WASHINGTON STATE DEPARTMENT OF HEALTH – STD PROGRAM
2015 SEXUALLY TRANSMITTED DISEASES TREATMENT GUIDELINES

These guidelines for the treatment of patients with STDs reflect the 2015 CDC Sexually Transmitted Diseases Treatment Guidelines. They are intended as a brief source of clinical guidance; they are not a comprehensive list of all effective regimens, and should not be construed as standards. The focus is primarily on STDs encountered in office practice and treatment regimens for infants, children, HIV infected patients, or pregnant women are not included (see complete Guidelines). The complete guidelines are available from the STD Program at (360) 236-3460 or the website http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/SexuallyTransmittedDisease. Confidential notification of sexual partners is an important component of STD treatment.

DISEASE	RECOMMENDED RX	DOSE/ROUTE	ALTERNATIVES
CHLAMYDIAL INFECTIONS[1] Adults or adolescents with uncomplicated infection of the cervix, urethra or rectum. Pregnant women[5]	Azithromycin[2] OR Doxycycline[3]	1 g orally in a single dose 100 mg orally 2x/day for 7 days	Erythromycin base 500 mg orally 4x/day for 7 days OR Erythromycin ethylsuccinate 800mg orally 4x/day for 7 days OR Levofloxacin[3,4] 500 mg orally once daily for 7 days OR Ofloxacin[3,4] 300 mg orally 2x/day for 7 days
GONOCOCCAL INFECTIONS[1] Adults or adolescents with uncomplicated infection of the cervix, urethra or rectum. *Regimen recommended for treatment of pharyngeal infection with *Neisseria gonorrhoeae.* Pregnant women[5]	*Ceftriaxone PLUS Azithromycin[2] OR	250 mg IM in a single dose 1 g orally in a single dose	Cefixime 400 mg orally in a single dose PLUS Azithromycin[2] 1 g orally in a single dose OR Gemifloxacin 320 mg PLUS Azithromycin[2] 2 g orally in a single dose OR Gentamicin 240 mg IM PLUS Azithromycin[2] 2 g orally in a single dose
NONGONOCOCCAL URETHRITIS (NGU) Recurrent/persistent urethritis[5]	Azithromycin OR Doxycycline OR Levofloxacin	1 g orally in a single dose 100 mg orally 2x/day for 7 days 500 Mg orally daily for 10 days	Erythromycin base 500 mg orally 4x/day for 7 days OR Erythromycin ethylsuccinate 800 mg orally 4x/day for 7 days OR Levofloxacin 500 mg orally once daily for 7 days OR Ofloxacin 300 mg orally 2x/day for 7 days
EPIDIDYMITIS[6]	Ceftriaxone PLUS Doxycycline OR Levofloxacin OR Ofloxacin (For acute epididymitis most likely caused by gonococcal or chlamydial infection)	250 mg IM in a single dose 100 mg orally 2x/day for 10 days 500 mg orally daily for 10 days 300 mg orally 2x a day for 10 days	Levofloxacin 500 mg orally once daily for 10 days OR Ofloxacin 300 mg orally 2x/day for 10 days (For acute epididymitis most likely caused by enteric organisms)
PELVIC INFLAMMATORY DISEASE[5,6] **Outpatient management** Pregnant women[5]	Ceftriaxone PLUS Doxycycline[3] WITH OR WITHOUT Metronidazole[7] OR Cefoxitin AND Probenecid PLUS Doxycycline[3] WITH OR WITHOUT Metronidazole[7] OR Other parenteral 3rd generation cephalosporin[5] PLUS Doxycycline[3] WITH OR WITHOUT Metronidazole[7]	250 mg IM in a single dose 100 mg orally 2x/day for 14 days 500 mg orally 2x/day for 14 days 2 g IM in a single dose 1 g orally in a single dose concurrently 100 mg orally 2x/day for 14 days 500 mg orally 2x/day for 14 days 100 mg orally 2x/day for 14 days 500 mg orally 2x/day for 14 days	
SYPHILIS[5] Early-primary, secondary or latent < 1 year	Benzathine penicillin G	2.4 million units IM in a single dose	Doxycycline[3,8,9] 100 mg orally 2x/day for 14 days OR Tetracycline[3,8,9] 500 mg orally 4x/day for 14 days
Latent > 1 year, latent of unknown duration, tertiary (cardiovascular, gummatous)	Benzathine penicillin G	2.4 million units IM for 3 doses at 1 week intervals (7.2 million units total)	Doxycycline[3,8,9] 100 mg orally 2x/day for 28 days OR Tetracycline[3,8,9] 500 mg orally 4x/day for 28 days
HUMAN PAPILLOMAVIRUS External genital and perianal warts Pregnant women[5]	Patient Applied Podofilox[11] OR Imiquimod[11,12] OR Sinecatechins[11,12] Provider Applied Cryotherapy with liquid nitrogen or cryoprobe OR Trichloroacetic acid (TCA) or Bichloroacetic acid (BCA) OR Surgical removal	 0.5% solution or gel, apply to visible warts 2x/day for 3 days, rest 4 days, 4 cycles max 5% cream, apply once daily at bedtime, 3x/wk for up to 16 wks, wash off after 6-10 hrs 15% ointment, apply 3x/day for ≤16 weeks Repeat application every 1-2 weeks 80%-90%, apply small amount, dry. Apply weekly if necessary.	Intralesional interferon OR Photodynamic therapy OR Topical cidofovir[5] Note: HPV vaccines are available which offer protection against the HPV types that cause 70% of cervical cancers. These vaccines are most effective when all doses are administered before sexual contact.
TRICHOMONIASIS Pregnant women[5]	Metronidazole[7] OR Tinidazole[7]	2 g orally in a single dose 2 g orally in a single dose	Metronidazole[7] 500 mg orally 2x/day for 7 days
BACTERIAL VAGINOSIS Pregnant women[5]	Metronidazole[7] OR Metronidazole[7] Clindamycin[12] OR	500 mg orally 2x/day for 7 days 0.75% gel, one full applicator (5 g) intravaginally once a day for 5 days 2% cream, one full applicator (5 g)	Tinidazole[7] 2g orally once daily for 2 days OR Tinidazole[7] 1 g orally once daily for 5 days OR Clindamycin 300 mg orally 2x/day for 7 days OR Clindamycin ovules[12] 100 mg intravaginally once at

