### GONOCOCCAL INFECTIONS

<table>
<thead>
<tr>
<th>DISEASE</th>
<th>RECOMMENDED TREATMENT</th>
<th>ALTERNATIVES</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADULTS</td>
<td>Ceftriaxone 250 mg IM once</td>
<td>(Preferred regimens are contraindicated)</td>
</tr>
<tr>
<td>ADULTS</td>
<td>Azithromycin 1 g orally once (preferred) OR</td>
<td>Doxycycline 100 mg orally 2 times a day for 7 days</td>
</tr>
<tr>
<td>ADULTS</td>
<td>Ceftriaxone 100 mg orally 2 times a day for 14 days OR</td>
<td>Levofloxacin 500 mg orally once a day for 7 days OR</td>
</tr>
<tr>
<td>ADULTS</td>
<td>Erythromycin base 500 mg orally 4 times a day for 7 days OR</td>
<td>Erythromycin ethylsuccinate 800 mg orally 4 times a day for 7 days OR</td>
</tr>
</tbody>
</table>

#### Partner Management

- Empiric treatment of all sexual contacts during the 60 days preceding symptom onset or, if asymptomatic, date of diagnosis.
- Test-of-cure for gonorrhea should be performed with culture or with nucleic acid amplification (NAAT) if culture is not available. If NAAT positive, confirmatory culture recommended. If NAAT negative, no specific alternative regimens exist.

### CHLAMYDIAL INFECTIONS

<table>
<thead>
<tr>
<th>DISEASE</th>
<th>RECOMMENDED TREATMENT</th>
<th>ALTERNATIVES</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADULTS</td>
<td>Ceftriaxone 250 mg IM once PLUS</td>
<td>(Preferred regimens are contraindicated)</td>
</tr>
<tr>
<td>ADULTS</td>
<td>Azithromycin 1 g orally once OR</td>
<td>Doxycycline 100 mg orally 2 times a day for 7 days</td>
</tr>
<tr>
<td>ADULTS</td>
<td>Cefixime 400mg orally once</td>
<td>Azithromycin 1 g orally once (preferred) OR</td>
</tr>
<tr>
<td>ADULTS</td>
<td>Azithromycin 1 g orally once OR</td>
<td>Doxycycline 100 mg orally 2 times a day for 7 days</td>
</tr>
<tr>
<td>ADULTS</td>
<td>Amoxicillin 500 mg orally 3 times a day for 7 days PLUS</td>
<td>(Preferred regimens are contraindicated)</td>
</tr>
<tr>
<td>ADULTS</td>
<td>Cefixime 400mg orally once</td>
<td>Levofloxacin 500 mg orally 4 times a day for 7 days OR</td>
</tr>
<tr>
<td>ADULTS</td>
<td>Erythromycin base 500 mg orally 4 times a day for 7 days OR</td>
<td>Erythromycin ethylsuccinate 800 mg orally 4 times a day for 7 days OR</td>
</tr>
</tbody>
</table>

#### Partner Management

- Empiric treatment of all sexual contacts during the 60 days preceding symptom onset or, if asymptomatic, date of diagnosis.
- Test-of-cure for gonorrhea should be performed with culture or with nucleic acid amplification (NAAT) if culture is not available. If NAAT positive, confirmatory culture recommended. If NAAT negative, no specific alternative regimens exist.

### NONGONOCOCCAL URETHRITIS

<table>
<thead>
<tr>
<th>DISEASE</th>
<th>RECOMMENDED TREATMENT</th>
<th>ALTERNATIVES</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADULT MALES</td>
<td>Ceftriaxone 250 mg IM once PLUS</td>
<td>(Preferred regimens are contraindicated)</td>
</tr>
<tr>
<td>ADULT MALES</td>
<td>Cefixime 400mg orally once</td>
<td>Levofloxacin 500 mg orally once a day for 7 days OR</td>
</tr>
<tr>
<td>ADULT MALES</td>
<td>Cefixime 400mg orally once PLUS</td>
<td>(Preferred regimens are contraindicated)</td>
</tr>
<tr>
<td>ADULT MALES</td>
<td>Cefixime 400mg orally once PLUS</td>
<td>Levofloxacin 500 mg orally once a day for 7 days OR</td>
</tr>
</tbody>
</table>

