STD Treatment Chart

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Disease	Treatment	Alternative treatment	Pregnancy	Comments
Chlamydia	Azithromycin 1 gram p.o. single dose Or Doxycycline 100mg BID X 7days	Erythromycin base 500mg QID X 7 days Or Erythromycin ethylsuccinate 800mg QID X 7 days Or Ofloxacin 300mg BID X 7 days Or Levofloxacin 500mg X 7 days	*Doxycycline and Ofloxacin contraindicated in pregnancy *Repeat testing 3 weeks after completion of treatment Erythromycin base 500mg QID X 7days Or Amoxicillin 500mg TID X 7 days Alternative: Erythromycin base 250 mg QID X 14 days Or Erythromycin ethylsuccinate 800mg QID X 7 days or 400mg QID X 14 days Or Azithromycin 1 gram p.o. single dose	*Azithromycin best to use if compliance an issue *Doxycycline is less expensive *Erythromycin tends to have more GI side effects; should do TOC 3 weeks after completion of treatment *Ofloxacin has no advantage over Doxycycline or Azithromycin and is more $ *Levofloxacin has not been _eval for treatment, but pharmacology and vitro microbiology activity similar to Ofloxacin
Chancroid	Azithromycin 1 gm p.o. single dose Or Ceftriaxone 250mg IM single dose Or Ciprofloxacin 500mg p.o. BID X 3 days Or Erythromycin base 500mg p.o. TID X 7 days		Ciprofloxacin is contraindicated in pregnancy and lactating women	
Epdidymitis	Ceftriaxone 250 mg IM **And** Doxycycline 100mg BID X 10 days Or Ofloxacin 300 mg p.o. BID X 10 days Or Levofloxacin 500 mg p.o. q day X 10 days			Most often caused by Chlamydia or GC *Should see improvement 3 days after treatment initiated *Use Ofloxacin if Levofloxacin is not likely STD related or allergic to cephalosporins or Tetracycline
Gonorrhea: Uncomplicated (cx, urethra, and rectum): [Quinolone resistant N. gonorrhoeae (QRNG) seen in Asia, Pacific, Hawaii, and West Coast of US]	Cefixime 400mg p.o. single dose Or Ceftriaxone 125mg IM single dose Or Ciprofloxacin 500 mg p.o. single dose Or Ofloxacin 400mg p.o. single dose Or Levofloxacin 250 mg p.o. single dose **Uncomplicated Pharyngeal**: Ceftriaxone 125 mg IM single dose Or Ciprofloxacin 500mg p.o. single dose	Spectinomycin 2 gm IM single dose	Quinolones and Tetracycline contraindicated in pregnancy Use cephalosporin or Spectinomycin	Cefixime: 97.4% cure rate Ceftriaxone: 99.1% cure rate at all anatomic sites Ciprofloxacin: 99.8% cure rate caution with QRNG Ofloxacin: 98.6% cure rate Spectinomycin: 98.2% cure rate, but expensive; useful if can not tolerate cephalosporin or quinolone, if suspect pharyngeal need f/u pharyngeal culture 3-5 days after treatment

Granuloma Inguinale (Dunavanosis)	Doxycycline 100 mg p.o. BID X 3 weeks Or Trimethoprim-Sulfamethoxazole DS p.o. BID X 3 weeks	Ciprofloxacin 750 mg p.o. BID X 3 weeks Or Erythromycin base 500 mg p.o. QID X 3 weeks Or Azithromycin 1 gm p.o. once/week X 3 weeks	*Ciprofloxacin is contraindicated in pregnancy and lactation *Doxycycline contraindicated in pregnancy *Trimethoprim-Sulfamethoxazole contraindicated in 3rd trimester of pregnancy	Treatment for 3 weeks or until all lesions have healed
Herpes: 1st clinical episode Episodic Therapy Suppressive Therapy	Acyclovir 400mg p.o. TID X 7-10 days Or Acyclovir 200mg p.o. 5 X day for 7-10 days Or Famciclovir 250 mg p.o. TID X 7-10 days Or (Valtrex) Valacyclovir 1 gm p.o. BID X 7-10 days Acyclovir 400mg p.o. TID X 5 days Or Acyclovir 200mg p.o. 5 X day for 5 days Or Acyclovir 800mg p.o. TID X 5 days Or Famciclovir 125 mg p.o. BID X 5 days Or Valacyclovir 500mg p.o. BID X 3-5 days Or Valacyclovir 1 gm p.o. once/day for 5 days Acyclovir 400mg p.o. BID Or Famciclovir 250 mg p.o. BID Or Valacyclovir 500mg p.o. q day Or Valacyclovir 1 gm p.o. q day		Acyclovir ok to use in pregnancy; limited information on Valacyclovir and Famciclovir	May extend past 10 days if healing incomplete Allergic or adverse reactions rare for all mentioned antiviral drugs Topical therapy with antiviral drugs offer minimal benefit and is not recommended Requires initiation of therapy within 1 day of onset Acyclovir is cheaper and is effective Valacyclovir may be less effective than other treatment in patient's with 10 or more outbreaks/year Reduces recurrences by 70-80%; reduces, but does not eliminate sub clinical viral shedding

