

## SUMMARY OF THE 2015 STD TREATMENT GUIDELINES

These recommendations for the treatment of STDs reflect the **2015 CDC STD Treatment Guidelines**. The focus is primarily on STDs encountered in outpatient practice. This table is intended as a source of clinical guidance and is not a comprehensive list of all effective regimens. For more information, please refer to the complete CDC document at <http://www.cdc.gov/std/tg2015>. Clinical and epidemiological services are available through the ISDH's STD Prevention Program. For assistance please call 317-233-7499. For more information about STDs please utilize the state's website <http://www.in.gov/isdh/17440.htm>

**DOSING ABBREVIATIONS:** d=day; qd=once each day; bid= twice daily; tid=three times a day; qid=four times a day; po=by mouth; IM=intramuscular injection; IV=intravenous; mg-milligram; g=gram; hs=hour of sleep; prn=as needed.

DISEASE	RECOMMENDED REGIMENS	ALTERNATIVE REGIMENS
<b>CHLAMYDIA</b>		
Uncomplicated Genital/Rectal/Pharyngeal Infections	<ul style="list-style-type: none"> <li>Azithromycin 1g po x 1 or</li> <li>Doxycycline 100mg po bid x 7 d</li> </ul>	<ul style="list-style-type: none"> <li>Erythromycin base 500mg po qid x 7 d or</li> <li>Erythromycin ethylsuccinate 800mg po qid x 7 d or</li> <li>Ofloxacin 300mg po bid x 7 d or</li> <li>Levofloxacin 500mg po qd x 7 d</li> </ul>
Pregnant Women	<ul style="list-style-type: none"> <li>Azithromycin 1g po x 1</li> </ul>	<ul style="list-style-type: none"> <li>★ Amoxicillin 500mg po tid x 7 d</li> <li>Erythromycin base 500mg po qid x 7 d or</li> <li>Erythromycin base 250mg po qid x 14 d or</li> <li>Erythromycin ethylsuccinate 800mg po qid x 7 d or</li> <li>Erythromycin ethylsuccinate 400mg po qid x 14 d</li> </ul>
<p><b>GONORRHEA</b> Ceftriaxone 250mg IM PLUS Azithromycin 1g po is the preferred treatment for adults and adolescents with uncomplicated gonorrhea infection and is the only recommended regimen for pharyngeal infections. Dual therapy with a regimen effective against <i>C. trachomatis</i> is routinely recommended, regardless of chlamydia test results</p>		
Uncomplicated Genital/Rectal Infections	<ul style="list-style-type: none"> <li>Ceftriaxone 250mg IM x 1 PLUS</li> <li>Azithromycin 1g po x 1</li> </ul>	<ul style="list-style-type: none"> <li>★ If ceftriaxone is not available</li> <li>Cefixime 400mg po x 1 PLUS Azithromycin 1g po x 1</li> <li>★ If cephalosporin allergy:</li> <li>Gemifloxacin 320mg po x 1 PLUS Azithromycin 2g po x 1 OR</li> <li>Gentamicin 240 mg 1Mx 1 PLUS Azithromycin 2g po x 1</li> </ul>
Pharyngeal Infections	<ul style="list-style-type: none"> <li>Ceftriaxone 250mg IM x 1 PLUS</li> <li>Azithromycin 1g po x 1</li> </ul>	
Pregnancy	See completed CDC guidelines	
Adults and adolescents: conjunctivitis	<ul style="list-style-type: none"> <li>Ceftriaxone 1g IM x 1 PLUS</li> <li>Azithromycin 1g po x 1</li> </ul>	
Children (≤45 kg): urogenital, rectal, pharyngeal	<ul style="list-style-type: none"> <li>Ceftriaxone 25-50 mg/kg IV or IM not to exceed 125 mg IM x1</li> </ul>	
<b>PELVIC INFLAMMATORY DISEASE</b>	<p><b>Recommended Intramuscular/Oral regimens</b></p> <ul style="list-style-type: none"> <li>Ceftriaxone 250 mg IM x 1 or</li> <li>Cefoxitin 2g IM x 1 with Probenecid 1g po x 1 PLUS</li> <li>Doxycycline 100mg po BID x 14 d <b>with or without</b></li> <li>Metronidazole 500mg po bid x 14 d</li> </ul> <p><b>Parenteral Regimens</b></p> <ul style="list-style-type: none"> <li>Cefotetan 2g IV every 12 hours plus</li> <li>Doxycycline 100mg po or IV every 12 hours or</li> <li>Cefoxitin 2g IV every 6 hours plus</li> <li>Doxycycline 100mg po or IV every 12 hours</li> </ul>	<p><b>Parenteral Regimens</b></p> <ul style="list-style-type: none"> <li>Ampicillin/Sulbactam 3 g IV every 6 hours plus</li> <li>Doxycycline 100 mg orally or IV every 12 hours</li> </ul>
<b>CERVICITIS</b>	<ul style="list-style-type: none"> <li>Azithromycin 1g po x 1 or</li> <li>Doxycycline 100mg po bid x 7d</li> </ul>	
<b>NONGONOCOCCAL URETHRITIS</b>	<ul style="list-style-type: none"> <li>Azithromycin 1g po x 1 or</li> <li>Doxycycline 100mg po bid x 7d</li> </ul>	<ul style="list-style-type: none"> <li>Erythromycin base 500mg po qid x 7 d or</li> <li>Erythromycin ethylsuccinate 800mg po qid x 7 d or</li> <li>Levofloxacin 500mg po qd x 7 d or</li> <li>Ofloxacin 300mg po bid x 7 d</li> </ul>
<b>★PERSISTENT AND RECURRENT (NGU)</b>	<ul style="list-style-type: none"> <li>Men initially treated with Doxycycline: Azithromycin 1g po x 1</li> <li>Men who fail a regimen of Azithromycin: Moxifloxacin 400mg po qd x 7 d</li> <li>Heterosexual men who live in areas where <i>T. vaginalis</i> is highly prevalent: Metronidazole 2g po x 1 or Tinidazole 2g po x 1</li> </ul>	
<b>ACUTE EPIDIDYMITIS</b>	<p><u>Likely due to gonorrhea or chlamydia</u></p> <ul style="list-style-type: none"> <li>Ceftriaxone 250mg IM x 1 plus</li> <li>Doxycycline 100mg po bid x 10 d</li> </ul> <p><u>Likely due to enteric organisms or with a negative GC culture or NAAT</u></p> <ul style="list-style-type: none"> <li>Levofloxacin 500mg po qd x 10 d or</li> <li>Ofloxacin 300mg po bid x 10</li> </ul> <p>★ For acute epididymitis most likely caused by sexually-transmitted chlamydia and gonorrhea and enteric organisms (men who practice insertive anal sex)</p> <ul style="list-style-type: none"> <li>Ceftriaxone 250mg IM x 1 plus</li> <li>Levofloxacin 500mg po qd x 10 d or</li> <li>Ofloxacin 300mg po bid x 10 d</li> </ul>	