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			intravaginally at bedtime for 7 days	bedtime for 3 days
VULVOVAGINAL CANDIDIASIS	Over-the-Counter			
Uncomplicated – see complete guidelines for recurrent, severe, or non-albicans candidiasis[5]	Butoconazole[12]	OR	2% cream 5 g intravaginally for 3 days	
	Clotrimazole[12]	OR	1% cream 5 g intravaginally for 7-14 days	
	Clotrimazole[12]	OR	2% cream 5 g intravaginally for 3 days	
Pregnant women[5]	Miconazole[12]	OR	2% cream 5 g intravaginally for 7 days	
	Miconazole[12]	OR	4% cream 5 g intravaginally for 3 days	
	Miconazole[12]	OR	100 mg vaginal suppository, one suppository for 7 days	
	Miconazole[12]	OR	200 mg vaginal suppository, one suppository for 3 days	
	Miconazole[12]	OR	1200 mg vaginal suppository, one suppository for 1 day	
	Tioconazole[12]	OR	6.5% ointment 5 g intravaginally in a single application	
	Prescription			
	Butoconazole[12]	OR	2% cream 5 g (single dose bioadhesive product) intravaginally for 1 day	
	Nystatin[12]	OR	100,000 U vaginal tablet, 1 tablet for 14 days	
	Terconazole[12]	OR	0.4% cream 5 g intravaginally for 7 days	
	Terconazole[12]	OR	0.8% cream 5 g intravaginally for 3 days	
	Terconazole[12]	OR	80 mg vaginal suppository, one suppository for 3 days	
	Fluconazole[3]		150 mg oral tablet, one tablet in a single dose	
GENITAL HERPES SIMPLEX	Acyclovir[11]	OR	400 mg orally 3x/day for 7-10 days[13]	
First clinical episode of genital herpes	Acyclovir[11]	OR	200 mg orally 5x/day for 7-10 days[13]	
	Famciclovir[11]	OR	250 mg orally 3x/day for 7-10 days[13]	
	Valacyclovir[11]		1 g orally 2x/day for 7-10 days[13]	
Episodic recurrent infection	Acyclovir[11]	OR	400 mg orally 3x/day for 5 days	
HIV-infected persons[5]	Acyclovir[11]	OR	800 mg orally 2x/day for 5 days	
	Acyclovir[11]	OR	800 mg orally 3x/day for 2 days	
	Famciclovir[11]	OR	125 mg orally 2x/day for 5 days	
	Famciclovir[11]	OR	1000 mg orally 2x/day for 1 day	
	Famciclovir[11]	OR	500 mg orally once, followed by 250mg 2x/day for 2 days	
	Valacyclovir[11]	OR	500 mg orally 2x/day for 3 days	
	Valacyclovir[11]		1 g orally once a day for 5 days	
Suppressive therapy[14]	Acyclovir[11]	OR	400 mg orally 2x/day	
	Famciclovir[11]	OR	250 mg orally 2x/day	
HIV-infected persons[5]	Valacyclovir[11]	OR	500 mg orally once a day[15]	
	Valacyclovir[11]		1 g orally once a day	
PEDICULOSIS PUBIS	Permethrin	OR	1% cream rinse, apply to affected area, wash off after 10 minutes	Malathion 0.5% lotion applied for 8-12 hours and washed OR
	Pyrethrins with piperonyl butoxide		Apply to affected area, wash off after 10 minutes	Ivermectin 250 ug/kg repeated in 2 weeks
SCABIES	Permethrin	OR	5% cream, apply to all areas of body from neck down, wash off after 8-14 hours	Lindane 1%[16] 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
	Ivermectin		200ug/kg orally, repeated in 2 weeks	

