

# SEXUALLY TRANSMITTED DISEASES TREATMENT GUIDELINES (Part 1 of 5)

Generic	Brand	Form	Dosing Regimen
<b>BACTERIAL VAGINOSIS<sup>1</sup></b>			
<b>Recommended</b>			
clindamycin cream <sup>2</sup>	<b>Cleocin Vaginal Cream</b>	2% vaginal cream	<b>Adults:</b> 1 applicatorful intravaginally at bedtime. <i>Nonpregnant:</i> treat for 3 or 7 days. <i>Pregnant (2nd or 3rd trimester):</i> treat for 7 days
	<b>Cindesse</b>	2% vaginal cream	<b>Adults:</b> 1 applicatorful intravaginally once
metronidazole	<b>Flagyl</b>	scored tabs	<b>Adults:</b> 500mg twice daily for 7 days
	<b>MetroGel-Vaginal</b>	0.75% vaginal gel	<b>Adults:</b> 1 applicatorful once daily for 5 days
	<b>Vandazole</b>		
<b>Alternative</b>			
clindamycin	<b>Cleocin</b>	caps	<b>Adults:</b> 300mg twice daily for 7 days
	<b>Cleocin Vaginal Ovules<sup>2</sup></b>	100mg vaginal supp	<b>Adults:</b> 1 supp at bedtime for 3 days
tinidazole	<b>Tindamax</b>	scored tabs	<b>Adults:</b> 2g once daily for 2 days or 1g once daily for 5 days
<b>CERVICITIS<sup>3</sup></b>			
azithromycin	<b>Zithromax</b>	tabs, susp, packets	<b>Adults:</b> 1g once
doxycycline <sup>4</sup>	—	tabs	<b>Adults:</b> 100mg twice daily for 7 days
	<b>Doryx</b>	del-rel tabs	
	<b>Vibramycin</b>	caps, susp, syrup	
<b>CHLAMYDIA</b>			
<b>Recommended</b>			
azithromycin <sup>5</sup>	<b>Zithromax</b>	tabs, susp, packets	<b>Adults, pregnancy, children:</b> $\geq 45\text{kg}$ or $\geq 8\text{yrs}$ : 1g once
doxycycline <sup>4</sup>	—	tabs	<b>Adults, children:</b> $\geq 8\text{yrs}$ : 100mg twice daily for 7 days
	<b>Doryx</b>	del-rel tabs	
	<b>Vibramycin</b>	caps, susp, syrup	
erythromycin base <sup>6,7</sup>	<b>Ery-Tab</b>	tabs	<b>Children:</b> $<45\text{kg}$ , <i>ophthalmia neonatorum</i> , <i>infant pneumonia</i> : 50mg/kg/day in 4 divided doses for 14 days
	<b>PCE</b>		
	<b>Eryc</b>	caps	
erythromycin ethylsuccinate	<b>E.E.S.</b>	tabs, susp	<b>Children:</b> $<45\text{kg}$ , <i>ophthalmia neonatorum</i> , <i>infant pneumonia</i> : 50mg/kg/day in 4 divided doses for 14 days
	<b>E.E.S. Granules</b>	susp	
	<b>EryPed</b>		
<b>Alternative</b>			
amoxicillin	—	tabs, caps, susp	<b>Pregnancy:</b> 500mg three times daily for 7 days
	<b>Amoxil</b>	caps, susp	
azithromycin	<b>Zithromax</b>	tabs, susp, packets	<b>Neonates:</b> <i>Ophthalmia neonatorum</i> , <i>infant pneumonia</i> : 20mg/kg/day once daily for 3 days
erythromycin base <sup>6,7</sup>	<b>Ery-Tab</b>	tabs	<b>Adults, pregnancy:</b> 500mg 4 times daily for 7 days or 250mg 4 times daily for 14 days
	<b>PCE</b>		
	<b>Eryc</b>	caps	
erythromycin ethylsuccinate	<b>E.E.S.</b>	tabs, susp	<b>Adults, pregnancy:</b> 800mg 4 times daily for 7 days or 400mg 4 times daily for 14 days
	<b>E.E.S. Granules</b>	susp	
	<b>EryPed</b>		
levofloxacin <sup>8</sup>	<b>Levaquin</b>	tabs, soln	<b>Adults:</b> 500mg once daily for 7 days
ofloxacin	—	tabs	<b>Adults:</b> 300mg twice daily for 7 days

