STD TREATMENT GUIDELINES TABLE FOR ADULTS & ADOLESCENTS 2016

The STD treatment guidelines are a summary of recommendations from the CDC. For more information, please refer to the complete CDC document at www.cdc.gov/std/trgt2015/default.htm. This is intended as a summary of clinical guidance and is not a comprehensive list of all effective regimens. For more information, please refer to the complete CDC document at www.cdc.gov/std/trgt2015/default.htm. Please visit our website of www.nycptc.org for updates and print versions of this resource, and for additional STD treatment information.

DOSING ABREVIATIONS: enjy=every; qn=each day; bid= twice daily; qid=four times a day; po=by mouth; IM=intramuscular injection; IV=intravenous; mg=milligram; g=gram; tid=three times a day; qid=four times a day; po=by mouth; IM=intramuscular injection; IV=intravenous; mg=milligram; g=gram; tid=three times a day.

<table>
<thead>
<tr>
<th>DISEASE</th>
<th>RECOMMENDED REGIMENS</th>
<th>ALTERNATIVE REGIMENS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHLAMYDIA</td>
<td></td>
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<tr>
<td>Uncomplicated Genital/Mucosal Infections</td>
<td>• Azithromycin 1g po x 1</td>
<td>Efazoxolin 500mg po qd x 7 d or Efazoxolin ethylsuccinate 800mg po qd x 7 d or Ofloxacin 300mg po bid x 7 d or Levofloxacin 500mg po bid x 7 d</td>
</tr>
<tr>
<td>Pregnant Women</td>
<td>• Azithromycin 1g po x 1</td>
<td>Amsuxolin 500mg po bid x 7 d (alternative due to concern for persistent infection following penicillin exposure) or Efazoxolin base 500mg po qd x 7 d or Efazoxolin ethylsuccinate 800mg po qd x 7 d or Levofloxacin 500mg po qd x 7 d</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>(Ceftriaxone 250mg IM plus azithromycin 1g)</td>
<td>For an uncomplicated treatment for adults with chlamydia or gonorrhea, azithromycin 1g po x 1 or Ceftriaxone 250mg IM x 1 is recommended. Use of azithromycin as the second antimicrobial is preferred to doxycycline because of the convenience and compliance with single-dose therapy and the substantial higher prevalence of gonococcal resistance to doxycycline among Gonococcal Isolate Surveillance Project (GISP) isolates, particularly in strains with elevated sulfonamide MICs.</td>
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<tr>
<td>Pharyngeal Infections</td>
<td>Dual Therapy with</td>
<td>Ofloxacin 300mg po bid x 10 d or Levofloxacin 300mg po qd x 10 d or Erythromycin ethylsuccinate 800mg po qd x 7 d or Ciprofloxacin 500mg po qd x 7 d or Chloramphenicol 500mg po qd x 7 d or Tinidazole 2g po x 1 or Tinidazole 2g po qd x 5 d or Ciprofloxacin 500mg po qd x 2 weeks with or without metronidazole</td>
</tr>
<tr>
<td>Pregnant Women</td>
<td>Dual Therapy with</td>
<td>Ofloxacin 300mg po qd x 7 d or Levofloxacin 300mg po qd x 7 d or Erythromycin ethylsuccinate 800mg po qd x 7 d or Tinidazole 2g po qd x 2 weeks with or without metronidazole or Azithromycin 1g po</td>
</tr>
<tr>
<td>Pelvic Inflammatory Disease</td>
<td>Oral regimens</td>
<td>Ceftriaxone or Cefixime plus Doxycycline 100mg po bid x 7 days or Doxycycline 100mg po bid x 7 d or Doxycycline 100mg po qd x 7 d or Ceftriaxone 250mg IM x 1 or Cefixime 200mg po x 1 or Tetracycline 2g po x 1 or Doxycycline 100mg po qd x 2 weeks with or without metronidazole</td>
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<tr>
<td>Recurrent and Persistent Urethritis</td>
<td>Treatment for presumptive T vaginalis and M genitalium with:</td>
<td>Tinidazole 2g po qd x 1 or Tinidazole 2g po bid x 1 or Tinidazole 2g po x 2 weeks with or without metronidazole</td>
</tr>
<tr>
<td>Acute Epididymitis</td>
<td>Likely due to gonorrhea or chlamydia:</td>
<td>Levofloxacin 500mg po bid x 10 d or Levofloxacin 500mg po qd x 10 d or Doxycycline 100mg po bid x 10 d or Ofloxacin 300mg po bid x 10 d or Erythromycin ethylsuccinate 800mg po qd x 10 d or Tinidazole 2g po qd x 10 d or Tinidazole 500mg po bid x 10 d or Cimadinmony 500mg po qd x 10 d or Cimadinmony ovules 500mg intravaginally qhs x 3d</td>
</tr>
<tr>
<td>Acute Genital Infections</td>
<td>Likely due to enteric organisms or with negative GC culture or NAAT:</td>
<td>Levofloxacin 500mg po qd x 10 d or Doxycycline 100mg po bid x 10 d or Ofloxacin 300mg po bid x 10 d or Erythromycin ethylsuccinate 800mg po qd x 10 d or Tinidazole 2g po qd x 10 d or Tinidazole 500mg po bid x 10 d or Cimadinmony 500mg po bid x 10 d or Cimadinmony ovules 500mg intravaginally qhs x 3d</td>
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<tr>
<td>Acute Pharyngitis</td>
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<tr>
<td>Non-pregnant Women</td>
<td>• Erythromycin ethylsuccinate 500mg po qid x 14 d or Erythromycin base 500mg po qid x 14 d or Erythromycin ethylsuccinate 800mg po qid x 14 d or Tinidazole 2g po x 1 or Tinidazole 500mg po bid x 14 d or Erythromycin base 500mg po bid x 14 d or Erythromycin ethylsuccinate 800mg po bid x 14 d or Tinidazole 500mg po bid x 14 d</td>
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<tr>
<td>Pregnant Women</td>
<td>• Erythromycin ethylsuccinate 800mg po qd x 7 d or Erythromycin base 500mg po qd x 7 d or Ofloxacin 300mg po bid x 7 d or Levofloxacin 500mg po qd x 7 d or Levofloxacin 500mg po bid x 7 d</td>
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<tr>
<td>Bacterial Vaginosis</td>
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<tr>
<td>Adult/Adolescents</td>
<td>• Metronidazole 500mg po bid x 7 d or Metronidazole gel 0.75%, one full applicator (5g) intravaginally qd x 5 d or Cimadinmony cream11,2%, one full applicator (5g) intravaginally qd x 7 d or Cimadinmony ovules 500mg intravaginally qhs x 3d</td>
<td>Tinidazole 2g po qd x 2 d or Tinidazole 50g po x 5 g or Cimadinmony 500mg po bid x 7 d or Cimadinmony ovules 500mg intravaginally qhs x 3d</td>
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</tbody>
</table>
### DISEASE: LUPUS