DISEASE	RECOMMENDED REGIMENS	ALTERNATIVE REGIMENS
TRICHOMONIASIS	<ul style="list-style-type: none"> <li>Metronidazole 2g po x 1 or</li> <li>Tinidazole 2g po x 1</li> </ul>	<ul style="list-style-type: none"> <li>Metronidazole 500mg po bid x 7 d</li> </ul>
BACTERIAL VAGINOSIS	<ul style="list-style-type: none"> <li>Metronidazole 500mg po bid x 7 d or</li> <li>Metronidazole gel 0.75%, one (5g) applicator intravaginally qd x 5 d or</li> <li>Clindamycin cream 2%, one (5g) applicator intravaginally qhs x 7 d</li> <li>★ Treatment is recommended for all symptomatic pregnant women</li> </ul>	<ul style="list-style-type: none"> <li>Tinidazole 2g po qd x 2 d or</li> <li>Tinidazole 1g po qd x 5 d or</li> <li>Clindamycin 300mg po bid x 7 d or</li> <li>Clindamycin ovules 100mg intravaginally qhs x 3d</li> </ul>
LYMPHOGRANULOMA VENEREUM	<ul style="list-style-type: none"> <li>Doxycycline 100mg po bid x 21 d</li> </ul>	<ul style="list-style-type: none"> <li>Erythromycin base 500mg po qid x 21 d</li> </ul>
CHANCROID	<ul style="list-style-type: none"> <li>Azithromycin 1g po x 1 or</li> <li>Ceftriaxone 250mg IM x 1 or</li> <li>Ciprofloxacin 500mg po bid x 3 d or</li> <li>Erythromycin base 500mg po tid x 7 d</li> </ul>	
SCABIES	<ul style="list-style-type: none"> <li>Permethrin 5% cream (apply to all areas of body from neck down, wash off after 8-14 hours or</li> <li>Ivermectin 200 µg/kg po, repeated in 2 weeks</li> </ul>	<ul style="list-style-type: none"> <li>Lindane 1% 1 oz. lotion or 30g of cream, applied thinly to all areas of the body from the neck down, wash off after 8 hours</li> </ul>
<p><b>SYPHILIS</b> Benzathine penicillin G, Bicillin® L-A, (trade name), is the preferred drug for treatment of all stages of syphilis and is the only treatment with documented efficacy for syphilis during pregnancy.</p>		
<b>Adults (including HIV-Co-infected)</b>		
Primary, Secondary, and Early Latent <1 year	<ul style="list-style-type: none"> <li>Benzathine penicillin G 2.4 million units IM x1</li> </ul>	<ul style="list-style-type: none"> <li>Doxycycline 100mg po bid x 14 d or</li> <li>Tetracycline 500mg po qid x 14 d or</li> <li>Ceftriaxone 1g IM or IV qd x 10-14 d</li> </ul>
Latent <1 year, Latent of Unknown duration	<ul style="list-style-type: none"> <li>Benzathine penicillin G 7.2 million units, administered as 3 doses of 2.4 million units IM each, at 1-week intervals</li> </ul>	<ul style="list-style-type: none"> <li>Doxycycline 100mg po bid x 28 d or</li> <li>Tetracycline 500mg po qid x 28 d</li> </ul>
Neurosyphilis	<ul style="list-style-type: none"> <li>Aqueous crystalline penicillin G 18-24 million units qd, administered as 3-4 million units IV q 4hrs or continuous infusion x 10-14d</li> </ul>	<ul style="list-style-type: none"> <li>Procaine penicillin G, 2.4 million units IM qd x 10-14 d</li> <li><b>PLUS</b></li> <li>Probenecid 500mg po qid x 10-14 d</li> </ul>
<b>Pregnant Women</b>		
Primary, Secondary, and Early Latent	<ul style="list-style-type: none"> <li>Benzathine penicillin G 2.4 million units IM x1</li> </ul>	<ul style="list-style-type: none"> <li>None. If PCN allergic, desensitize and treat.</li> </ul>