(continued)

# SEXUALLY TRANSMITTED DISEASES TREATMENT GUIDELINES (Part 2 of 5)

Generic	Brand	Form	Dosing Regimen
<b>EPIDIDYMITIS<sup>9</sup></b>			
<b>Etiology: chlamydia + gonorrhea</b>			
ceftriaxone + doxycycline <sup>4</sup>	<b>Rocephin</b>	inj	<b>Adults:</b> ceftriaxone 250mg IM once + doxycycline 100mg orally twice daily for 10 days
	—	tabs	
	<b>Doryx</b>	del-rel tabs	
	<b>Vibramycin</b>	caps, susp, syrup	
<b>Etiology: chlamydia + gonorrhea + enteric organisms</b>			
ceftriaxone + levofloxacin	<b>Rocephin</b> <b>Levaquin</b>	inj tabs, soln	<b>Adults:</b> ceftriaxone 250mg IM once + levofloxacin 500mg orally once daily for 10 days
ceftriaxone + ofloxacin	<b>Rocephin</b> —	inj tabs	<b>Adults:</b> ceftriaxone 250mg IM once + ofloxacin 300mg orally twice daily for 10 days
<b>Etiology: enteric organisms</b>			
levofloxacin	<b>Levaquin</b>	tabs, soln	<b>Adults:</b> 500mg once daily for 10 days
ofloxacin	—	tabs	<b>Adults:</b> 300mg twice daily for 10 days
<b>GENITAL HERPES SIMPLEX</b>			
acyclovir	—	tabs, caps, susp, inj	<b>Adults:</b> <i>First episode:</i> 400mg orally 3 times daily or 200mg orally 5 times daily for 7–10 days <sup>10</sup> <i>Episodic:</i> 400mg orally 3 times daily or 800mg orally twice daily for 5 days, or 800mg orally 3 times daily for 2 days <i>Suppressive:</i> 400mg orally twice daily <i>HIV episodic:</i> 400mg orally 3 times daily for 5–10 days <i>HIV suppressive:</i> 400–800mg orally 2–3 times daily <i>Pregnancy suppressive:</i> 400mg orally 3 times daily (start at 36wks of gestation) <b>Neonates:</b> 20 mg/kg IV every 8hrs for 14 days (skin, mucous membranes) or 21 days (disseminated disease involving CNS)
	<b>Zovirax</b>	tabs, caps, susp	
famciclovir	—	tabs	<b>Adults:</b> <i>First episode:</i> 250mg 3 times daily for 7–10 days <sup>10</sup> <i>Episodic:</i> 125mg twice daily for 5 days or 1g twice daily for 1 day <sup>10</sup> or 500mg once then 250mg twice daily for 2 days <i>Suppressive:</i> 250mg twice daily <i>HIV episodic:</i> 500mg twice daily for 5–10 days <i>HIV suppressive:</i> 500mg twice daily
valacyclovir	<b>Valtrex</b>	scored tabs	<b>Adults:</b> <i>First episode:</i> 1g twice daily for 7–10 days <sup>10</sup> <i>Episodic:</i> 500mg twice daily for 3 days or 1g once daily for 5 days <i>Suppressive:</i> 500mg or 1g once daily <i>HIV episodic:</i> 1g twice daily for 5–10 days <i>HIV suppressive:</i> 500mg twice daily <i>Pregnancy suppressive:</i> 500mg twice daily (start at 36wks of gestation)
<b>GENITAL WARTS (HPV)</b>			
<b>Recommended</b>			
imiquimod <sup>2</sup>	<b>Aldara</b>	5% cream	<b>Adults:</b> Apply at bedtime 3 times a week, up to 16 weeks
	<b>Zyclara</b>	3.75% cream	<b>Adults:</b> Apply at bedtime daily
podofilox	<b>Condylox</b>	0.5% gel, soln	<b>Adults:</b> Apply twice daily for 3 days followed by 4 day break, up to 4 cycles
sinecatechins <sup>2</sup>	<b>Veregen</b>	15% ointment	<b>Adults:</b> Apply ½ cm 3 times daily, up to 16 weeks
bichloroacetic acid	—	90% soln	<b>Adults:</b> Provider administered: Apply weekly if needed
trichloroacetic acid	—	80% soln	<b>Adults:</b> Provider administered: Apply weekly if needed

