GEORGIA 2002 STD TREATMENT GUIDELINES FOR ADULTS AND ADOLESCENTS

These guidelines for the treatment of clients with STDs reflect the **2002 CDC STD Treatment Guidelines**. The focus is primarily on STDs encountered in outpatient settings. The guidelines are intended as a source of clinical guidance; they are not a comprehensive list of all effective regimens. For more treatment information, please refer to the complete CDC document. To report STD infections, to request assistance with confidential notification of sexual partners of clients with syphilis, gonorrhea, chlamydia or HIV infection, or to obtain additional information on the medical management of STD clients, call your County Health Department. The Georgia STD Prevention Section is an additional resource for training and consultation in the area of STD clinical management and prevention (404-657-3100), also visit the DHR website at (**http://health.state.ga.us**).

DISEASE	RECOMMENDED DRUGS	DOSE/ROUTE	ALTERNATIVE REGIMENS
CHLAMYDIA			
Uncomplicated Infections Adults/Adolescents[1]	• Azithromycin ***OR*** • Doxycycline[2]	1 g po single dose 100 mg po bid x 7d	• Erythromycin base 500 mg po qid x 7 d ***OR*** • Erythromycin ethylsuccinate 800 mg po qid x 7d ***OR*** • Ofloxacin[2] 300 mg po bid x 7 d ***OR*** • Levofloxacin[2] 500 mg po qd x 7d
Pregnant Women[3]	• Azithromycin ***OR*** • Amoxicillin ***OR*** • Erythromycin base	1 g po single dose 500 mg po tid x 7d 500 mg po qid x 7d	• Erythromycin base 250 mg po qid x 14 d ***OR*** • Erythromycin ethylsuccinate 800 mg po qid x 7d ***OR*** • Erythromycin ethylsuccinate 400 mg po qid x 14 d
GONORRHEA[4]			
Uncomplicated Infections Adults/Adolescents	• Cefixime[5] ***OR*** • Ceftriaxone ***OR*** • Ciprofloxacin[2,6] ***OR*** • Ofloxacin[2,5,6] ***OR*** • Levofloxacin[2,5,6] ***plus*** • A recommended regimen for chlamydia • **Note: Due to high prevalence rate of QRNG in MSM,CDC recommends treatment with Ceftriaxone or Spectinomycin.**	400 mg po single dose 125 mg IM single dose 500 mg po single dose 400 mg po single dose 250 mg po single dose	• Spectinomycin[5] 2 g IM single dose • Single-dose cephalosporin regimens* • Single-dose quinolone[2] regimens* **Refer to the complete 2002 CDC guidelines for recommended regimens*
Pregnant Women	• Cefixime[5] ***OR*** • Ceftriaxone ***plus*** • A recommended regimen for chlamydia	400 mg po single dose 125 mg IM single dose	• Spectinomycin[5] 2g IM single dose
PELVIC INFLAMMATORY DISEASE[7]	**Parenteral[8]** • **Either** Cefotetan ***OR*** • Cefoxitin ***plus*** Doxycycline[2] ***OR*** • Clindamycin ***plus*** Gentamicin **Oral** • **Either** Ofloxacin[2,9] ***OR*** • Levofloxacin[2,9] ***with or without*** Metronidazole	2 g IV q 12 hrs 2 g IV q 6 hrs 100 mg po or IV q 12 hrs 900 mg IV q 8 hrs 2 mg/kg IV or IM followed by 1.5 mg/kg IV or IM q 8 hrs or single daily dosing 400 mg po bid x 14 d 500 mg po QD x 14 d 500 mg po bid x 14 d	**Parenteral[8]** • **Either** Ofloxacin[2,9] 400 mg IV q 12 hrs ***OR*** • Levofloxacin[2,9] 500 mg IV qd ***with or without*** Metronidazole 500 mg IV q 8 hrs ***OR*** • Ampicillin/Sulbactam 3 g IV q 6 hrs ***plus*** Doxycycline[2] 100 mg po or IV q 12 hrs **Oral/IM** • **Either** Ceftriaxone 250 mg IM single dose ***OR*** • Cefoxitin 2 g IM single dose with Probenecid 1 g po single dose ***OR*** ***Other parenteral third-generation cephalosporin plus*** Doxycycline[2] 100 mg po bid x 14 d ***with or without*** Metronidazole 500 mg po bid x 14 d
MUCOPURULENT CERVICITIS[7]	• Azithromycin ***OR*** • Doxycycline[2]	1 g po single dose 100 mg po bid x 7 d	• Erythromycin base 500 mg po qid x 7 d ***OR*** • Erythromycin ethylsuccinate 800 mg po qid x 7 d ***OR*** • Ofloxacin[2,9] 300 mg po bid x 7 d ***OR*** • Levofloxacin[2,9] 500 mg po qd x 7 days
