

**WASHINGTON STATE DEPARTMENT OF HEALTH – STD PROGRAM
2010 SEXUALLY TRANSMITTED DISEASES TREATMENT GUIDELINES**

These guidelines for the treatment of patients with STDs reflect the 2010 CDC Sexually Transmitted Diseases Treatment Guidelines. They are intended as a brief source of clinical guidance; they are not a comprehensive list of all effective regimens, and should not be construed as standards. The focus is primarily on STDs encountered in office practice and treatment regimens for infants, children, HIV infected patients, or pregnant women are not included (see complete Guidelines). The complete guidelines are available from the STD Program at (360) 236-3460 or the website www.doh.wa.gov/cfh/STD. Confidential notification of sexual partners is an important component of STD treatment.

DISEASE	RECOMMENDED RX	DOSE/ROUTE	ALTERNATIVES
CHLAMYDIAL INFECTIONS¹ Adults or adolescents with uncomplicated infection of the cervix, urethra or rectum. Pregnant women ⁵	Azithromycin ² OR Doxycycline ³	1 g orally in a single dose 100 mg orally 2x/day for 7 days	Erythromycin base 500 mg orally 4x/day for 7 days OR Erythromycin ethylsuccinate 800mg orally 4x/day for 7 days OR Levofloxacin ^{3,4} 500 mg orally once daily for 7 days OR Ofloxacin ^{3,4} 300 mg orally 2x/day for 7 days
GONOCOCCAL INFECTIONS¹ Adults or adolescents with uncomplicated infection of the cervix, urethra or rectum. *Regimen recommended for treatment of pharyngeal infection with <i>Neisseria gonorrhoeae</i> . Pregnant women ⁵	*Ceftriaxone PLUS Azithromycin ² OR Doxycycline ³	250 mg IM in a single dose 1 g orally in a single dose 100 mg orally 2x/day for 7 days	Cefixime 400 mg orally in a single dose PLUS Azithromycin ² 1 g orally in a single dose OR Doxycycline ³ 100 mg orally 2x/day for 7 days OR Azithromycin ² 2 g orally in a single dose Fluoroquinolones (levofloxacin, ciprofloxacin, etc.) are no longer recommended for the treatment of gonorrhea due to increased prevalence of quinolone-resistant <i>Neisseria gonorrhoeae</i> (QRNG) ⁵
NONGONOCOCCAL URETHRITIS (NGU) Recurrent/persistent urethritis ⁵	Azithromycin OR Doxycycline	1 g orally in a single dose 100 mg orally 2x/day for 7 days	Erythromycin base 500 mg orally 4x/day for 7 days OR Erythromycin ethylsuccinate 800 mg orally 4x/day for 7 days OR Levofloxacin 500 mg orally once daily for 7 days OR Ofloxacin 300 mg orally 2x/day for 7 days
EPIDIDYMITIS⁶	Ceftriaxone PLUS Doxycycline (For acute epididymitis most likely caused by gonococcal or chlamydial infection)	250 mg IM in a single dose 100 mg orally 2x/day for 10 days	Levofloxacin 500 mg orally once daily for 10 days OR Ofloxacin 300 mg orally 2x/day for 10 days (For acute epididymitis most likely caused by enteric organisms)
PELVIC INFLAMMATORY DISEASE^{5,6} Outpatient management Pregnant women ⁵	Ceftriaxone PLUS Doxycycline ³ WITH OR WITHOUT Metronidazole ⁷ OR Cefoxitin AND Probenecid PLUS Doxycycline ³ WITH OR WITHOUT Metronidazole ⁷ OR Other parenteral 3 rd generation cephalosporin ⁵ PLUS Doxycycline ³ WITH OR WITHOUT Metronidazole ⁷	250 mg IM in a single dose 100 mg orally 2x/day for 14 days 500 mg orally 2x/day for 14 days 2 g IM in a single dose 1 g orally in a single dose concurrently 100 mg orally 2x/day for 14 days 500 mg orally 2x/day for 14 days 100 mg orally 2x/day for 14 days 500 mg orally 2x/day for 14 days	
SYPHILIS⁵ Early-primary, secondary or latent < 1 year Latent > 1 year, latent of unknown duration, tertiary (cardiovascular, gummatous)	Benzathine penicillin G Benzathine penicillin G	2.4 million units IM in a single dose 2.4 million units IM for 3 doses at 1 week intervals (7.2 million units total)	Doxycycline ^{3,8,9} 100 mg orally 2x/day for 14 days OR Tetracycline ^{3,8,9} 500 mg orally 4x/day for 14 days OR Azithromycin ¹⁰ 2 g orally in a single dose Doxycycline ^{3,8,9} 100 mg orally 2x/day for 28 days OR Tetracycline ^{3,8,9} 500 mg orally 4x/day for 28 days
HUMAN PAPILLOMAVIRUS External genital and perianal warts Pregnant women ⁵	Patient Applied Podoflox ¹¹ OR Imiquimod ^{11,12} OR Sinecatechins ^{11,12} Provider Applied Cryotherapy with liquid nitrogen or cryoprobe OR Podophyllin resin ¹¹ OR Trichloroacetic acid (TCA) or Bichloroacetic acid (BCA) OR Surgical removal	0.5% solution or gel, apply to visible warts 2x/day for 3 days, rest 4 days, 4 cycles max 5% cream, apply once daily at bedtime, 3x/wk for up to 16 wks, wash off after 6-10 hrs 15% ointment, apply 3x/day for ≤16 weeks Repeat application every 1-2 weeks 10%-25% in a compound tincture of benzoin, apply small amount, dry, wash off in 1-4 hrs 80%-90%, apply small amount, dry. Apply weekly if necessary.	Intralesional interferon OR Photodynamic therapy OR Topical cidofovir ⁵ Note: Two HPV vaccines are available, both of which offer protection against the HPV types that cause 70% of cervical cancers; the quadrivalent vaccine (Gardasil) also protects against the types that cause 90% of genital warts. These vaccines are most effective when all doses are administered before sexual contact.
TRICHOMONIASIS Pregnant women ⁵	Metronidazole ⁷ OR Tinidazole ⁷	2 g orally in a single dose 2 g orally in a single dose	Metronidazole ⁷ 500 mg orally 2x/day for 7 days
BACTERIAL VAGINOSIS Pregnant women ⁵	Metronidazole ⁷ OR Metronidazole ⁷	500 mg orally 2x/day for 7 days 0.75% gel, one full applicator (5 g)	Tinidazole ⁷ 2g orally once daily for 2 days OR Tinidazole ⁷ 1 g orally once daily for 5 days OR