1. Providers should advise all persons with chlamydial or gonococcal infection to be rescreened 3 months after treatment, to detect possible reinfection. Expedited Partner Therapy (EPT) can be used for partners in Washington State.
2. Clinical experience and studies suggest that azithromycin is safe and effective for use in pregnant women.
3. **Contraindicated during pregnancy.**
4. Quinolones other than ofloxacin and levofloxacin are not reliably effective against chlamydial infection or have not been evaluated adequately.
5. Please refer to the complete 2014 CDC Guidelines for recommended regimens.
6. Patients who do not respond to out-patient therapy (within 3 days for PID or epididymitis) should be re-evaluated.
7. Patients should be advised to avoid consuming alcohol during treatment.
8. No alternatives to penicillin have been proven effective for treatment of syphilis during pregnancy. Close serological and clinical follow-up should be undertaken with these therapies.
9. Patients with penicillin allergy whose compliance with therapy and/or clinical and serological follow-up cannot be ensured should be desensitized and treated with benzathine penicillin.
10. See CDC Website for full STD Treatment guidelines
11. Safety during pregnancy has not been established.
12. Presence of treatment may weaken condoms and vaginal diaphragms. Refer to product labeling for further information.
13. Treatment may be extended if healing is incomplete after 10 days of therapy.
14. During suppressive treatment (e.g., once a year) providers should discuss the need to continue therapy with the patient.
15. Valacyclovir 500mg once a day might be less effective than other dosing regimens in patients who have very frequent recurrences (i.e., ≥10 episodes per year).
16. Should not be used immediately after a bath or shower, or by persons who have extensive dermatitis, pregnant or lactating women, or children aged <2 years.

Washington State Department of Health

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To submit a request, please call 1-800-525-0127 (TDD/TYY 1-800-833-6388)