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# SEXUALLY TRANSMITTED DISEASES TREATMENT GUIDELINES (Part 3 of 5)

Generic	Brand	Form	Dosing Regimen
<b>GENITAL WARTS (HPV) (continued)</b>			
<b>Alternative</b>			
podophyllin resin in benzoin compound tincture	—	10–25%	<b>Adults:</b> Provider administered: Apply weekly if needed
<b>GONOCOCCAL INFECTIONS</b>			
<b>Recommended</b>			
ceftriaxone + azithromycin	<b>Rocephin</b> <b>Zithromax</b>	inj tabs, susp, packets	<b>Adults:</b> <i>Uncomplicated</i> <sup>11</sup> , <i>pharyngeal, pregnancy:</i> ceftriaxone 250mg IM once + azithromycin 1g orally once <i>Conjunctivitis:</i> ceftriaxone 1g IM once + azithromycin 1g orally once
ceftriaxone	<b>Rocephin</b>	inj	<b>Children:</b> ≤45 kg; <i>uncomplicated, pharyngeal, ophthalmia neonatorum:</i> 25–50mg/kg IV or IM once, max 125mg
<b>Alternative</b>			
cefixime + azithromycin	<b>Suprax</b> <b>Zithromax</b>	caps, tabs, susp tabs, susp, packets	<b>Adults:</b> cefixime 400mg once + azithromycin 1g once
gemifloxacin + azithromycin	<b>Factive</b> <b>Zithromax</b>	scored tabs tabs, susp, packets	<b>Adults:</b> gemifloxacin 320mg once + azithromycin 2g once
gentamicin + azithromycin	— <b>Zithromax</b>	inj tabs, susp, packets	<b>Adults:</b> gentamicin 240mg IM once + azithromycin 2g orally once
<b>LYMPHOGRANULOMA VENEREUM</b>			
<b>Recommended</b>			
doxycycline <sup>4</sup>	— <b>Doryx</b> <b>Vibramycin</b>	tabs del-rel tabs caps, susp, syrup	<b>Adults:</b> 100mg twice daily for 21 days
<b>Alternative</b>			
erythromycin base	<b>Ery-Tab</b> <b>PCE</b> <b>Eryc</b>	tabs  caps	<b>Adults:</b> 500mg 4 times daily for 21 days
<b>NON-GONOCOCCAL URETHRITIS</b>			
<b>Recommended</b>			
azithromycin	<b>Zithromax</b>	tabs, susp, packets	<b>Adults:</b> 1g once <i>Persistent, recurrent (doxycycline-treated):</i> 1g once
doxycycline <sup>4</sup>	— <b>Doryx</b> <b>Vibramycin</b>	tabs del-rel tabs caps, susp, syrup	<b>Adults:</b> 100mg twice daily for 7 days
moxifloxacin	<b>Avelox</b>	tabs	<b>Adults:</b> <i>Persistent, recurrent (azithromycin failure):</i> 400mg once daily for 7 days
metronidazole <sup>14</sup>	<b>Flagyl</b>	scored tabs	<b>Adults:</b> <i>Persistent, recurrent (T. Vaginalis prevalent):</i> 2g once
tinidazole	<b>Tindamax</b>	scored tabs	<b>Adults:</b> <i>Persistent, recurrent (T. Vaginalis prevalent):</i> 2g once
<b>Alternative</b>			
erythromycin base	<b>Ery-Tab</b> <b>PCE</b> <b>Eryc</b>	tabs  caps	<b>Adults:</b> 500mg 4 times daily for 7 days or 250mg 4 times daily for 14 days
erythromycin ethylsuccinate	<b>E.E.S.</b> <b>E.E.S. Granules</b> <b>EryPed</b>	tabs, susp susp  	<b>Adults:</b> 800mg 4 times daily for 7 days or 400mg 4 times daily for 14 days
levofloxacin	<b>Levaquin</b>	tabs, soln	<b>Adults:</b> 500mg once daily for 7 days
ofloxacin	—	tabs	<b>Adults:</b> 300mg twice daily for 7 days

