

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

These summary guidelines reflect CDC's Sexually Transmitted Diseases Guidelines, 2015 and the MMWR, Update to CDC's Treatment Guidelines for Gonococcal Infection, 2020. They are intended as a source of clinical guidance. An important component of STD treatment is partner management. Providers can arrange for the evaluation and treatment of sex partners either directly or with assistance from state and local health departments. Complete guidelines can be found online at www.cdc.gov/std/treatment.

DISEASE	RECOMMENDED Rx	DOSE/ROUTE	ALTERNATIVES		
Bacterial Vaginosis	metronidazole oral ¹ metronidazole gel 0.75% ¹ clindamycin cream 2% ^{1,2} ★ Treatment is recommended for all symptomatic pregnant women.	OR OR OR OR	500 mg orally 2x/day for 7 days One 5 g applicator intravaginally 1x/day for 5 days One 5 g applicator intravaginally at bedtime for 7 days	tinidazole 2 g orally 1x/day for 2 days tinidazole 1 g orally 1x/day for 5 days clindamycin 300 mg orally 2x/day for 7 days clindamycin ovules 100 mg intravaginally at bedtime for 3 days	OR OR OR
Cervicitis	azithromycin doxycycline ³	OR	1 g orally in a single dose 100 mg orally 2x/day for 7 days	Consider concurrent treatment for gonococcal infection if at risk of gonorrhea or lives in a community where the prevalence of gonorrhea is high. Presumptive treatment with antimicrobials for <i>C. trachomatis</i> and <i>N. gonorrhoeae</i> should be provided for women at increased risk (e.g., those aged <25 years and those with a new sex partner, a sex partner with concurrent partners, or a sex partner who has a sexually transmitted infection), especially if follow-up cannot be ensured or if NAAT testing is not possible.	
Chlamydial Infections Adults and adolescents	azithromycin doxycycline ³	OR	1 g orally in a single dose 100 mg orally 2x/day for 7 days	erythromycin base ⁴ 500 mg orally 4x/day for 7 days erythromycin ethylsuccinate ⁵ 800 mg orally 4x/day for 7 days levofloxacin ⁶ 500 mg 1x/day orally for 7 days ofloxacin ⁶ 300 mg orally 2x/day for 7 days	OR OR OR OR
Pregnancy ³	azithromycin ⁷		1 g orally in a single dose	★ amoxicillin 500 mg orally 3x/day for 7 days erythromycin base ¹⁸ 500 mg orally 4x/day for 7 days erythromycin base 250 mg orally 4x/day for 14 days erythromycin ethylsuccinate 800 mg orally 4x/day for 7 days erythromycin ethylsuccinate 400 mg orally 4x/day for 14 days	OR OR OR OR
Infants and Children (<45 kg): urogenital, rectal	erythromycin base ⁹ ethylsuccinate	OR	50 mg/kg/day orally (4 divided doses) daily for 14 days	★ Data are limited on the effectiveness and optimal dose of azithromycin for chlamydial infection in infants and children < 45 kg	
Neonates: ophthalmia neonatorum, pneumonia	erythromycin base ⁹ ethylsuccinate	OR	50 mg/kg/day orally (4 divided doses) daily for 14 days	★ azithromycin 20 mg/kg/day orally, 1 dose daily for 3 days	
Epididymitis^{10,11} For acute epididymitis most likely caused by sexually transmitted CT and GC	ceftriaxone doxycycline	PLUS	250 mg IM in a single dose 100 mg orally 2x/day for 10 days		