### PELVIC INFLAMMATORY DISEASE (outpatient management)

<table>
<thead>
<tr>
<th>DISEASE</th>
<th>RECOMMENDED TREATMENT</th>
<th>ALTERNATIVES</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADULT MALES</td>
<td>Ceftriaxone 250 mg IM once PLUS</td>
<td>(Preferred regimens are contraindicated)</td>
</tr>
<tr>
<td>ADULT MALES</td>
<td>Cefixime 400mg orally once</td>
<td>Levofloxacin 500 mg orally once a day for 7 days OR</td>
</tr>
<tr>
<td>ADULT MALES</td>
<td>Cefixime 400mg orally once PLUS</td>
<td>(Preferred regimens are contraindicated)</td>
</tr>
<tr>
<td>ADULT MALES</td>
<td>Cefixime 400mg orally once PLUS</td>
<td>Levofloxacin 500 mg orally once a day for 7 days OR</td>
</tr>
</tbody>
</table>

### PELVIC INFLAMMATORY DISEASE (inpatient management)

<table>
<thead>
<tr>
<th>DISEASE</th>
<th>RECOMMENDED TREATMENT</th>
<th>ALTERNATIVES</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADULT MALES</td>
<td>Ceftriaxone 250 mg IM once PLUS</td>
<td>(Preferred regimens are contraindicated)</td>
</tr>
<tr>
<td>ADULT MALES</td>
<td>Cefixime 400mg orally once</td>
<td>Levofloxacin 500 mg orally once a day for 7 days OR</td>
</tr>
<tr>
<td>ADULT MALES</td>
<td>Cefixime 400mg orally once PLUS</td>
<td>(Preferred regimens are contraindicated)</td>
</tr>
<tr>
<td>ADULT MALES</td>
<td>Cefixime 400mg orally once PLUS</td>
<td>Levofloxacin 500 mg orally once a day for 7 days OR</td>
</tr>
</tbody>
</table>

### COMMONLY REPORTED THERAPIES

- **Ceftriaxone**: 250 mg IM once
- **Azithromycin**: 1 g orally once
- **Doxycycline**: 100 mg orally 2 times a day for 7 days
- **Erythromycin base**: 500 mg orally 4 times a day for 7 days
- **Levofloxacin**: 500 mg orally once a day for 7 days
- **Ofloxacin**: 300 mg orally 2 times a day for 7 days

### CONSIDERATIONS

- **Ceftriaxone**: Use only if recommended regimens are contraindicated.
- **Azithromycin**: Use only if recommended regimens are contraindicated.
- **Doxycycline**: Use only if recommended regimens are contraindicated.
- **Erythromycin base**: Use only if recommended regimens are contraindicated.
- **Levofloxacin**: Use only if recommended regimens are contraindicated.
- **Ofloxacin**: Use only if recommended regimens are contraindicated.

### IMPORTANT REMINDERS

- **Penicillin**: The only recommended treatment for syphilis during pregnancy. Women who are allergic should be desensitized and treated with penicillin. Treatment is the same as in non-pregnant patients for each stage of syphilis.
- **Ceftriaxone**: Use only if recommended regimens are contraindicated.
- **Azithromycin**: Use only if recommended regimens are contraindicated.
- **Doxycycline**: Use only if recommended regimens are contraindicated.
- **Erythromycin base**: Use only if recommended regimens are contraindicated.
- **Levofloxacin**: Use only if recommended regimens are contraindicated.
- **Ofloxacin**: Use only if recommended regimens are contraindicated.

### ADDITIONAL INFORMATION

- **Partner Services**: See complete CDC guidelines for alternatives.
- **HIV Infection**: Same stage-specific recommendations as for HIV-negative persons.
- **Pregnancy**: Penicillin is the only recommended treatment for syphilis during pregnancy. Women who are allergic should be desensitized and treated with penicillin. Treatment is the same as in non-pregnant patients for each stage of syphilis.
## GENITAL WARTS

### Patellar or Perianal

**Provider-Administered**

- **Cryotherapy** with liquid nitrogen or cryoprobe. Repeat applications every 1-2 weeks if necessary.
- **Podophyllin 10%-25%** in a compound tincture of benzoic. Limit application to < 10 cm² and to < 0.5 ml. No open wounds or lesions should exist in the area of application. Allow to dry. Wash off 1-2 hours after application. Repeat weekly if necessary. 
- **Sinecatechins 15%** cream. Apply once daily at bedtime 3 times a week for up to 6 weeks. Wash treatment area with soap and water 5-6 hours after application.

**Patient-Administered**

- **Podofilox 0.5% solution or gel.** Apply 2 times a day for 3 days, followed by 4 days of no therapy. 4 cycles max. Total wart area should not exceed 10 cm². No open wounds or lesions should exist in the area of application. Allow to dry. Wash off 1-4 hours after application. Repeat weekly if necessary.
- **Sinecatechins 15% ointment.** Applied 3 times a day for up to 16 weeks. Do not wash off.

