

最新！欧洲细菌性传播疾病的诊疗指南



据 WHO 报道，2020 年欧洲区域 15-49 岁人群中新增 48 万例梅毒、100 万例淋病和 1150 万例的沙眼衣原体(*C. trachomatis*)感染病例，目前欧洲的梅毒、淋病、生殖道支原体和沙眼衣原体感染发病率正在持续上升，而且关于这四种细菌性传播感染(STI)的抗药性情况正成为研究热点。《欧洲性传播感染(STI)的诊断和治疗指南》自 2001 年首次发布后，该指南会定期根据医学科学知识的进步以及流行病学状况的变化进行更新，比如 2020 年发布了梅毒和淋病诊疗指南在，2025 年最新增加了沙眼衣原体感染的诊疗指南，以下是自 2020 年以来欧洲细菌性传播感染指南最新的汇总情况(图 1-3)。

在最新的梅毒指南中，目前欧洲传染性(早期)梅毒正持续流行，而且主要发生在男男性行为者(MSM)群体中，推荐血清学检测用于梅毒诊断，由于梅毒螺旋体对大环内酯类药物的耐药性在全球范围内广泛传播，早期梅毒的治疗建议中已不再包含阿奇霉素。

在最新的淋病指南中，对于有症状或者无症状患者都推荐使用核酸扩增检测(NAAT)方法进行疾病诊断，对于患者采用双重治疗方案，即肌肉注射头孢曲松和口服阿奇霉素(剂量分别为 1.0 克和 2 克)，所有淋病病例都建议进行治愈检测(TOC)。

在最新的 2022 年生殖道支原体指南中，据估计多达 10-35% 的男性非衣原体非淋病性尿道炎病例可能由生殖道支原体引起，目前检测仅限于有感染症状的个体，且推荐使用核酸扩增检测(NAAT)方法进行疾病诊断，由于该病对大环内酯类药物的耐药性不断增加，每次阳性检测后都应检测大环内酯类耐药突变，治疗后都应进行治愈检测(TOC)。

根据最新的 2025 年沙眼衣原体指南，诊断对象除了有症状感染者，还包括有性传播感染风险因素的个体、新诊断出其他性传播感染的患者、终止妊娠的患

者、有性传播感染或盆腔炎病史的患者的伴侣，以及所有孕妇。在最新的指南中，**多西环素**成为治疗沙眼衣原体感染的唯一一线药物，目前多西环素和阿奇霉素都被视为同等的首选治疗方法，但有证据表明多西环素的疗效更高，阿奇霉素仍是妊娠期沙眼衣原体感染的首选治疗方法。

Table I. European guideline – indications for testing for bacterial STIs and recommended laboratory test

STI (reference)	Indications for testing	Recommended laboratory test
Syphilis (9)	All pregnant women at first antenatal visit; blood, blood products and sold organs donors; persons with a newly diagnosed STI; persons with HIV; persons on PrEP; patients with hepatitis B and/or C; patients suspected of symptomatic syphilis (neurosypphilis included); persons with risky sexual behaviour (MSM included); partners of patients with newly diagnosed syphilis*	Serological tests for syphilis (treponemal and quantitative non-treponemal) provide a presumptive but essential diagnosis. Direct detection methods provide definitive diagnosis of syphilis.
Gonorrhoea (10)	M: symptoms or sign of urethral discharge, acute epididymo-orchitis in M < 40 years F: cervical or vaginal discharge together with a risk factor for STI, mucopurulent cervicitis, acute pelvic pain or symptoms of PID, unplanned termination of pregnancy**, intrauterine interventions**, mother of a newborn with ophthalmia neonatorum M and F: new diagnosis of other STI, sexual contact of persons with an STI or PID, STI screening in persons <25 years of age or MSM	NAATs (in symptomatic and asymptomatic persons). Culture (also to assess AMR). Direct microscopy (x 1000), using Gram or methylene blue staining – only men in urethral discharge (not recommended as test of exclusion in asymptomatic men, for endocervical, rectal or oropharyngeal swabs).
<i>Mycoplasma genitalium</i> (11)	M: symptoms or signs of urethritis, acute epididymo-orchitis in M < 50 years, proctitis (after exclusion of gonorrhoea and <i>C. trachomatis</i> infection) F: mucopurulent cervicitis, abnormal bleeding, dysuria of unknown origin, proctitis (as above)	Nucleic acid amplification tests only, followed up with an assay detecting macrolide resistance mutations.
<i>Chlamydia trachomatis</i> (12)	Level of evidence - high certainty: symptoms or signs of urethritis, acute epididymo-orchitis in a male <40 years or with risk factors for STIs, proctitis/ proctocolitis with risk factors for STIs, cervical or vaginal discharge with risk factors for STIs, acute pelvic pain and/or symptoms or signs of PID, purulent or follicular conjunctivitis in a neonate or adult, atypical neonatal pneumonia	NAATs targeting two sequences (including a chromosomal target) and detecting all <i>C. trachomatis</i> variants. Other methods (culture, DIF) only if NAATs are not available.