NONGONOCOCCAL URETHRITIS[7]	• Azithromycin ***OR*** • Doxycycline	1 g po single dose 100 mg po bid x 7 d	• Erythromycin base 500 mg po qid x 7 d ***OR*** • Erythromycin ethylsuccinate 800 mg po qid x 7 d ***OR*** • Ofloxacin 300 mg po bid x 7 d ***OR*** • Levofloxacin 500 mg po qd x 7 days
EPIDIDYMITIS[7]	Likely due to gonorrhea or chlamydia • Ceftriaxone ***plus*** Doxycycline Likely due to enteric organisms, or client allergic to above drugs or age > 35 years • Ofloxacin[9] ***OR*** • Levofloxacin[9]	250 mg IM single dose 100 mg po bid x 10 d 300 mg po bid x 10 d 500 mg po qd x 10 d	
TRICHOMONIASIS[10]	• Metronidazole	2 g po single dose	• Metronidazole 500 mg po bid x 7 d
BACTERIAL VAGINOSIS			
Adults/Adolescents	• Metronidazole ***OR*** • Clindamycin cream 2% [11] ***OR*** • Metronidazole gel 0.75%	500 mg po bid x 7 d one full applicator (5g) intravaginally qhs x 7 d one full applicator (5g) intravaginally qd x 5 d	• Metronidazole 2 g po single dose ***OR*** • Clindamycin 300 mg po bid x 7 d ***OR*** • Clindamycin ovules 100 g intravaginally qhs x 3 d
Pregnant Women	• Metronidazole ***OR*** • Clindamycin	250 mg po tid x 7 d 300 mg po bid x 7d	
CHANCROID	• Azithromycin ***OR*** • Ceftriaxone ***OR*** • Ciprofloxacin[2]	1 g po single dose 250 mg IM single dose 500 mg po bid x 3 d	• Erythromycin base 500 mg po tid x 7 d
LYMPHOGRANULOMA VENEREUM	• Doxycycline[2]	100 mg po bid x 21 d	• Erythromycin base 500 mg po qid x 21 d
GENITAL WARTS			
External Genital/Perianal Warts	**Patient Applied** • Podofilox[12] 0.5% solution or gel ***OR*** • Imiquimod[13] 5% cream **Provider Administered** • Cryotherapy ***OR*** • Podophyllin[12] resin 10%-25% in tincture of benzoin ***OR*** • Trichloroacetic acid (TCA) ***OR*** Bichloroacetic acid (BCA) 80%-90% ***OR*** • Surgical removal	2x a day for 3 days then 4 days of no therapy 3x a week at hs for up to 16 weeks Repeat q 1-2 weeks prn Repeat weekly prn Repeat weekly prn Repeat weekly prn	• Intralesional interferon ***OR*** • Laser Surgery
Mucosal genital Warts	• Cryotherapy ***OR*** • TCA or BCA 80%-90% ***OR*** • Podophyllin[12] resin 10%-25% in tincture of benzoin ***OR*** • Surgical removal	Vaginal, urethral meatus, or anal Vaginal or anal Urethral meatus Anal	
GENITAL HERPES SIMPLEX VIRUS INFECTIONS[14]			
First Clinical Episode of Herpes	• Acyclovir ***OR*** • Acyclovir ***OR*** • Famciclovir ***OR*** • Valacyclovir	400 mg po tid x 7-10 d 200 mg po 5 x day x 7-10 d 250 mg po tid x 7-10 d 1 g po bid x 7-10 d	
Episodic Therapy for Recurrent Episodes (begun during prodrome or within 1 day of lesion onset)	• Acyclovir ***OR*** • Acyclovir ***OR*** • Acyclovir ***OR*** • Famciclovir ***OR*** • Valacyclovir	400 mg po tid x 5 d 200 mg po 5 x day x 5 d 800 mg po bid x 5 d 125 mg po bid x 5 d 500 mg po bid x 3-5 d or 1 g po qd x 5 d	***Recommended Regimens for Persons Infected with HIV[15]*** • Acyclovir 400 mg po tid x 5-10 d ***OR*** • Acyclovir 200 mg po 5 x day x 5-10 d ***OR*** • Famciclovir 500 mg po bid x 5-10 d ***OR*** • Valacyclovir 1g po bid x 5-10 d
Suppressive Therapy for ≥6 recurrences per year	• Acyclovir ***OR*** • Famciclovir ***OR*** • Valacyclovir	400 mg po bid 250 mg po bid 500 mg po qd or 1 g po qd	***Recommended for Persons Infected with HIV*** • Acyclovir 400-800 mg po bid-tid ***OR*** • Famciclovir 500 mg po bid ***OR*** • Valacyclovir 500 mg po bid
SYPHILIS			
Primary, Secondary and Early Latent	• Benzathine penicillin G	2.4 million units IM single dose	• Doxycycline[2,16] 100 mg po bid x 2 weeks ***OR*** • Tetracycline[2,16] 500 mg po qid x 2 weeks ***OR*** • Ceftriaxone[16] 1 g IM OR IV qd x 8-10 d ***OR*** • Azithromycin[16] 2 g po
Late Latent and Unknown Duration, Tertiary	• Benzathine penicillin G	7.2 million units, administered as 3 doses of 2.4 million units IM, at 1-week intervals	• Doxycycline[2] 100 mg po bid x 4 weeks ***OR*** • Tetracycline[2] 500 mg po qid x 4 weeks