### Genital Herpes Simplex

#### First Clinical Episode

- **Acyclovir** 400 mg orally 3 times a day for 7-10 days.
- **Acyclovir** 200 mg orally 5 times a day for 7-10 days.
- **Famciclovir** 250 mg orally 3 times a day for 7-10 days.
- **Valacyclovir** 1 g orally 2 times a day for 7-10 days.

#### Erosive Therapy for Recurrence

- **Acyclovir** 800 mg orally 2 times a day for 5 days.
- **Acyclovir** 400 mg orally 3 times a day for 5 days.
- **Famciclovir** 125 mg orally 2 times a day for 5 days.
- **Famciclovir** 1000 mg orally 2 times a day for 1 day.
- **Famciclovir** 500 mg orally once, followed by 250 mg orally 2 times a day for 2 days.
- **Valacyclovir** 500 mg orally 2 times a day for 3 days.
- **Valacyclovir** 1 g orally once a day.

#### Suppressive Therapy for Recurrence

- **Acyclovir** 400 mg orally 2 times a day.
- **Famciclovir** 250 mg orally 2 times a day.
- **Valacyclovir** 1 g orally once a day.

### HIV Infection

**Higher** doses and/or longer therapy recommended. See complete CDC guidelines.

## GENITAL TRICHOMONIASIS

**Adults**

- **Metronidazole** 500 mg orally 2 times a day for 7 days.
- **Clindamycin gel** 0.75%, 5 g intravag. once a day for 5 days.
- **Clindamycin cream** 2%, 5 g intravag. at bedtime for 7 days.
- **Metronidazole** 500 mg orally 3 times a day for 7 days.
- **Clindamycin** 300 mg orally 2 times a day for 7 days.

**Pregnancy**

- **Metronidazole** 2 g orally once.
- **Tinidazole** 2 g orally once.

**Pediculosis Pubis**

- **Permethrin 1% cream rinse** applied to affected area and washed off after 10 minutes.
- **Pyrantel pamoate** in a compound tincture of benzoin. Limit application to < 10 cm². No open wounds or lesions should exist in the area of application. Allow to dry.
- **Malathion** 0.5% lotion applied for 8-12 hours and washed off.
- **Ivermectin** 250 mcg/kg orally once, repeated in 2 weeks.

**Scabies**

- **Permethrin 5% cream** applied to all areas of the body from the neck down and washed off after 8-14 hours.
- **Ivermectin** 200 mcg/kg orally, repeated in 2 weeks.

## BACTERIAL VAGINOSIS (BV)

### Adults

- **Clindamycin** 200 mg orally 2 times a day for 7 days.
- **Famciclovir** 250 mg orally 3 times a day for 7 days.
- **Famciclovir** 500 mg orally 2 times a day for 7 days.
- **Famciclovir** 800 mg orally 2 times a day for 5 days.
- **Famciclovir** 1000 mg orally 2 times a day for 1 day.
- **Famciclovir** 500 mg orally once, followed by 250 mg orally 2 times a day for 2 days.
- **Valacyclovir** 500 mg orally 2 times a day for 3 days.
- **Valacyclovir** 1 g orally once a day.

### Pregnancy

- **Tinidazole** 2 g orally once daily for 3 days.
- **Tinidazole** 1 g orally once daily for 5 days.
- **Clindamycin** 300 mg orally 2 times a day for 7 days.
- **Clindamycin** ovalvs 100 mg intravag. at bedtime for 3 days.

**Indicates revision from previous STD Treatment Guidelines**

---

11 Because data are limited concerning efficacy of cothixone and azithromycin regimens in HIV-infected persons, these regimens should be used for such patients only if follow-up can be ensured.
12 Oral therapy preferred for treatment of pregnant women with BV because of possibility of subclinical upper genital tract infection.
13 Data regarding effectiveness of the combination of trimethoprim-sulfamethoxazole (TMP-SMX) and ceftriaxone in HIV-infected persons are limited. TMP-SMX therapy may lead to selection of resistant strains of T. vaginalis.
14 Indicated only in women who are pregnant or lactating, or children who weigh >15 kg.
15 Indicated only in women who are pregnant or lactating, or children who weigh <15 kg.
16 Famciclovir efficacy and safety not established in patients <18 years of age.
17 Inquire about sexual activity and use of birth control.
18 Sinecatechins not recommended for HIV-infected persons, immunocompromised persons, or persons with clinical genital herpes.