

Treatment of Selected Sexually Transmitted Diseases

Reference: 1998 Guidelines for treatment of STD *MMWR* 1998 (No. RR-1)

Uncomplicated Gonorrhea (urethral, rectal, cervical)

Cefixime 400mg po once
OR Ceftriaxone 125mg IM once
OR Ciprofloxacin 500mg po once
OR Ofloxacin 400mg po once

alternative regimen: Spectinomycin 2 gm IM once (useful in patient who cannot tolerate cephalosporins or quinolones)

(pharyngeal)

Ceftriaxone 125mg IM once
OR Ciprofloxacin 500mg PO once
OR Ofloxacin 400mg PO once

* All patients should also be treated presumptively for chlamydia

Gonococcal Conjunctivitis

Ceftriaxone 1 gm IM once

Gonococcal Meningitis and Endocarditis

Ceftriaxone 1 –2 IV Q 12 hours

meningitis: treat for 10 – 14 days
endocarditis: treat for at least 4 weeks

Uncomplicated Chlamydia

Azithromycin 1 gm po once
OR Doxycycline 100mg po bid for 7 days

infection in pregnancy

Amoxicillin 500mg po tid for 10 days
OR Erythromycin base 500mg po qid for 7 days

Chancroid

Azithromycin 1gm po once
OR Ceftriaxone 250mg IM once
OR Ciprofloxacin 500mg bid for three days
OR Erythromycin base 500mg po qid for 7 days

Genital Herpes

First Episode

Acyclovir 400mg po tid for 7-10 days
OR Acyclovir 200mg po 5x/day for 7-10 days
OR Famciclovir 250mg po tid for 7-10 days
OR Valacyclovir 1 gm po bid for 7-10 days

Episodic Recurrent Infection

Acyclovir 400mg po tid for 5 days
OR Acyclovir 200mg po 5x/day for 5 days
OR Acyclovir 800 mg po bid for 5 days
OR Famciclovir 125mg po tid for 5 days
OR Valacyclovir 500mg po bid for 5 days

Daily Suppressive Therapy

Acyclovir 400mg po bid
OR Famciclovir 250 mg po bid
OR Valacyclovir 250mg po bid
OR Valacyclovir 500 mg po qd
OR Valacyclovir 1000mg po qd

Syphilis

Primary or Secondary

Penicillin Benzathine G 2.4 million units IM once
if PCN allergic
OR Doxycycline 100mg po bid for 2 weeks
Tetracycline 500mg po bid for 2 weeks

Latent

Early Latent Penicillin Benzathine G 2.4 million units IM once

Late Latent/Unknown Duration Penicillin Benzathine G –
2.4 million units IM q week for 3 weeks

Teritary
Neurosyphilis

Penicillin Benzathine G –
2.4 million units IM q week for 3 weeks
Aqueous crystalline Penicillin G 3-4 million units IV q 4
hours for 10-14 days

OR Procaine Penicillin 2.4 million units IM/day **plus**
probenecid 500mg qid po, both for 10-14 days

Pelvic Inflammatory Disease

Inpatient Regimens

Cefotetan 2 gm IV q 12 hrs
OR Cefoxitin 2 gm IV q 6 hrs **plus** Doxycycline 100mg IV or PO q 12 hrs
OR Clindamycin 900 mg IV q8 hrs **plus** gentamicin 2mg/kg IV followed by
1.5 mg/kg q 8 hrs (single daily dosing may be substituted)

discontinue 24 hours after the patient improves clinically, and then continuing
oral therapy should consist of doxycycline 100mg po bid to complete 14 days
of therapy

alternative regimens:

Ampicillin/sulbactam 3 gms IV q 6 hrs **plus** Doxycycline IV or PO 100mg q 12 hrs
OR
Ofloxacin 400mg IV q 12 hrs **plus** Metronidazole 500mg IV q 8 hrs

Outpatient Regimens

Ofloxacin 400mg po bid for 14 days **plus** metronidazole 500mg po bid for 14 days
OR
Ceftriaxone 250mg Im once **plus** doxycycline 100 mg po bid for 14 days

Trichomoniasis Metronidazole 2 gms po once