**Recommends:**
- Aqueous crystalline penicillin G 18-24 million units qd, administered as 3-4 million units IV q 4 hrs or continuous infusion x 10-14 d

**Alternatives:**
- Procaine penicillin G, 2.4 million units IM x 2 q 10-14 d or
- Probenecid 500mg po qid x 10-14 d

### DISEASE: MALARIAL INFECTION

**Recommends:**
- Amebicidal agents
  - Bichloroacetic acid (BHA) 80%-90%: apply q 2 weeks

**Alternatives:**
- Iodoquine 600mg po bid x 10 days

### DISEASE: MELASIA

**Recommends:**
- Ceftriaxone 250mg IM x 1

**Alternatives:**
- Tetracycline
- Doxycycline
- Azithromycin 1g po q week x 3 weeks

### DISEASE: TYPHUS

**Recommends:**
- Erythromycin base 500mg po tid x 10-14 d

**Alternatives:**
- Doxycycline
- Azithromycin 1g po q week x 21 d or
- Doxycycline

### DISEASE: VENEREA

**Recommends:**
- Aqueous crystalline penicillin G 18-24 million units qd, administered as 3-4 million units IV q 4 hrs or continuous infusion x 10-14 d

**Alternatives:**
- Procaine penicillin G, 2.4 million units IM x 2 q 10-14 d or
- Probenecid 500mg po qid x 10-14 d

### DISEASE: WHIPPLE’S DISEASE

**Recommends:**
- Amebicidal agents

**Alternatives:**
- Iodoquine 600mg po bid x 10 days

### DISEASE: VENERS

**Recommends:**
- Aqueous crystalline penicillin G 18-24 million units qd, administered as 3-4 million units IV q 4 hrs or continuous infusion x 10-14 d

**Alternatives:**
- Procaine penicillin G, 2.4 million units IM x 2 q 10-14 d or
- Probenecid 500mg po qid x 10-14 d

### DISEASE: YAWS

**Recommends:**
- Aqueous crystalline penicillin G 18-24 million units qd, administered as 3-4 million units IV q 4 hrs or continuous infusion x 10-14 d

**Alternatives:**
- Procaine penicillin G, 2.4 million units IM x 2 q 10-14 d or
- Probenecid 500mg po qid x 10-14 d

### DISEASE: SUPURATIVE (ANCESTORIAL) AGNINES

**Recommends:**
- Aqueous crystalline penicillin G 18-24 million units qd, administered as 3-4 million units IV q 4 hrs or continuous infusion x 10-14 d

**Alternatives:**
- Procaine penicillin G, 2.4 million units IM x 2 q 10-14 d or
- Probenecid 500mg po qid x 10-14 d

### DISEASE: WAYS

**Recommends:**
- Aqueous crystalline penicillin G 18-24 million units qd, administered as 3-4 million units IV q 4 hrs or continuous infusion x 10-14 d

**Alternatives:**
- Procaine penicillin G, 2.4 million units IM x 2 q 10-14 d or
- Probenecid 500mg po qid x 10-14 d