Late Latent and Latent of Unknown duration	<ul style="list-style-type: none"> <li>Benzathine penicillin G 7.2 million units, administered as doses of 2.4 million units IM each, at 1-week intervals</li> </ul>	<ul style="list-style-type: none"> <li>None. If PCN allergic, desensitize and treat.</li> </ul>
Neurosyphilis	<ul style="list-style-type: none"> <li>Aqueous crystalline penicillin G 18-24 million units qd, administered as 3-4 million units IV Q4hrs or continuous infusion x 10-14d</li> </ul>	<ul style="list-style-type: none"> <li>Procaine penicillin G, 2.4 million units IM qd x 10-14 d</li> <li><b>PLUS</b></li> <li>Probenecid 500mg po qid x 10-14 d</li> </ul>
★ Congenital Syphilis	See complete CDC Guidelines	
<b>GENITAL WARTS (Human Papillomavirus)</b>		
External Genital/Perianal	<p><b>Patient Applied</b></p> <ul style="list-style-type: none"> <li>Imiquimod 3.75% or 5% cream or</li> <li>Podofilox 0.5% solution/gel or</li> <li>Sinecatechin 15% ointment</li> </ul> <p><b>Provider Administered</b></p> <ul style="list-style-type: none"> <li>Cryotherapy: repeat applications q1-2 weeks or</li> <li>Trichloroacetic acid (TCA) 80%- 90% or</li> <li>Bichloroacetic acid (BCA) 80%- 90%: apply q week pm</li> </ul> <ul style="list-style-type: none"> <li>Surgery—electrocautery, excision, laser, curettage</li> </ul>	<ul style="list-style-type: none"> <li>★ Podophyllin resin 10% -25% in compound tincture of benzoin may be considered for provider-administered treatment if strict adherence to the recommendations for application or</li> <li>Intralesional interferon or</li> <li>Photodynamic therapy or</li> <li>Topical cidofovir</li> </ul>
<b>GENITAL HERPES (HSV-2 and HSV-1)</b>		
First Clinical Episode	<ul style="list-style-type: none"> <li>Acyclovir 400mg po tid x 7-10 d or 200mg po 5x/day x 7-10 d or</li> <li>Famciclovir 250mg po tid x 7-10 d or</li> <li>Valacyclovir 1g po bid x 7-10 d</li> </ul>	
Recurrent Infections	<p><b>Suppressive Therapy</b></p> <ul style="list-style-type: none"> <li>Acyclovir 400mg po bid or</li> <li>Famciclovir 250mg po bid or</li> <li>Valacyclovir 500mg po bid or 1g po qd</li> </ul>	<p><b>Episodic Therapy for Recurrent Episodes</b></p> <ul style="list-style-type: none"> <li>Acyclovir 400mg po tid x 5 d or 800mg po bid x 5 d or 800mg po tid x 2 d or</li> <li>Famciclovir 125mg po bid x 5 d or 1g po bid x 1 d or 500mg po x1, then 250 mg bid x 2d or</li> <li>Valacyclovir 500mg po bid x 3d or 1g po qd x 5 days</li> </ul>
HIV Co-Infected	<p><b>Suppressive Therapy</b></p> <ul style="list-style-type: none"> <li>Acyclovir 400-800mg po bid or tid or</li> <li>Famciclovir 500mg po bid or</li> <li>Valacyclovir 500mg po bid</li> </ul>	<p><b>Episodic Therapy for Recurrent Episodes</b></p> <ul style="list-style-type: none"> <li>Acyclovir 400mg po tid x 5-10 d or</li> <li>Famciclovir 500mg po bid x 5-10 d or</li> <li>Valacyclovir 1g po bid x 5-10 d</li> </ul>

★ Indicates update from the 2010 CDC Guidelines for the Treatment of Sexually Transmitted Disease