Neurosyphilis[17]	• Aqueous crystalline penicillin G	18-24 million units daily, administered as 3-4 million units IV q 4 hrs or continuous infusion for 10-14 d	• Procaine penicillin G, 2.4 million units IM qd x 10-14 ***plus*** Probenecid 500 mg po qid x 10-14 d ***OR*** • Ceftriaxone[16] 2 g IM OR IV qd x 10-14 d
PREGNANT WOMEN [18]			
Primary, Secondary and Early Latent	• Benzathine penicillin G	2.4 million units IM single dose	• None
Late Latent and Unknown Duration, Tertiary	• Benzathine penicillin G	7.2 million units, administered as 3 doses of 2.4 million units IM, at 1-week intervals	• None
Neurosyphilis[17]	• Aqueous crystalline penicillin G	18-24 million units daily, administered as 3-4 million units IV q 4 hrs or continuous infusion for 10-14 d	• Procaine penicillin G, 2.4 millions units IM qd x 10-14 ***plus*** Probenecid 500 mg po qid x 10-14 d
HIV INFECTED			
Primary, Secondary and Early Latent	• Benzathine penicillin G	2.4 million units IM single dose	• Doxycycline[2,16] 100 mg po bid x 2 weeks ***OR*** • Tetracycline[2,16] 500 mg po qid x 2 weeks
Late Latent and Unknown Duration[18] **with normal CSF Exam**	• Benzathine penicillin G	7.2 million units, administered as 3 doses of 2.4 million units IM, at 1-week intervals	• None
Neurosyphilis[17]	• Aqueous crystalline penicillin G	18-24 million units daily, administered as 3-4 million units IV q 4 hrs or continuous infusion for 10-14 d	• Procaine penicillin G, 2.4 millions units IM qd x 10-14d ***plus*** Probenecid 500 mg po qid x 10-14 d

1 Annual screening for women age 29 years and younger. Nucleic Acid Amplification Tests (NAATS) are recommended. Women with chlamydia should be re-screened 3-4 months after treatment.
2 Contraindicated for pregnant and nursing women.
3 Test-of-cure follow-up is recommended because the regimens are not highly efficacious (amoxicillin and erythromycin) or the data on safety and efficacy are limited (azithromycin).
4 Co-treatment for chlamydia infection is indicated unless chlamydia infection has been ruled out using sensitive technology.
5 Not recommended for pharyngeal gonococcal infection.
6 Quinolones should not be used for infections acquired in Asia, Pacific, Hawaii or California.
7 Testing for gonorrhea and chlamydia is recommended because a specific diagnosis may improve compliance and partner management. These infections are reportable by GA State Law.
8 Discontinue 24 hours after client improves clinically and continue with oral therapy for a total of 14 days.
9 If gonorrhea is documented, test-of-cure follow-up is recommended to ensure patient does not have untreated resistant gonorrhea infection.
10 If re-infection is ruled out and persistence of trichomonas is documented, evaluate for metronidazole-resistant *T. vaginalis*. Referral to CDC at 770-488-4115.
11 Might weaken latex condoms and diaphragms because oil-based.
12 Contraindicated during pregnancy.
13 Safety in pregnancy has not been established.
14 Counseling about natural history, asymptomatic shedding, and sexual transmission is an essential component of herpes management.
15 If lesions persist or recur while receiving antiviral treatment, HSV resistance should be suspected and a viral isolate should be obtained for sensitivity testing.
16 Because efficacy of these therapies has not been established and compliance of some of these regimens difficult, close follow-up is essential. If compliance or follow-up cannot be ensured, then client should be desensitized and treated with benzathine penicillin.
17 Benzathine penicillin G, 2.4 million units may be administered once per week for up to three weeks after completion of neurosyphilis therapy.
18 Clients allergic to penicillin should be treated with penicillin after desensitization.