

Gonococcal and Chlamydial Infections

Gonorrhea (Uncomplicated genital, rectal, or pharyngeal[†])

Recommended - Ceftriaxone 500mg IM x 1 dose if < 150 kg*
- Ceftriaxone 1g IM x 1 dose if ≥ 150 kg*
If chlamydial infection not excluded, provide treatment for chlamydia as well

Alternative - Cefixime 800mg orally x 1 dose* **OR**
- Gentamicin 240mg IM x 1 dose **plus** azithromycin 2g orally x 1 dose

Chlamydia (Uncomplicated genital, rectal, or pharyngeal)

Recommended - Doxycycline 100mg orally 2x/day for 7 days

Alternative - Azithromycin 1g orally x 1 dose* **OR**
- Levofloxacin 500mg orally daily for 7 days

[†]Test of cure recommended 7-14 days after treatment

*Regimen may be used during pregnancy

Full guidelines at www.cdc.gov/std/treatment



Call the CEI line at

866-637-2342

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Nongonococcal Urethritis (NGU), Epididymitis, and Cervicitis

NGU

- | | |
|--------------------|---|
| Recommended | - Doxycycline 100mg orally 2x/day for 7 days |
| Alternative | - Azithromycin 1g orally x 1 dose* OR
- Azithromycin 500mg orally x 1 dose then 250mg 1x/day for 4 days* |

Acute Epididymitis

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|--|---|
| Likely STI | - Ceftriaxone 500mg IM [‡] x 1 dose plus doxycycline 100mg 2x/day orally for 10 days |
| Likely STI or enteric
(insertive anal intercourse) | - Ceftriaxone 500mg IM [‡] x 1 dose plus levofloxacin 500mg 1x/day orally for 10 days |
| Likely enteric | - Levofloxacin 500mg 1x/day orally for 10 days |

Cervicitis

- | | |
|--------------------|--|
| Recommended | - Doxycycline 100mg orally 2x/day for 7 days |
| Alternative | - Azithromycin 1g orally x 1 dose* |
- Add therapy for gonorrhea if risk or prevalence is high**

*Regimen may be used in pregnancy

‡Ceftriaxone dose is 1g IM daily if weight \geq 150 kg

Full guidelines at www.cdc.gov/std/treatment

Syphilis

Primary, Secondary, and Early Latent

- Benzathine penicillin G 2.4 million units IM x 1 dose*

If serious penicillin allergy:

- Doxycycline 100mg orally 2x/day for 14 days

Late Latent

- Benzathine penicillin G 2.4 million units IM once weekly x 3 doses*

If serious penicillin allergy:

- Doxycycline 100mg orally 2x/day for 28 days

Neurosyphilis Includes ocular and otic syphilis

- Aqueous crystalline penicillin G 18-24 million units IV daily as 3-4 million units IV q4 hours, or continuous infusion, for 10-14 days

Benzathine penicillin G, Bicillin® LA (trade name) is the preferred treatment of all stages of syphilis.

*Only treatment regimen in pregnancy

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Diagnosis and Management of Syphilis During Pregnancy

Screen During Pregnancy

- NYS Public Health Law mandates syphilis screening at the time pregnancy is first identified **and** upon delivery
- Third trimester screening for syphilis is **highly recommended** at 28 weeks gestation, or as soon as reasonably possible (no later than 32 weeks), and will be **required** as of May 3rd, 2024
- Third trimester screening is **required** in New York City as specified in NYC Health Code Section 11.33

Syphilis Treatment During Pregnancy

- Penicillin G is the only treatment for syphilis in pregnancy
- Pregnant patients with penicillin allergy should be desensitized and treated with penicillin

Syphilis Follow-Up During Pregnancy

- | | |
|-------------------------------------|--|
| Treatment before 24 weeks gestation | - Repeat syphilis titers 8 weeks after treatment and at delivery* |
| Treatment after 24 weeks gestation | - Obtain fetal ultrasound
- Repeat syphilis titers at delivery* |

*A rise in titer should be confirmed with repeat testing 2 weeks later. Titers should be repeated earlier if concern for reinfection or treatment failure.

