each case of congenital syphilis represents a preventable outcome.**

Incomplete or inaccurate treatment, as well as missed screening opportunities, continue to occur across the state. Healthcare providers are strongly encouraged to follow Centers for Disease Control and Prevention (CDC) screening and treatment guidelines to protect patients, especially infants, from preventable harm or death. Ensuring the recommended medication and dosage are used is essential to preventing the transmission of infections, slowing the development of antibiotic resistance, and reducing the risk of serious complications. **CDC released updated recommendations to the *Sexually Transmitted Infections Treatment Guidelines* in 2021, which remain the standard of care and should be used as guidance to help treat STIs in Nebraska.**

Clinicians with questions about STI clinical management should contact an Infectious Diseases specialist or [the online National Network of STD Clinical Prevention Training Centers \(NNPTC\) STD Clinical Consultation Network](#).

#### Current CDC Recommendations:

1) Syphilis (*Treponema pallidum*) screening during pregnancy:

- Continue to screen all pregnant patients for syphilis at their first prenatal visit. Pregnant patients who are at risk for syphilis should be retested at 28 weeks of gestation and again at delivery.
- Updated guidelines [expand](#) increased risk factors to include: multiple partners, drug use, late or no prenatal care, incarceration of the patient or their partner, and unstable housing or homelessness.

2) Treatment for Syphilis (*T. pallidum*):

- For primary, secondary, or early latent (<1 year infected, aka early nonprimary, nonsecondary) syphilis, treat with benzathine penicillin G, 2.4 million units intramuscular (IM), single dose.
- For late latent (>1 year duration), tertiary without CNS involvement, or syphilis of or unknown duration, treat with three doses of 2.4 million units IM benzathine penicillin G, administered at 7 day intervals, for a total of 7.2 million units.
- **Pregnant women should be treated with the recommended penicillin regimen for their stage of infection.**
  - i. **Pregnant women with a penicillin allergy should be desensitized and treated with penicillin G.**

- For neurosyphilis, ocular syphilis, and otosyphilis treat with aqueous crystalline penicillin G 18-24 million units per day, administered as 3-4 million unit intravenous (IV) every 4 hours or as a continuous infusion (CI), for 10-14 days.
- For congenital syphilis treatment guidelines see pages 51-56 of the [Sexually Transmitted Infections Treatment Guidelines, 2021](#).
- Doxycycline is acceptable for a nonpregnant patient but is not preferred.
- CDC recommends follow-up clinical and serologic testing at 6 and 12 months after treatment. Additional follow-up visits may be indicated based upon the stage of syphilis and medical history of the patient.

3) Treatment for Chlamydia (*Chlamydia trachomatis*):

- The preferred treatment for adolescents and adults is [Doxycycline](#) 100 mg orally twice daily for 7 days.
  - A single dose of Azithromycin 1 gm orally is now an alternative in case of a known allergy or during pregnancy.
- Infants and children <45 kg should be treated with either erythromycin base or ethylsuccinate 50 mg/kg body weight orally per day divided into 4 doses daily for 14 days.
- CDC recommends retesting patients 3 months after treatment.

4) Treatment for Gonorrhea (*Neisseria gonorrhoeae*):

- The preferred treatment for uncomplicated urogenital, rectal, and pharyngeal infection in adolescents and adults, including during pregnancy, is a single-dose IM injection of ceftriaxone 500 mg.
- For uncomplicated infections in adolescents and adults with a cephalosporin allergy, treat with a single dose of gentamicin 240 mg IM plus a single dose of azithromycin 2 mg orally.
- If co-infection of chlamydia is suspected, add doxycycline 100 mg orally, twice a day for 7 days.
- Routine dual treatment with azithromycin is no longer recommended because *N. gonorrhoeae* resistance to azithromycin is increasing.
- CDC recommends retesting patients 3 months after treatment.

**Additional Information**

[CDC Experts: 5 Key Changes to STI Treatment Guidelines](#)

[CDC STI Treatment Guidelines, 2021, MMWR](#)

[CDC STI Treatment Guidelines, 2021, Pocket Guide](#)

[CDC Clinical Guidance for STIs](#)

[CDC STI Screening Recommendations](#)

[CDC STI Treatment Guide Mobile App](#)

[CDC Expedited Partner Therapy](#)

[National STD Curriculum: Syphilis](#)

We appreciate all your hard work in preventing and addressing STIs in Nebraska.

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