STI – sexually transmitted infection, M – male, F – female, PrEP – pre-exposure prophylaxis, PID – pelvic inflammatory disease, NAAT – nucleic acid amplification test, AMR – antimicrobial resistance, MSM – men who have sex with men, *see Table III, **in areas or populations of high gonorrhoea prevalence

图 1. 欧洲四种细菌性传播疾病的诊断指南汇总表(来源文献 1)

Table II. Summarized European treatment guideline in bacterial sexually transmitted infections

STI (infection), year of guideline publication, (reference)	First-line treatment (remarks)	Second-line treatment (remarks)	Third-line treatment or special situations
Syphilis, 2020 (9)	Early	Benzathine penicillin G 2.4 million units i.m.	Doxycycline* 200 mg daily orally 14 days when penicillin allergy or parenteral treatment refused
	Late	Benzathine penicillin G 2.4 million units i.m. on day 1., 8., 15	Doxycycline* 200 mg daily orally 21 - 28 days when penicillin allergy or parenteral treatment refused
	Pregnancy	Benzathine penicillin G 2.4 million units i.m. – according to the stage of infection	Penicillin allergy – desensitization followed by the first line treatment
	Congenital syphilis	Benzyl penicillin 150,000 units/kg daily i.v. (six doses every 4 hours) 10-14 days	
	Neurosypphilis	Benzyl penicillin 18-24 million units i.v. daily 10-14 days (six doses every 4 hours) 10-14 days	Penicillin in allergy – desensitization followed by the first line treatment
Gonorrhoea, 2020 (10)	Ceftriaxone 1 g i.m. plus azithromycin 2 g orally	Ceftriaxone 1 g i.m. alone ***	Severe allergy to β-lactams: Spectinomycin** 2 g i.m. plus azithromycin 2.0 g orally; Ciprofloxacin 500 mg oral dose; gentamycin 240 mg i.m. plus azithromycin 2 g orally
<i>Mycoplasma genitalium</i> , 2022 (11)	Azythromycin 500 mg on day one, 250 mg days 2-5 (without macrolide resistance testing)	Moxifloxacin 400 mg daily 7 days (when macrolide resistance present)	Doxycycline* or minocycline*/** 100 mg twice daily for 14 days (persistent infection after 1st- and 2nd-line treatment, complicated <i>M. genitalium</i> infection)
<i>Chlamydia trachomatis</i> (serotypes D-K), 2025 (12)	Doxycycline 100 mg BID for 7 days	Azythromycin 1g single dose	Erythromycin 2x500 mg or levofloxacin**** 500 mg daily or ofloxacin**** 2x200 mg – all for 7 days

*contraindicated in second and third trimester of pregnancy, **not available in Poland, ***only in some settings and under specific conditions, ****contraindicated in pregnancy, i.m. – intramuscularly, i.v. – intravenously, CSF – cerebrospinal fluid

图 2. 欧洲四种细菌性传播疾病的治疗指南汇总表(来源文献 1)

Table III. Partner management in bacterial sexually transmitted infections

Sexually transmitted disease (infection), year of guideline publication, (reference)	Look-back period	Partner management
Syphilis, 2021 (9,21)	primary	3 months
	secondary	6 months
	early latent	2 years
	late	up to 30 years
Gonorrhoea, 2020 (10,21)	3 months before the onset of symptoms or diagnosis	Test and treat if positive
<i>Mycoplasma genitalium</i> , 2022 (11,21)	current partner	Test and treat with the same antibiotic as index patient
<i>Chlamydia trachomatis</i> (serotypes D-K) (12,21)	<ul style="list-style-type: none"> In males with symptomatic urethritis: all partners since the onset of symptoms and 4 weeks before In all remaining patients: all partners in 6 months 	Test and treat if positive or if exposure was within the window period for testing

STS – serological tests for syphilis

图 3. 欧洲四种细菌性传播疾病的性伴侣管理指南汇总表(来源文献 1)

参考文献:

1. Current European diagnostic and therapeutic guideline in bacterial sexually transmitted infections [J]. Przeglad epidemiologiczny, 2025, 79(3): 361-369.

 德国维润赛沙眼衣原体原料清单

病原体	产品名称	类别	应用	单位	货号
沙眼衣原体	Chlamydia trachomatis MOMP 沙眼衣原体主要外膜蛋白	重组抗原	免疫测定	mg	BA1372VSR2

德国维润赛润性传播疾病检测试剂

货号	产品名称	方法学	规格
ESR 105A	单纯疱疹病毒1+2型 IgA抗体检测试剂盒	ELISA	96T
ESR 105G	单纯疱疹病毒1+2型 IgG抗体检测试剂盒	ELISA	96T
ESR 105M	单纯疱疹病毒1+2型 IgM抗体检测试剂盒	ELISA	96T
ESR 1051G	单纯疱疹病毒1型 IgG抗体检测试剂盒	ELISA	96T
ESR 1051M	单纯疱疹病毒1型 IgM抗体检测试剂盒	ELISA	96T
ESR 1052G	单纯疱疹病毒2型 IgG抗体检测试剂盒	ELISA	96T
ESR 1052M	单纯疱疹病毒2型 IgM抗体检测试剂盒	ELISA	96T
ESR 1372A	沙眼衣原体 IgA抗体检测试剂盒	ELISA	96T
ESR 1372G	沙眼衣原体 IgG抗体检测试剂盒	ELISA	96T
ESR 1372M	沙眼衣原体 IgM抗体检测试剂盒	ELISA	96T

注：沙眼衣原体试剂仅供科研使用