DISEASE	RECOMMENDED RX	DOSE/ROUTE	ALTERNATIVES
	Clindamycin ¹² OR	intravaginally once a day for 5 days 2% cream, one full applicator (5 g) intravaginally at bedtime for 7 days	Clindamycin 300 mg orally 2x/day for 7 days OR Clindamycin ovules ¹² 100 mg intravaginally once at bedtime for 3 days
VULVOVAGINAL CANDIDIASIS	<u>Over-the-Counter</u>		
Uncomplicated – see complete guidelines for recurrent, severe, or non-albicans candidiasis ⁵ Pregnant women ⁵	Butoconazole ¹² OR	2% cream 5 g intravaginally for 3 days	
	Clotrimazole ¹² OR	1% cream 5 g intravaginally for 7-14 days	
	Clotrimazole ¹² OR	2% cream 5 g intravaginally for 3 days	
	Miconazole ¹² OR	2% cream 5 g intravaginally for 7 days	
	Miconazole ¹² OR	4% cream 5 g intravaginally for 3 days	
	Miconazole ¹² OR	100 mg vaginal suppository, one suppository for 7 days	
	Miconazole ¹² OR	200 mg vaginal suppository, one suppository for 3 days	
	Miconazole ¹² OR	1200 mg vaginal suppository, one suppository for 1 day	
	Tioconazole ¹² OR	6.5% ointment 5 g intravaginally in a single application	
	<u>Prescription</u>		
	Butoconazole ¹² OR	2% cream 5 g (single dose bioadhesive product) intravaginally for 1 day	
	Nystatin ¹² OR	100,000 U vaginal tablet, 1 tablet for 14 days	
	Terconazole ¹² OR	0.4% cream 5 g intravaginally for 7 days	
Terconazole ¹² OR	0.8% cream 5 g intravaginally for 3 days		
Terconazole ¹² OR	80 mg vaginal suppository, one suppository for 3 days		
Fluconazole ³		150 mg oral tablet, one tablet in a single dose	
GENITAL HERPES SIMPLEX	Acyclovir ¹¹ OR	400 mg orally 3x/day for 7-10 days ¹³	
First clinical episode of genital herpes	Acyclovir ¹¹ OR	200 mg orally 5x/day for 7-10 days ¹³	
	Famciclovir ¹¹ OR	250 mg orally 3x/day for 7-10 days ¹³	
	Valacyclovir ¹¹	1 g orally 2x/day for 7-10 days ¹³	
Episodic recurrent infection HIV-infected persons ⁵	Acyclovir ¹¹ OR	400 mg orally 3x/day for 5 days	
	Acyclovir ¹¹ OR	800 mg orally 2x/day for 5 days	
	Acyclovir ¹¹ OR	800 mg orally 3x/day for 2 days	
	Famciclovir ¹¹ OR	125 mg orally 2x/day for 5 days	
	Famciclovir ¹¹ OR	1000 mg orally 2x/day for 1 day	
	Famciclovir ¹¹ OR	500 mg orally once, followed by 250mg 2x/day for 2 days	
	Valacyclovir ¹¹ OR	500 mg orally 2x/day for 3 days	
Valacyclovir ¹¹	1 g orally once a day for 5 days		
Suppressive therapy ¹⁴ HIV-infected persons ⁵	Acyclovir ¹¹ OR	400 mg orally 2x/day	
	Famciclovir ¹¹ OR	250 mg orally 2x/day	
	Valacyclovir ¹¹ OR	500 mg orally once a day ¹⁵	
	Valacyclovir ¹¹	1 g orally once a day	
PEDICULOSIS PUBIS	Permethrin OR	1% cream rinse, apply to affected area, wash off after 10 minutes	Malathion 0.5% lotion applied for 8-12 hours and washed OR
	Pyrethrins with piperonyl butoxide	Apply to affected area, wash off after 10 mins	Ivermectin 250 ug/kg orally, repeated in 2 weeks
SCABIES	Permethrin OR	5% cream, apply to all areas of body from neck down, wash off after 8-14 hours	Lindane 1% ¹⁶ 1 oz. of lotion or 30 g of cream applied thinly to all areas of the body from the neck down, wash off after 8 hours
	Ivermectin	200ug/kg orally, repeated in 2 weeks	

