

**PHD RECOMMENDED STD TREATMENTS – February 2013**

<b>DISEASE/ PATHOGEN</b>	<b>RECOMMENDED REGIMEN</b>	<b>ALTERNATIVE REGIMEN:</b> to be used if medical contraindications or intolerance to recommended regimen
<b>Chlamydia</b>		
Uncomplicated genital/rectal/ pharyngeal infections	• Azithromycin 1 gram po as a single dose	• Doxycycline 100 mg po BID x 7 days • Levofloxacin 500 mg po QD x 7 days
Pregnant women	• Azithromycin 1 gram po as a single dose	• Amoxicillin 500 mg po TID x 7 days
<b>Gonorrhea.</b> Ceftriaxone PLUS Azithromycin is the recommended treatment for patients with uncomplicated gonorrhea infections.		
Uncomplicated genital/Rectal infections	Ceftriaxone 250 mg IM in a single dose <b>PLUS</b> Azithromycin 1 gram po as a single dose	If Ceftriaxone is not available--Cefixime 400 mg po as single dose <b>PLUS</b> Azithromycin 1 gram po as a single dose-
Pharyngeal infections	Ceftriaxone 250 mg IM as a single dose <b>PLUS</b> Azithromycin 1 gram po as a single dose	**Oral therapy is NOT recommended for pharyngeal infections. Consult clinician if unable to give ceftriaxone**-
Penicillin or cephalosporin allergic patient	<b>Consult a clinician</b> (Azithromycin 2 grams orally as a single dose is an option in limited circumstances)	—
<b>Non-gonococcal urethritis</b>		
Men	Azithromycin 1 gram po as a single dose	• Doxycycline 100 mg po BID x 7 days • Levofloxacin 500 mg po QD x 7 days
For treatment failure or recurrence	Metronidazole 2 g po as a single dose and possible retreatment with azithromycin 1 gram po as a single dose	<i>See NGU section for additional details</i>
<b>Epididymitis</b>		
Likely due to gonorrhea or chlamydia	Ceftriaxone 250 mg IM in a single dose <b>PLUS</b> doxycycline 100 mg po BID x 10 days  <i>If Doxycycline is not available:</i> Ceftriaxone 250 mg IM in a single dose <b>PLUS</b> Levofloxacin 500 mg po QD x10 days	
Likely due to enteric organisms	Levofloxacin 500 mg po QD x 10 days	
<b>Pelvic Inflammatory Disease</b>		
IM/ Oral	Ceftriaxone 250 mg IM in a single dose <b>PLUS</b> doxycycline 100 mg po BID x 14 days <b>PLUS</b> metronidazole 500 mg po BID x14 days if BV is present or anaerobes suspected  <i>If Doxycycline is not available:</i> Ceftriaxone 250 mg IM in a single dose <b>PLUS</b> Levofloxacin 500 mg po QD x 14 days <b>PLUS</b> metronidazole 500 mg po BID x14 days if BV is present or anaerobes suspected	<i>Patients requiring parenteral therapy should be referred</i>
<b>Trichomoniasis</b>		
Men and women	Metronidazole 2 grams po as a single dose	Metronidazole 500 mg po BID x 7 days
<b>Bacterial Vaginosis</b>		
Women	Metronidazole 500 mg po BID x 7 days	

Approval of February 2013 changes to STD Protocol due to Doxycycline shortage:

A handwritten signature in black ink that reads "Michael Landen". The signature is written in a cursive style with a large initial "M".

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Mike Landen, MD, Acting PHD Director

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February 14, 2013