★ For acute epididymitis most likely caused by sexually-transmitted chlamydia and gonorrhea and enteric organisms (men who practice insertive anal sex)	ceftriaxone levofloxacin ofloxacin	PLUS OR	250 mg IM in a single dose 500 mg orally 1x/day for 10 days 300 mg orally 2x/day for 10 days		
For acute epididymitis most likely caused by enteric organisms	levofloxacin ofloxacin	OR	500 mg orally 1x/day for 10 days 300 mg orally 2x/day for 10 days		
Genital Herpes Simplex First clinical episode of genital herpes	acyclovir acyclovir valacyclovir ¹² famciclovir ¹²	OR OR OR OR	400 mg orally 3x/day for 7-10 days ¹³ 200 mg orally 5x/day for 7-10 days ¹³ 1 g orally 2x/day for 7-10 days ¹³ 250 mg orally 3x/day for 7-10 days ¹³		
Episodic therapy for recurrent genital herpes	acyclovir acyclovir acyclovir valacyclovir ¹² valacyclovir ¹² famciclovir ¹² famciclovir ¹² famciclovir ¹²	OR OR OR OR OR OR OR OR	400 mg orally 3x/day for 5 days 800 mg orally 2x/day for 5 days 800 mg orally 3x/day for 2 days 500 mg orally 2x/day for 3 days 1 g orally 1x/day for 5 days 125 mg orally 2x/day for 5 days 1000 mg orally 2x/day for 1 day ¹³ 500 mg orally once, followed by 250 mg 2x/day for 2 days		
Suppressive therapy ¹⁴ for recurrent genital herpes	acyclovir valacyclovir ¹² valacyclovir ¹² famciclovir ¹²	OR OR OR OR	400 mg orally 2x/day 500 mg orally 1x/day 1 g orally once a day 250 mg orally 2x/day		
Recommended regimens for episodic infection in persons with HIV infection	acyclovir valacyclovir ¹² famciclovir ¹²	OR OR OR	400 mg orally 3x/day for 5-10 days 1 g orally 2x/day for 5-10 days 500 mg orally 2x/day for 5-10 days		
Recommended regimens for daily suppressive therapy in persons with HIV infection	acyclovir valacyclovir ¹² famciclovir ¹²	OR OR OR	400-800 mg orally 2-3x/day 500 mg orally 2x/day 500 mg orally 2x/day		
Genital Warts¹⁵ (Human Papillomavirus) External genital and perianal warts	Patient Applied ★ imiquimod 3.75% or 5% ¹² cream podofilox 0.5% ¹⁵ solution or gel sinecatechins 15% ointment ¹²	OR OR	See complete CDC guidelines.		
	Provider Administered Cryotherapy trichloroacetic acid or bichloroacetic acid 80%-90% surgical removal	OR OR	Apply small amount, dry, apply weekly if necessary	★ podophyllin resin 10%–25% in compound tincture of benzoin may be considered for provider-administered treatment if strict adherence to the recommendations for application. intralesional interferon photodynamic therapy topical cidofovir	OR OR OR
Gonococcal Infections¹⁶ Adults and adolescents <150 kg: uncomplicated gonococcal infections of the cervix, urethra, and rectum	★★ ceftriaxone		★★ 500 mg IM in a single dose ¹⁸	★★ If ceftriaxone is not available: cefixime ¹⁷ 800 mg orally in a single dose	
≥150 kg: uncomplicated gonococcal infections of the cervix, urethra, and rectum	★★ ceftriaxone		★★ 1 g IM in a single dose ¹⁸	★★ If cephalosporin allergy: gentamicin ¹⁷ 240 mg orally in a single dose azithromycin 2 g orally in a single dose	PLUS
Pharyngeal ¹⁸ <150 kg: uncomplicated gonococcal infections of the pharynx	★★ ceftriaxone		★★ 500 mg IM in a single dose ¹⁸	★★ No reliable alternative treatments are available for pharyngeal gonorrhea.	
≥150 kg: uncomplicated gonococcal infections of the pharynx	★★ ceftriaxone		★★ 1 g IM in a single dose ¹⁸		
Pregnancy	See complete CDC guidelines.				