HPV (Human Papillomavirus Infection) Patient applied: Practitioner applied:	Podofilox 0.5% solution or gel (antimitotic drug that destroys warts) Pt. Applies solution with cotton swab or gel with a finger to the warts BID X 3 days followed by 4 days off. May repeat cycle as necessary up to 4 cycles. Max 0.5 cc/day and area not to exceed 10cm2. May experience mild/mod pain or local irritation. Must be able to see and reach warts for self- treatment. Or (Aldara) Imiquimod 5% cream (immune enhancer that stimulates production of interferon and other cytokines) Apply once daily at bedtime 3 X week up to 16 weeks. Must wash off 6-10 hours after application. Local inflammatory reactions are common. Cryotherapy (destroys wart by thermal-induced cytolysis) Repeat q 1-2 weeks. May have pain after treatment followed by necrosis and sometimes blistering Or Triachloracetic acid TCA 80-90% (caustic agent that destroys wart by chemical coagulation of the proteins) Apply small amt to wart only; allow to dry (will see area turn white). May reapply weekly if necessary		Do not use in pregnancy; safety has not been established Do not use in pregnancy; safety has not been established	Primary goal of treating visible wars is the removal of symptomatic warts Existing data indicate treating warts may reduce, but probably not eradicate infectivity No evidence suggest one treatment is superior to others Treatment modality should change if no response after 3 provider administered treatments or not cleared after 6 The first treatment may be done in the office to demonstrate proper use. F/U may be useful after several weeks to determine response to treatment. Acid can be neutralized with sodium bicarbonate or soap
Lymphogranuloma venereum	Doxycycline 100mg p.o. BID X 21 days	Erythromycin base 500mg p.o. QID X 21 days	Doxycycline is contraindicated in pregnancy	
Mucopurulent cervicitis				Results of Chlamydia and/or GC should determine need for treatment Pt needs to follow up in 48 hr. (Repeat pelvic examinations to confirm decrease in CMT

Pelvic Inflammatory Disease (PID): Out patient treatment	Regimen A: Ofloxacin 400 mg p.o. BID X 14 days Or Levofloxacin 500mg p.o. q day X 14 days **Plus** (with both of above) Metronidazole 500mg p.o. BID X 14 days Regimen B: Ceftriaxone 250mg IM single dose Or Cefoxitin 2 gm IM and Probenecid 1 gm p.o. single dose **Plus** (with both of above) Doxycycline 100mg p.o. BID X 14 days **With or without** Metronidazole 500 mg p.o. BID X 14 days		Refer all pregnant patients suspected to have PID	Repeat bimanual exam in 48 hours. If no response in 72 hours need re-evaluation and referral. Ofloxacin effective against both GC and Chlamydia. Levofloxacin as effective and q day dosing, increases compliance
Syphilis: Primary and Secondary Syphilis Latent Syphilis-seroreactivity without other evidence of disease Early latent syphilis Late latent syphilis Tertiary and Neurosyphilis	Benzathine penicillin G 2.4 million units IM Benzathine penicillin G 2.4 million units IM Benzathine penicillin G 2.4 million units IM once a week for 3 weeks	Doxycycline 100 mg p.o. BID X 14 days Or Tetracycline 500mg p.o. QID X 14 days Doxycycline 100mg p.o. BID X 28 days Or Tetracycline 500 mg p.o. QID X 28 days	Doxycycline and Tetracycline contraindicated in pregnancy; if allergic to PCN needs referral Late latent refer if pregnant	Serologic f/u 6 months and 12 months after treatment Refer
Trichamoniasis	Metronidazole 2 gm p.o. single dose Or Metronidazole 500 mg p.o. BID X 7 days			No alcohol 24 hours prior to or after use

Urethritis (nongonococcal) Recurrent/Persistent Urethritis (if patient compliant with initial treatment and no re-exposure)	Azithromycin 1 gm p.o. single dose Or Doxycycline 100 mg p.o. BID X 7 days Metronidazole 2 gm p.o. single dose **Plus** Erythromycin base 500 mg p.o. QID X 7 days Or Erythromycin ethylsuccinate 800 mg p.o. QID X 7 days	Erythromycin base 500 mg p.o. QID X 7days Or Erythromycin ethylsuccinate 800 mg QID X 7 days Or Ofloxacin 300 mg p.o. BID X 7 days Or Levofloxacin 500 mg p.o. q day X 7 days		