Sexually Transmitted Diseases

Summary of

CDC Treatment Guidelines

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of STD Prevention
### Sexually Transmitted Diseases: Summary of CDC Treatment Guidelines

#### Bacterial Vaginosis
- **Recommended Rx**: metronidazole or tinidazole at 2-3g/day for 5 days
- **DOSE/ROUTE**: OR
- **ALTERNATIVES**: metronidazole or tinidazole at 2-3g/day

#### Chlamydial Infections
- **Adults and Adolescents**: 1-7 days with doxycycline
- **Pregnancy**: tinidazole 2 g orally in a single dose
- **Infants and Children (≥45 kg); unsegmented, nonrheumatological syphilis**
  - Recommended regimens for episodic infection in pregnant women with HIV infection
    - ceftriaxone 1 g IM in a single dose
    - azithromycin 1 g orally in a single dose

#### Epididymitis
- **For acute epididymitis most likely caused by sexually transmitted chlamydia and gonorrhea**
  - prostatitis (disease with no evidence of infection)
  - 250 mg IM in a single dose
- **Persistent and recurrent NGU**
  - ceftriaxone 1 g IM in a single dose
  - azithromycin 1 g orally once, followed by 250 mg 2x/day for 2 days

#### Genital Warts
- **Penile applied**: imiquimod 5%
- **Anal and perianal warts**: imiquimod 5%

#### Gonococcal Infections
- **Adults and Adolescents**: 250 mg IM in a single dose, or 250 mg orally 2x/day for 10 days
- **Pregnancy**: 250 mg IM in a single dose
- **Infants and Children**
  - 50,000 units/kg IM for 3 doses at 1 week intervals

#### Lymphogranuloma Venereum
- **Recommended regimens for application**
  - 25-50 mg/kg IV at DL, not to exceed 125 mg bid in a single dose

#### Nongonococcal Urethritis
- **Pharyngeal**: ceftriaxone 1 g IM in a single dose
- **Nongonococcal urethritis**
  - ceftriaxone 1 g IM in a single dose
  - azithromycin 1 g orally once, followed by 250 mg 2x/day for 2 days

#### Pelvic Inflammatory Disease
- **Recommended regimens for application**
  - 250 mg IM in a single dose
  - 250 mg orally twice a day for 5-7 days

#### Syphilis
- **Primary, secondary, or late latent <1 year**
  - Syphilis without primary lesion
    - 2.4 million units IM in a single dose
  - Syphilis with primary lesion
    - 2.4 million units IM in a single dose
  - Syphilis without primary lesion
    - 2.4 million units IM in 3 doses at each 1 week intervals
  - Syphilis with primary lesion
    - 2.4 million units IM in 3 doses at each 1 week intervals

#### Trichomoniasis
- **Recommended regimens for application**
  - tinidazole 2 g orally in a single dose

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**Note:** Consult the full CDC guidelines for complete recommendations and dosages.
1. The recommended regimens are equally efficacious.
2. These creams are oil-based and may weaken latex condoms and diaphragms. Refer to product labeling for further information.
3. Should not be administered during pregnancy, lactation, or to children <8 years of age.
4. If patient cannot tolerate high-dose erythromycin base schedules, change to 250 mg 4x/day for 14 days.
5. If patient cannot tolerate high-dose erythromycin ethylsuccinate schedules, change to 400 mg orally 4 times a day for 14 days.
6. Contraindicated for pregnant or lactating women.
7. Clinical experience and published studies suggest that azithromycin is safe and effective.
8. Erythromycin estolate is contraindicated during pregnancy.
9. Effectiveness of erythromycin treatment is approximately 80%; a second course of therapy may be required.
10. Patients who do not respond to therapy (within 72 hours) should be re-evaluated.
11. For patients with suspected sexually transmitted epididymitis, close follow-up is essential.
12. No definitive information available on prenatal exposure.
13. Treatment may be extended if healing is incomplete after 10 days of therapy.
14. Consider discontinuation of treatment after one year to assess frequency of recurrence.
15. Vaginal, cervical, urethral meatal, and anal warts may require referral to an appropriate specialist.
16. CDC recommends treating uncomplicated gonococcal infections of the cervix, urethra, and/or rectum with the injectable cephalosporin, ceftriaxone. Dual therapy is no longer recommended.★★★
17. CDC recommends the following alternative regimens, if ceftriaxone is not available or in case of cephalosporin allergy: cefixime alone or gentamicin in combination with azithromycin.★★★
18. If chlamydial infection has not been excluded, providers should treat for chlamydia with doxycycline 100 mg orally twice daily for 7 days. During pregnancy, azithromycin 1 g as a single dose is recommended to treat chlamydia.★★★
19. Only ceftriaxone is recommended for the treatment of pharyngeal infection. Providers should inquire about oral sexual exposure.
20. Use with caution in hyperbilirubinemic infants, especially those born prematurely.
21. MSM are unlikely to benefit from the addition of nitroimidazoles.
22. Moxifloxacin 400mg orally 1x/day for 7 days is effective against Mycoplasma genitalium.
23. Pregnant patients can be treated with 2 g single dose.
24. Contraindicated for pregnant or lactating women, or children <2 years of age.
25. Do not use after a bath; should not be used by persons who have extensive dermatitis.
26. Pregnant patients allergic to penicillin should be treated with penicillin after desensitization.
27. Randomized controlled trials comparing single 2 g doses of metronidazole and tinidazole suggest that tinidazole is equivalent to, or superior to, metronidazole in achieving parasitologic cure and resolution of symptoms.

★★ Indicates update from the 2010 CDC Guidelines for the Treatment of Sexually Transmitted Diseases.
★★★ Indicates update from the 2015 CDC Guidelines for the Treatment of Sexually Transmitted Diseases.

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