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# SEXUALLY TRANSMITTED DISEASES TREATMENT GUIDELINES (Part 4 of 5)

Generic	Brand	Form	Dosing Regimen
<b>PEDICULOSIS PUBIS</b>			
<b>Recommended</b>			
permethrin	<b>Nix</b>	1% cream	<b>Adults:</b> Apply, wash off after 10 min
pyrethrins + piperonyl butoxide	<b>R&amp;C</b>	0.3%/3% shampoo	<b>Adults:</b> Apply, wash off after 10 min
<b>Alternative</b>			
ivermectin <sup>16</sup>	<b>Stromectol</b>	tabs	<b>Adults:</b> 250mcg/kg once, repeat in 2 weeks
malathion	<b>Ovide</b>	0.5% lotion	<b>Adults:</b> Apply, wash off after 8–12hrs
<b>PELVIC INFLAMMATORY DISEASE<sup>9</sup></b>			
<b>Recommended</b>			
cefotetan + doxycycline <sup>4</sup>	—	inj	<b>Adults:</b> cefotetan 2g IV every 12hrs + doxycycline 100mg orally or IV every 12hrs
	—	inj, tabs	
	<b>Doryx</b>	del-rel tabs	
	<b>Vibramycin</b>	caps, susp, syrup	
cefoxitin + doxycycline <sup>4</sup>	—	inj	<b>Adults:</b> cefoxitin 2g IV every 6hrs + doxycycline 100mg orally or IV every 12hrs
	—	inj, tabs	
	<b>Doryx</b>	del-rel tabs	
	<b>Vibramycin</b>	caps, susp, syrup	
clindamycin + gentamicin	<b>Cleocin</b>	inj	<b>Adults:</b> clindamycin 900mg IV every 8hrs + gentamicin 2mg/kg IV or IM loading dose then 1.5mg/kg every 8hrs or 3–5mg/kg daily
	—	inj	
ceftriaxone + doxycycline <sup>4</sup> +/-	<b>Rocephin</b>	inj	<b>Adults:</b> ceftriaxone 250mg IM once + doxycycline 100mg orally twice daily for 14 days +/- metronidazole 500mg orally twice daily for 14 days
	—	inj, tabs	
	<b>Doryx</b>	del-rel tabs	
	<b>Vibramycin</b>	caps, susp, syrup	
metronidazole	<b>Flagyl</b>	scored tabs	<b>Adults:</b> cefoxitin 2g IM once + probenecid 1g orally once in a single dose + doxycycline 100mg orally twice daily for 14 days +/- metronidazole 500mg orally twice daily for 14 days
cefoxitin +	—	inj	
probenecid + doxycycline <sup>4</sup> +/-	—	scored tabs	
	—	inj, tabs	
	<b>Doryx</b>	del-rel tabs	
	<b>Vibramycin</b>	caps, susp, syrup	
metronidazole	<b>Flagyl</b>	scored tabs	
<b>Alternative</b>			
ampicillin/sulbactam + doxycycline <sup>4</sup>	<b>Unasyn</b>	inj	<b>Adults:</b> ampicillin/sulbactam 3g IV every 6hrs + doxycycline 100mg orally or IV every 12hrs
	—	inj, tabs	
	<b>Doryx</b>	del-rel tabs	
	<b>Vibramycin</b>	caps, susp, syrup	
<b>SCABIES</b>			
<b>Recommended</b>			
ivermectin <sup>16</sup>	<b>Stromectol</b>	tabs	<b>Adults:</b> 200mcg/kg once, repeat in 2 weeks
permethrin <sup>15</sup>	—	5% cream	<b>Adults, children:</b> Apply, wash off after 8–14hrs
<b>Alternative</b>			
lindane <sup>12,13</sup>	—	1% lotion, cream	<b>Adults:</b> Apply 1oz. lotion or 30g cream, wash off after 8hrs

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# SEXUALLY TRANSMITTED DISEASES TREATMENT GUIDELINES (Part 5 of 5)

