

Q10 Treatment of STIs

Low doxycycline prescription fill rates are observed following emergency department visits for sexually transmitted infections.

- ☐ True
- ☐ False

Educational Point: In 2021, the Centers for Disease Control (CDC) changed its treatment guidelines for uncomplicated Chlamydia infections to recommend a seven day course of doxycycline as the preferred regimen over a one-time dose of azithromycin, unless adherence concerns exist. Prior studies have found that 17%–42% of emergency department (ED) patients treated for STIs never fill their doxycycline prescription. However, these studies were limited by small sample sizes and data completeness. These authors used a contemporary, multi-site dataset to assess doxycycline fill rates among ED patients treated for presumed Chlamydia infections.

This was a retrospective observational cohort study of consecutive adult (≥ 18 years old) patients discharged from four EDs within a single healthcare system between January 1st 2017 and December 31st 2022. Patients were included if they had an

ED diagnosis suggestive of an STI and were discharged with a doxycycline prescription. The primary outcome was doxycycline prescription filling within 1 week of the ED visit.

Of the 1577 patient visits with available information, only 1140 (72%) filled their doxycycline prescription within 1 week. Less than half (49%) of uninsured patients filled their prescriptions. Female patients were more likely to fill their prescription (75%) compared to male patients (65%).

Despite CDC guidelines recommending doxycycline, balancing treatment with real world adherence should be considered, particularly in marginalized populations such as the uninsured. ED administration of single-dose azithromycin may still be a pragmatic alternative.

The correct answer is true.

Reference: Sherak RAG, Amster L, Sangal RB. Low Doxycycline Prescription Fill Rates Following Emergency Department Visits for Sexually Transmitted Infections. *Acad Emerg Med.* 2026 Jan;33(1):e70215.

Link: <https://onlinelibrary.wiley.com/doi/10.1111/acem.70215>

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Q11 Duration of Antibiotic Treatment in Community Acquired Pneumonia

For immunocompetent adults with community acquired pneumonia who are clinically stable outcomes are inferior with a 3-to-5-day course of antibiotics compared to a longer duration.

- ☐ True
- ☐ False

Educational Point: In 2019, the American Thoracic Society (ATS) and the Infectious Diseases Society of America (IDSA) provided evidence-based practice guidelines on the management of adult patients with community-acquired pneumonia (CAP) to provide an update to the previous 2007 guideline. This document updates evidence based clinical practice guidelines on four key questions for the diagnosis and management of adult patients with CAP. This guideline update addresses CAP in immunocompetent adult patients. Because CAP cannot be clinically distinguished from other lower respiratory tract infections without chest imaging to confirm alveolar inflammation, the standard diagnosis of CAP requires clinical

signs and symptoms plus chest imaging confirmation to visualize alveolar inflammation. This guideline update focuses only on those patients with a standard diagnosis of CAP.

The optimal duration of antibiotic treatment in CAP is unknown. Because of concerns that pathogens may develop resistance if undertreated, prior CAP guidelines from the 1990s recommended antibiotic durations as long as 14 days, well beyond clinical stability. However, as our model of lung infection advances, the goals of antibiotics may no longer be to completely eradicate causative pathogens but rather to reduce bacterial load with as little disruption to the microbiome