

Sexually Transmitted Infections Treatment Guidelines

COMMUNICABLE DISEASE CONTROL

Quick Reference

NOTE: It is the physician's responsibility to assess for contraindications when prescribing medications (e.g., allergy, pregnancy, renal function etc.)

Not all therapies are publicly funded. See respective protocols in the online Communicable Disease Management Protocol Manual.

Drug	Dosages	Indications	Precautions
CHANCROID (November 2001)			
Ceftriaxone	250 mg IM single dose	First line treatment for adults and adolescents.	Ceftriaxone should not be given to persons with a cephalosporin allergy or a history of immediate and/or anaphylactic reactions to penicillin.
Azithromycin	1 g PO single dose	CDC (2002), WHO (2003)	May be used in pregnancy and lactation if poor compliance with alternative 7-day regimens is expected. If vomiting occurs more than 1 hour post-administration, a repeat dose is not required (PHAC 2006).
Erythromycin (Dosages refer to erythromycin base)	500 mg PO QID for 7 days	Alternative treatment for clients with known cephalosporin allergy and history of immediate and/or anaphylactic reaction to penicillin.	Equivalent doses of other formulations may be substituted except that the estolate formulation is contraindicated in pregnancy.
Ciprofloxacin	500 mg PO single dose	Adult infection	Contraindicated in pregnant and lactating women. Quinolones should not be used in prepubertal patients. Experience in pubertal patients under 18 years of age is limited.
CHLAMYDIA (February 2008)			
Azithromycin	1 g PO in a single dose (4 x 250 mg capsules)	Uncomplicated urethral, endocervical, rectal and conjunctival infection in children > 9 years and adults. See precautions regarding use of azithromycin in pregnancy and lactation.	May be used in pregnancy and lactation if poor compliance with alternative 7-day regimens is expected. If vomiting occurs more than 1 hour post-administration, a repeat dose is not required (PHAC 2006).
	12-15 mg/kg (maximum 1 gram) PO in a single dose	Children between 1 month and 9 years of age.	
Doxycycline	100 mg PO BID for 7 days	Uncomplicated urethral, endocervical, rectal and conjunctival infection in children > 9 years and adults.	Contraindicated in pregnancy, lactation and children under 9 years of age.

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Drug	Dosages	Indications	Precautions
CHLAMYDIA continued			
Erythromycin (Dosages refer to erythromycin base)	500 mg PO QID for 7 days	Pregnant and lactating women with urethral, endocervical or rectal infection.	Equivalent doses of other formulations may be substituted except that the estolate formulation is contraindicated in pregnancy.
	40 mg/kg/day orally in 4 divided doses for 14 days	Ophthalmia neonatorum (neonatal conjunctivitis) and uncomplicated urethral, endocervical and rectal infection in infants aged 1 week to 1 month.	For infants under 1 week of age, consult a pediatrician. Infants taking erythromycin should be monitored for signs and symptoms of infantile hypertrophic pyloric stenosis (Redbook, PHAC).
Amoxicillin	500 mg PO TID for 7 days	Pregnant and lactating women with uncomplicated urethral, endocervical or rectal infection, who are allergic to or cannot tolerate erythromycin or azithromycin.	Limited data exist concerning the efficacy of this treatment, thus a test of cure is recommended. Consultation with an infectious diseases specialist may be indicated.
GONORRHEA (April 2008)			
Cefixime	400 mg PO single dose	First line treatment for uncomplicated urethral, endocervical, pharyngeal and rectal gonorrhea in adults and children 9 years of age or older. May be used in pregnancy and lactation.	Contraindicated in patients with known cephalosporin allergy or history of immediate and/or anaphylactic reaction to penicillins. Preferred over ceftriaxone because of ease of administration.
	8 mg/kg PO in a single dose (maximum 400 mg)	Children under 9 years of age with uncomplicated urethral, vaginal, rectal and pharyngeal infection.	Contraindicated in patients with known cephalosporin allergy or history of immediate and/or anaphylactic reaction to penicillins. In children under 9 years of age, antimicrobial susceptibility must be determined and follow-up culture is recommended. Use ceftriaxone if follow-up is uncertain.
Ceftriaxone	125 mg IM in a single dose	Alternative treatment for uncomplicated urethral, endocervical, pharyngeal and rectal gonorrhea in adults and children 9 years of age or older. May be used in pregnancy and lactation.	Contraindication as for cefixime. Oral therapies are preferred.
	125 mg IM in a single dose	Alternative treatment for uncomplicated urethral, vaginal, pharyngeal and rectal gonorrhea in children under 9 years of age.	Contraindication as for cefixime. Oral therapies are preferred.
	2 g per day IM/IV	First line treatment for gonococcal ophthalmia and disseminated infection in adults and children 9 years of age or older.	Contraindication as for cefixime. Consultation with an infectious diseases specialist is recommended, especially for duration of treatment and step-down therapy. Hospitalization may be necessary.
	50 mg/kg/day IM or IV	Gonococcal ophthalmia, and disseminated infection (arthritis, meningitis, endocarditis) in children under 9 years.	Contraindication as for cefixime. Hospitalization is necessary. Consultation with an infectious diseases specialist is recommended for advice regarding number of doses per day and duration of therapy.
	25-50 mg/kg/day IV/IM single dose (maximum 125 mg)	Ophthalmia neonatorum.	As for cefixime. Hospitalization is necessary. Consultation with an infectious diseases specialist is recommended.
Azithromycin	2 g PO in a single dose	Alternative treatment for uncomplicated urethral, endocervical, pharyngeal and rectal gonorrhea in adults and children 9 years of age or older.	Contraindicated in pregnancy and lactation. Associated with a significant incidence of gastrointestinal adverse effects.