Generic	Brand	Form	Dosing Regimen
<b>SYPHILIS</b>			
<b>Recommended</b>			
penicillin G benzathine	<b>Bicillin L-A</b>	inj	<b>Adults, pregnancy:</b> <i>Primary, secondary, or early latent &lt;1yr:</i> 2.4 million units IM once <i>Latent &gt;1yr, unknown duration:</i> 2.4 million units IM weekly for 3 weeks, max 7.2 million units total <b>Children:</b> <i>Primary, secondary, or early latent &lt;1yr:</i> 50,000 units/kg IM once, max 2.4 million units <i>Latent &gt;1yr, unknown duration:</i> 50,000 units/kg IM once weekly for 3 weeks, max 7.2 million units total
penicillin G aqueous crystalline	—	inj	<b>Adults:</b> <i>Neurosyphilis, ocular syphilis:</i> 3–4 million units IV every 4hrs (18–24 million units/day) or continuous infusion for 10–14 days
<b>Alternative</b>			
doxycycline <sup>4</sup>	—	tabs	<b>Adults:</b> <i>Primary, secondary, or early latent &lt;1yr:</i> 100mg twice daily for 14 days <i>Latent &gt;1yr, unknown duration:</i> 100 mg twice daily for 28 days
	<b>Doryx</b>	del-rel tabs	
tetracycline	<b>Vibramycin</b>	caps, susp, syrup	<b>Adults:</b> <i>Primary, secondary, or early latent &lt;1yr:</i> 500mg 4 times daily for 14 days <i>Latent &gt;1yr, unknown duration:</i> 500mg 4 times daily for 28 days
	—	caps	
penicillin G procaine + probenecid	—	inj	<b>Adults:</b> <i>Neurosyphilis, ocular syphilis:</i> penicillin G procaine 2.4 million units IM once daily + probenecid 500mg orally 4 times daily, both for 10–14 days
—	—	scored tabs	

## TRICHOMONIASIS

<b>Recommended</b>			
metronidazole <sup>14</sup>	<b>Flagyl</b>	scored tabs	<b>Adults:</b> 2g once <i>Persistent/recurrent:</i> initially 500mg twice daily for 7 days; 2g once daily for 7 days if initial recurrent regimen fails
tinidazole	<b>Tindamax</b>	scored tabs	<b>Adults:</b> 2g once <i>Persistent/recurrent:</i> 2g once daily for 7 days if initial recurrent regimen fails
<b>Alternative</b>			
metronidazole <sup>14</sup>	<b>Flagyl</b>	scored tabs	<b>Adults:</b> 500mg twice daily for 7 days

## NOTES

**Key:** caps = capsules, del-rel = delayed-release, HPV = human papillomavirus, inj = injection, supp = suppository, susp = suspension, tabs = tablets

- Treatment is recommended for all symptomatic pregnant women.
- Oil-based formulation may weaken latex condoms and diaphragms.
- Consider concurrent treatment for gonococcal infection if at increased risk (<25 yrs, new sex partner, multiple sex partners, or a sex partner who has a STI).
- Avoid in pregnancy, lactation, or children <8yrs.
- Preferred for pregnancy
- Erythromycin estolate is contraindicated in pregnancy.
- Effectiveness of erythromycin treatment is approximately 80%, a second course of therapy may be required.
- Contraindicated in pregnant or lactating women.
- No response to therapy within 72 hrs needs re-evaluation; close follow-up is essential for suspected disease.
- Treatment may be extended if incomplete healing after 10 days of therapy.
- CDC recommendation to treat uncomplicated gonococcal infections of the cervix, urethra, and/or rectum with dual therapy of cephalosporin plus azithromycin.
- Contraindicated in pregnant or lactating women and children <10yrs.
- Do not use after a bath; should not be used by persons with extensive dermatitis.
- Pregnant patients can be treated with 2g single dose.
- Preferred for infants and young children.
- Off-label indication.

Not an inclusive list of medications, dosing regimens, formulations, and/or official indications. See drug monograph at [www.eMPR.com](http://www.eMPR.com) and/or contact company for full drug labeling. Under certain clinical conditions (eg, impaired renal or hepatic function), the dose may need to be adjusted.

## REFERENCES

Frieden TR, Jaffe HW, Cono J, et al. Sexually Transmitted Diseases Treatment Guidelines, 2015. *MMWR Recommendations and Reports* 2015;64(3):1-135. Available at: <http://www.cdc.gov/std/tg2015>. (Rev. 1/2019)