Adults and adolescents: conjunctivitis	ceftriaxone azithromycin ⁷	PLUS	1 g IM in a single dose 1 g orally in a single dose		
Children (<45 kg): urogenital, rectal, pharyngeal	ceftriaxone ¹⁷		25-50 mg/kg IV or IM, not to exceed 125 mg IM in a single dose		
Lymphogranuloma venereum	doxycycline ³		100 mg orally 2x/day for 21 days	erythromycin base 500 mg orally 4x/day for 21 days	
Nongonococcal Urethritis (NGU)	azithromycin ⁷ doxycycline ³	OR	1 g orally in a single dose 100 mg orally 2x/day for 7 days	erythromycin base ⁴ 500 mg orally 4x/day for 7 days erythromycin ethylsuccinate ⁵ 800 mg orally 4x/day for 7 days levofloxacin 500 mg 1x/day for 7 days ofloxacin 300 mg 2x/day for 7 days	OR OR OR
★ Persistent and recurrent NGU ^{3,20,21}	Men initially treated with doxycycline: azithromycin Men who fail a regimen of azithromycin: moxifloxacin Heterosexual men who live in areas where <i>T. vaginalis</i> is highly prevalent: metronidazole ²³ tinidazole	OR	1 g orally in a single dose 400 mg orally 1x/day for 7 days 2 g orally in a single dose 2 g orally in a single dose		
Pediculosis Pubis	permethrin 1% cream rinse pyrethrins with piperonyl butoxide	OR	Apply to affected area, wash off after 10 minutes Apply to affected area, wash off after 10 minutes	malathion 0.5% lotion, applied 8-12 hrs then washed off ivermectin 250 µg/kg, orally repeated in 2 weeks	OR
Pelvic Inflammatory Disease¹⁰	Parenteral Regimens Cefotetan Doxycycline Cefoxitin Doxycycline Recommended Intramuscular/Oral Regimens Ceftriaxone Doxycycline Metronidazole Cefoxitin Probenecid, Doxycycline Metronidazole	PLUS OR PLUS PLUS PLUS PLUS WITH or WITHOUT OR PLUS PLUS WITH or WITHOUT	2 g IV every 12 hours 100 mg orally or IV every 12 hours 2 g IV every 6 hours 100 mg orally or IV every 12 hours 250 mg IM in a single dose 100 mg orally twice a day for 14 days 500 mg orally twice a day for 14 days 2 g IM in a single dose 1 g orally administered concurrently in a single dose 100 mg orally twice a day for 14 days 500 mg orally twice a day for 14 days	Parenteral Regimen Ampicillin/Sulbactam 3 g IV every 6 hours Doxycycline 100 mg orally or IV every 12 hours The complete list of recommended regimens can be found in CDC's 2015 STD Treatment Guidelines.	PLUS
Scabies	permethrin 5% cream ivermectin	OR	Apply to all areas of body from neck down, wash off after 8-14 hours 200 µg/kg orally, repeated in 2 weeks	lindane 1% ^{23,24} 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	
Syphilis Primary, secondary, or early latent <1 year	benzathine penicillin G		2.4 million units IM in a single dose	doxycycline ^{3,26} 100 mg 2x/day for 14 days tetracycline ^{3,26} 500 mg orally 4x/day for 14 days	OR
Latent >1 year, latent of unknown duration	benzathine penicillin G		2.4 million units IM in 3 doses each at 1 week intervals (7.2 million units total)	doxycycline ^{3,26} 100 mg 2x/day for 28 days tetracycline ^{3,26} 500 mg orally 4x/day for 28 days	OR
Pregnancy Neurosyphilis	See complete CDC guidelines. aqueous crystalline penicillin G		18–24 million units per day, administered as 3–4 million units IV every 4 hours or continuous infusion, for 10–14 days	procaine penicillin G 2.4 MU IM 1x daily probenecid 500 mg orally 4x/day, both for 10-14 days.	PLUS
★ Congenital syphilis Children: Primary, secondary, or early latent <1 year Children: Latent >1 year, latent of unknown duration	See complete CDC guidelines. benzathine penicillin G benzathine penicillin G		50,000 units/kg IM in a single dose (maximum 2.4 million units) 50,000 units/kg IM for 3 doses at 1 week intervals (maximum total 7.2 million units)	See CDC STD Treatment Guidelines for discussion of alternative therapy in patients with penicillin allergy.	
Trichomoniasis Persistent or recurrent trichomoniasis	metronidazole ²³ tinidazole ²⁷ metronidazole If this regimen fails: metronidazole tinidazole If this regimen fails, susceptibility testing is recommended.	OR OR	2 g orally in a single dose 2 g orally in a single dose 500mg orally 2x/day for 7 days 2g orally for 7 days 2g orally for 7 days	metronidazole ²³ 500 mg 2x/day for 7 days	

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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