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GONORRHEA (April 2008) continued			
Ciprofloxacin	500 mg PO single dose	Alternative treatment for uncomplicated urethral, endocervical, pharyngeal and rectal gonorrhea in adults and children 9 years of age and older.	Contraindicated in pregnancy and lactation. Should only be considered if antimicrobial susceptibility testing is available and fluoroquinolone susceptibility is demonstrated. If antimicrobial testing is not available, a test of cure is necessary. Quinolones should not be used in prepubertal patients. Experience in pubertal patients under 18 years of age is limited (PHAC 2006).
LYMPHOGRANULOMA VENEREUM (LGV) (April 2007)			
Doxycycline	100 mg PO BID for 21 days	First line treatment	Doxycycline is contraindicated in pregnancy, lactation and children under 9 years of age.
Erythromycin (Dosages refer to erythromycin base)	500 mg PO QID for 21 days	Alternative treatment	Equivalent doses of other formulations may be substituted except that the estolate formulation is contraindicated in pregnancy. Non-estolate preparations of erythromycin should be used for the treatment of LGV in pregnancy.
Azithromycin	1 g PO once weekly for 3 weeks	Alternative treatment	Although clinical data are lacking, some experts believe azithromycin (1 g orally once weekly for three weeks) to be effective.
PELVIC INFLAMMATORY DISEASE (PID)(ACUTE) (February 2008)			
Ceftriaxone Plus Doxycycline With or Without Metronidazole	250 mg IM in a single dose, 100 mg PO BID for 14 days, 500 mg PO BID for 14 days	Recommended treatment for acute PID to provide empiric broad spectrum coverage of all likely pathogens. Anaerobic coverage (metronidazole) should be considered, but whether elimination of anaerobes from the upper tract is necessary remains to be answered even though anaerobes are detected in the majority of PID cases (PHAC October 2007).	Ceftriaxone should not be given to persons with a cephalosporin allergy or a history of immediate and/or anaphylactic reactions to penicillins. Doxycycline is contraindicated in pregnancy, lactation and children under 9 years of age. Patients should not drink alcohol during and for 24 hours after oral therapy with metronidazole because of a possible disulfiram (antabuse) reaction. Pregnant patients with suspected PID should be hospitalized for evaluation and treatment with parenteral therapy; consultation with an expert should be sought.
Cefoxitin Plus Doxycycline	2 g IV every 6 hours, continued until 24 hours after clinical improvement 100 mg PO BID for 14 days	Alternative treatment.	Cefoxitin should not be given to persons with a cephalosporin allergy or a history of immediate and/or anaphylactic reactions to penicillin. Doxycycline is contraindicated in pregnancy, lactation and children under 9 years of age.
SYPHILIS (JULY 2007) <i>In HIV co-infected individuals, consult an infectious diseases specialist or physician knowledgeable in HIV/AIDS.</i>			
Benzathine penicillin G	2.4 million units IM as a single dose (1.2 million units into each buttock)	Infections in adults and adolescents staged as primary, secondary or early latent (< 1 year duration). May be used in pregnancy and lactation. Epidemiologic treatment of sexual contacts in the preceding 90 days to primary, secondary and early latent syphilis.	There is no satisfactory alternative to penicillin for the treatment of syphilis in pregnancy. For penicillin allergic pregnant women, strongly consider penicillin desensitization. Insufficient data exists to recommend ceftriaxone in pregnancy.