Full guidelines at www.cdc.gov/std/treatment

Genital Herpes

First Clinical Episode

- Acyclovir 400mg orally 3x/day for 7-10 days **OR**
- Famciclovir 250mg orally 3x/day for 7-10 days **OR**
- Valacyclovir 1g orally 2x/day for 7-10 days

Daily Suppressive Treatment (HSV-2)

- Acyclovir 400mg orally 2x/day **OR**
- Famciclovir 250mg orally 2x/day **OR**
- Valacyclovir 500mg or 1g orally 1x/day

Episodic Treatment (HSV-2)

- | | |
|--------------|---|
| Acyclovir | - 800mg orally 2x/day for 5 days OR
- 800mg orally 3x/day for 2 days |
| Famciclovir | - 1g orally 2x/day for 1 day OR
- 500mg orally x 1 dose then 250mg orally 2x/day for 2 days OR
- 125mg orally 2x/day for 5 days |
| Valacyclovir | - 500mg orally 2x/day for 3 days OR
- 1g orally 1x/day for 5 days |

Full guidelines at www.cdc.gov/std/treatment



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Genital Herpes

Daily Suppressive Treatment for Those Living with HIV

- Acyclovir 400-800mg orally 2x/day **OR**
- Famciclovir 500mg orally 2x/day **OR**
- Valacyclovir 500mg orally 2x/day

Episodic Treatment for Those Living with HIV

- Acyclovir 400mg orally 3x/day for 5-10 days **OR**
- Famciclovir 500mg orally for 5-10 days **OR**
- Valacyclovir 1g orally for 5-10 days

Daily Suppressive Treatment During Pregnancy*

- Acyclovir 400mg orally 3x/day **OR**
- Valacyclovir 500mg orally 2x/day

Genital Warts

External Genital Warts

Patient applied

- Imiquimod 3.75% or 5% cream **OR**
- Podofilox 0.5% solution or gel **OR**
- Sinecatechins 15% ointment

Provider applied

- Trichloroacetic acid (TCA) **OR**
- Bichloroacetic acid (BCA) 80%-90% solution

External, Cervical/Vaginal, Urethral Meatal Warts

- Cryotherapy with liquid nitrogen
- Surgical removal

*Recommended to begin at 36 weeks gestation

Full guidelines at www.cdc.gov/std/treatment

Pelvic Inflammatory Disease and Bacterial Vaginosis

Pelvic Inflammatory Disease (Outpatient[†])

- Ceftriaxone 500mg IM[‡] x 1 dose **PLUS** doxycycline 100mg orally 2x/day **WITH** metronidazole 500mg orally 2x/day for 14 days

Bacterial Vaginosis

- Metronidazole 500mg orally 2x/day for 7 days* **OR**
- Metronidazole gel 0.75%, one 5g applicator intravaginally 1x/day for 5 days* **OR**
- Clindamycin cream 2%, one 5g applicator intravaginally at bedtime for 7 days*

[†]Pregnant patients should receive parenteral (IV) therapy.

[‡]Ceftriaxone dose is 1g IM if weight ≥ 150 kg.

*Regimen may be used during pregnancy.

For full guidelines including alternative treatments, visit www.cdc.gov/std/treatment



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Mycoplasma genitalium, Trichomoniasis, and Persistent/Recurrent NGU

Mycoplasma genitalium Treat if symptomatic and tested positive or partner to case with symptoms

Testing asymptomatic persons is not recommended

Macrolide **resistant** or no resistance test available - Doxycycline 100mg orally 2x/day for 7 days, **FOLLOWED BY** moxifloxacin 400 mg 1x/day for 7 days

Macrolide **susceptible** or no moxifloxacin available - Doxycycline 100mg orally 2x/day for 7 days, **FOLLOWED BY** azithromycin 1g orally x 1 dose, **THEN** 500mg orally 1x/day for 3 days #

Trichomonas vaginalis Urethritis (male) Vaginitis
Metronidazole 2g orally x 1 dose Metronidazole 500mg orally 2x/day x 7 days*
Alternative: Tinidazole 2g orally x 1 dose

Recurrent or Persistent NGU Test for *T. vaginalis* (heterosexual males in areas of high prevalence) and/or *M. genitalium*. See treatment above.

*Regimen may be used during pregnancy

#If no resistance testing done, perform test of cure 21 days after treatment

Full guidelines at www.cdc.gov/std/treatment