

Adult STD Treatment Guide

| Disease state | 1 st choice | Alternative | Treatment in pregnancy |
|---------------------|---|--|---|
| Syphilis | Benzathine Penicillin G 2.4 million units IM x 1 If > 1 year or relapse: Q week x 3 doses Neurosyphilis: Pen G 3-4 million units IV q4h x 10-14 days Tylenol + Benadryl for Jarisch-Herxheimer reaction (endotoxin release secondary to bacterial destruction) | Effectiveness of alternatives not documented. Doxycycline 100mg BID x 14 days If > 1 year: Doxy 100mg BID x 28 days Neurosyphilis: Ceftriaxone 2g IM/IV x 10-14 days (cross reactivity possible) | Penicillin regimen used for non-pregnant; if true PCN allergy, enact desensitization protocol |
| Gonorrhea | Ceftriaxone 125mg IM x 1 (reconstitute with 1% lidocaine) OR Cefixime 400mg PO x 1 | Spectinomycin 2 g IM x 1 dose OR Azithromycin 2 g po x 1 | Ceftriaxone 125mg IM x 1, Spectinomycin 400mg IM x 1, or Azithromycin 1 g x 1 |
| Chlamydia | Azithromycin 1 g x 1 dose | Doxycycline 100mg BID x 7 days | Azithromycin 1g once OR Amoxicillin 500mg TID x 7 days Retest for infxn in 3 weeks |
| PID | Parenteral: Cefotetan 2 g IV q12h + Doxycycline 100mg IV/PO q12h Oral (for mild-moderate infxn): Ceftriaxone 250mg IM once + Doxycycline 100mg PO BID x 14 days +/- Metronidazole 500mg po BID x 14 days (anaerobes etiology of infxn in majority of PID cases, metronidazole therefore recommended) | Parenteral: Clindamycin 900mg IV q8h + Gentamicin loading dose IV/IM (2mg/kg), then maintenance 1.5mg/kg q8h (may use once daily dosing [Hartford]) Oral: Levofloxacin 500mg po Qday x 14 days +/- Metronidazole 500mg po BID x 14 days | High risk of preterm delivery and maternal morbidity, pregnant women should be hospitalized and treated with parenteral antibiotics. Avoid Doxycycline, Gentamicin, Ofloxacin, and Levofloxacin in pregnancy. |
| HSV | 1 st episode: Acyclovir 400mg TID x 7-10 days OR Valacyclovir 1 g BID x 7-10 days (may extend Tx if healing incomplete after 10 days of therapy) Recurrent episodes: Acyclovir 800mg TID x 2-5 days Suppressive therapy: Acyclovir 400-800mg BID-TID | 1 st episode: Famciclovir 250mg TID x 7-10 days Recurrent episodes: Valacyclovir 500mg BID x 3 days Suppressive therapy: Valacyclovir 500-1000mg daily | Acyclovir may be administered orally to pregnant women with first episode genital herpes or severe recurrent herpes and should be administered IV to pregnant women with severe HSV infection. |
| HPV warts | Podofilox 0.5% soln or gel to wart BID x 3 days then 4 days no tx, repeat up to 4 cycles OR Cryotherapy tx by provider | Imiquimod 5% cream 3x/week at bedtime for up to 16 weeks OR Podophyllin resin 10-25% tx by provider | No podofilox, imiquimod, or podophyllin during pregnancy; removal is suggested during pregnancy |
| Bacterial vaginosis | Metronidazole 500mg BID x 7 days, or Metronidazole gel 0.75%, one full applicator once daily for 5 days | Clindamycin cream 2% one full applicator intravaginally at bedtime x 7 days | Metronidazole 500mg BID OR 250mg TID x 7 days OR Clindamycin 300mg po BID x 7 days; do not use clinda cream Pregnant patients must be treated if (+) for BV |
| Trichomonas | Metronidazole 2 g po x 1 dose OR Tinidazole 2 g po x 1 | Metronidazole 500mg po BID x 7 days | Data do not suggest that metronidazole treatment results in a reduction in perinatal morbidity. Metronidazole is pregnancy category B. |
| Candida vaginosis | Fluconazole 150mg po x 1 OR Itraconazole 200mg po BID x 1 day | Intravaginal topical azoles (e.g. Clotrimazole 1% cream intravaginally x 7-14d) or intravaginal tablets (eg. Clotrimazole 100mg intravaginal tab daily x 7d) | Clotrimazole 100mg vaginal tab QHS x 7 days OR other topical azole therapies for 7 days |

| | | | |
|--------------------------------------|---|---|---|
| Scabies (<i>Sarcoptes scabiei</i>) | Permethrin 5% cream leave in 8-14 hours; repeat in 1 week | Ivermectin 200mcg/kg po x 1; 2 nd dose in 14 days | Permethrin cream as used for non-pregnant |
| Pubic lice (<i>Phthirus pubis</i>) | Permethrin 1% lotion or cream rinse Apply to shampooed, dried hair for 10min, repeat in 1 week Eyelids: Petroleum jelly QID x 10 days | Malathion 0.5%: Apply to dry hair for 8-14 hours, then shampoo, repeat in 1 week. Use only after treatment failure with permethrin. | Permethrin and petroleum jelly as used for non-pregnant |

Recommendations based on CDC MMWR 2006 and update MMWR 2007