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Drug	Dosages	Indications	Precautions
SYPHILIS continued			
	2.4 million units IM once weekly for 3 weeks	Late latent infections (> 1 year duration), infection of unknown duration and tertiary syphilis not involving the central nervous system.	For penicillin allergic patients, strongly consider penicillin desensitization followed by treatment with penicillin. There is no satisfactory alternative to penicillin for the treatment of syphilis in pregnancy. Insufficient data exists to recommend ceftriaxone in pregnancy.
	50,000 units/kg IM (max 2.4 MU) weekly for 3 successive weeks	Alternative treatment for late (\geq 1 month of age) congenital syphilis if no neurologic involvement and normal CSF.	No data are available to recommend penicillin alternatives in the case of penicillin allergy.
Crystalline penicillin G	3-4 million units IV every 4 hours (18-24 million units/day) for 10-14 days	Neurosyphilis.	For penicillin allergic patients, strongly consider desensitization followed by treatment with penicillin. There is no satisfactory alternative to penicillin for the treatment of syphilis in pregnancy. Insufficient data exists to recommend ceftriaxone in pregnancy.
	50,000 units/kg IV every 12 hours for the first week of life and every 8 hours thereafter for a total of 10 days of therapy.	Early (< 1 month of age) congenital syphilis	No data are available to recommend penicillin alternatives in the case of penicillin allergy.
	50,000 units/kg IV every 6 hours for 10-14 days	Late (\geq 1 month of age) congenital syphilis	No data are available to recommend penicillin alternatives in the case of penicillin allergy.
Procaine penicillin G Plus Probenecid	2.4 million units IM once daily for 10-14 days,	Alternative treatment for neurosyphilis.	For penicillin allergic patients, strongly consider penicillin desensitization followed by treatment with penicillin. There is no human data to suggest that probenecid is associated with increased incidence of congenital abnormalities. There is no human data on the use of probenecid during lactation.
	500 mg PO QID for 10-14 days		
Doxycycline	100 mg PO BID for 14 days	Alternative treatment for penicillin allergic adults or adolescents staged as primary, secondary or early latent (< 1 year duration).	Contraindicated in pregnancy, lactation, and children under 9 years of age.
	100 mg PO BID for 28 days	Alternative treatment for penicillin allergic adults or adolescents staged as late latent, infection of unknown duration or tertiary syphilis not involving the central nervous system.	For penicillin allergic patients, strongly consider penicillin desensitization. Contraindicated in pregnancy, lactation and children under 9 years of age.
Ceftriaxone	1 g IM or IV once daily for 10 days	Alternative treatment for penicillin allergic adults or adolescents staged as primary, secondary or early latent (< 1 year duration).	To be used in exceptional circumstances only. Insufficient data exists to recommend ceftriaxone in pregnancy.
		Alternative treatment for penicillin allergic adults or adolescents with late latent syphilis, infection of unknown duration or tertiary syphilis not involving the central nervous system.	To be used in exceptional circumstances only. For penicillin allergic patients, strongly consider penicillin desensitization. Insufficient data exists to recommend ceftriaxone in pregnancy.

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SYPHILIS continued			
	2 g IM or IV once daily for 10-14 days	Alternative treatment for neurosyphilis for penicillin allergic patients.	For penicillin allergic patients, strongly consider penicillin desensitization followed by treatment with penicillin. Insufficient data exists to recommend ceftriaxone in pregnancy.
Azithromycin	2 g PO single dose	Under exceptional circumstances, azithromycin may be considered for suspect syphilis cases (at the time that serology is performed) only if benzathine penicillin G is not readily available, with the understanding that the patient will require benzathine penicillin G if their serology confirms that they have syphilis.	Azithromycin alone should not be used as a treatment option for early or incubating syphilis as azithromycin resistance has been reported and is increasing.