1. Providers should advise all persons with chlamydial or gonococcal infection to be rescreened 3 months after treatment, to detect possible reinfection.
2. Clinical experience and studies suggest that azithromycin is safe and effective for use in pregnant women.
3. **Contraindicated during pregnancy.**
4. Quinolones other than ofloxacin and levofloxacin are not reliably effective against chlamydial infection or have not been evaluated adequately.
5. Please refer to the complete 2010 CDC Guidelines for recommended regimens.
6. Patients who do not respond to out-patient therapy (within 3 days for PID or epididymitis) should be re-evaluated.
7. Patients should be advised to avoid consuming alcohol during treatment.
8. No alternatives to penicillin have been proven effective for treatment of syphilis during pregnancy. Close serological and clinical follow-up should be undertaken with these therapies.
9. Patients with penicillin allergy whose compliance with therapy and/or clinical and serological follow-up cannot be ensured should be desensitized and treated with benzathine penicillin.
10. Azithromycin should not be used for early syphilis in MSM (men who have sex with men) or pregnant women.
11. Safety during pregnancy has not been established.
12. Presence of treatment may weaken condoms and vaginal diaphragms. Refer to product labeling for further information.
13. Treatment may be extended if healing is incomplete after 10 days of therapy.
14. During suppressive treatment (e.g., once a year) providers should discuss the need to continue therapy with the patient.
15. Valacyclovir 500mg once a day might be less effective than other dosing regimens in patients who have very frequent recurrences (i.e., ≥10 episodes per year).
16. Should not be used immediately after a bath or shower, or by persons who have extensive dermatitis, pregnant or lactating women, or children aged <2 years.