**Sexually Transmitted Diseases: Summary of 2010 CDC Treatment Guidelines**

These summary guidelines reflect the 2010 CDC Guidelines for Treatment of Sexually Transmitted Diseases. Complete guidelines can be ordered online at [www.cdc.gov/std/treatment/2010](http://www.cdc.gov/std/treatment/2010).

For evaluation and treatment of sex partners, contact your state and local health departments via the National Coalition of STD Directors, [www.ncsddc.org](http://www.ncsddc.org).

For clinical and consultation, contact your regional STD/HIV Prevention Training Center via the National Network of STD/HIV Prevention Training Centers, [www.nnptc.org](http://www.nnptc.org).

**DISEASE** | **RECOMMENDED Rx** | **DOSE/ROUTE** | **ALTERNATIVES**
--- | --- | --- | ---
**Bacterial Vaginosis**
Nonpregnant women | metronidazole oral<sup>7</sup> or metronidazole gel 0.75% clindamycin cream 2%<sup>1,3</sup> | OR
500 mg orally 2x/day for 7 days OR
One 5 g applicator intravaginally 1x/day for 5 days OR
One 5 g applicator intravaginally at bedtime for 7 days | • tinidazole 2 g orally 1x/day for 7 days
• tinidazole 1 g orally 1x/day for 7 days
• clindamycin 300 mg orally 2x/day for 7 days
• clindamycin oral 100 mg intravaginally at bedtime for 3 days

Pregnancy<sup>4,6</sup> | metronidazole oral<sup>7</sup> or clindamycin oral | OR
500 mg orally 2x/day for 7 days OR
250 mg orally 3x/day for 7 days OR
300 mg orally 2x/day for 7 days | See complete guidelines for dosing

Cervicitis<sup>6</sup> | azithromycin OR
doxycycline<sup>9</sup> | OR
1 g orally in a single dose OR
100 mg orally 2x/day for 7 days | erythromycin base<sup>7</sup> 500 mg orally 4x/day for 7 days
erythromycin ethylsuccinate<sup>7</sup> 800 mg orally 4x/day for 7 days
levofloxacin<sup>9</sup> 500 mg orally 1x/day for 7 days
ofloxacin<sup>9</sup> 300 mg orally 2x/day for 7 days

**Chlamydial Infections**
Adults, adolescents, and children aged 13 years | azithromycin OR
doxycycline<sup>6</sup> | OR
1 g orally in a single dose OR
250 mg orally 2x/day for 7 days | erythromycin base<sup>7</sup> 500 mg orally 4x/day for 7 days
erythromycin ethylsuccinate<sup>7</sup> 800 mg orally 4x/day for 7 days
levofloxacin<sup>9</sup> 500 mg orally 1x/day for 7 days
ofloxacin<sup>9</sup> 300 mg orally 2x/day for 7 days

Pregnancy<sup>9</sup> | azithromycin OR
amoxicillin<sup>10,14</sup> | OR
1 g orally in a single dose OR
500 mg orally 2x/day for 7 days | erythromycin base<sup>7</sup> 500 mg orally 4x/day for 7 days
erthyromycin ethylsuccinate 800 mg orally 4x/day for 7 days
erthyromycin ethylsuccinate 400 mg orally 4x/day for 14 days

Children (45 kg): urogenital, rectal | erythromycin base<sup>7</sup> or ethylsuccinate | 50 mg/kg/day orally (4 divided doses) daily for 14 days

Neonates: ophthalmia neonatorum, pneumonia | erythromycin base<sup>7</sup> or ethylsuccinate | 50 mg/kg/day orally (4 divided doses) daily for 14 days

**Epididymitis**<sup>15,16</sup> For acute epididymitis most likely due to aerobic organisms, or with negative GC culture or NAAT.

<table>
<thead>
<tr>
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| ceftriaxone | 250 mg IM in a single dose OR
| doxycycline | 100 mg orally 2x/day for 10 days OR
| levofloxacin | 500 mg orally 1x/day for 10 days OR
| ofloxacin | 300 mg orally 2x/day for 10 days |

Genital Herpes Simplex
First clinical episode of genital herpes | acyclovir OR
valaciclovir<sup>13</sup> | OR
400 mg orally 3x/day for 7-10 days<sup>16</sup>
200 mg orally 3x/day for 7-10 days<sup>16</sup>
250 mg orally 2x/day for 7-10 days<sup>16</sup>
1 g orally 2x/day for 7-10 days<sup>16</sup> |

Episodic therapy for recurrent genital herpes | acyclovir OR
valaciclovir<sup>13</sup> | OR
400 mg orally 3x/day for 5 days OR
800 mg orally 2x/day for 5 days OR
800 mg orally 3x/day for 5 days OR
125 mg orally 2x/day for 5 days OR
500 mg orally 2x/day for 1 day<sup>16</sup> OR
500 mg orally once, followed by 250 mg 2x/day for 2 days OR
500 mg orally 2x/day for 3 days OR
1 g orally 1x/day for 5 days |

Suppressive therapy<sup>17</sup> for recurrent genital herpes | acyclovir OR
valaciclovir<sup>13</sup> | OR
400 mg orally 2x/day OR
250 mg orally 2x/day OR
500 mg orally once a day | 1 g orally once a day |

Recommended regimens for episodic infection in persons with HIV infection | acyclovir OR
valaciclovir<sup>13</sup> | OR
400 mg orally 3x/day for 5-10 days OR
800 mg orally 2x/day for 5-10 days OR
500 mg orally 2x/day for 5-10 days |

Recommended regimens for daily suppressive therapy in persons with HIV infection | acyclovir OR
valaciclovir<sup>13</sup> | OR
400-800 mg orally 2-3x/day OR
500 mg orally 2x/day OR
500 mg orally 2x/day |

**Genital Warts**<sup>18</sup> (Human Papillomavirus)
**External genital and perianal warts**

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<tr>
<td>Podophyllum 0.5%&lt;sup&gt;19&lt;/sup&gt; solution or gel</td>
<td>Apply to visible warts 2x/day for 3 days; rest 4 days; 4 cycles max.</td>
<td>8. If patient cannot tolerate high dose erythromycin, et al. 200 mg orally 4x/day for 4 days</td>
</tr>
</tbody>
</table>
| Imiquimod 5%<sup>19</sup> cream OR
| 5% imiquimod cream 15%<sup>20</sup> solution | | 9. Consideration for pregnant or lactating women. |
| Provider Administered Cryotherapy | | 10. Clinical experience and published results suggest that Cryotherapy is safe and effective. |
| Podophyllotoxin 10%-25% OR
| trichloroacetic acid or bichloroacetic acid 80%-90% | | 11. Surveillance criteria in clinicians and patients programs. |
| Surgical removal | | 12. High doses of cryotherapy is treatment is approximately 8%, a second course of therapy may be required. |
| | | 13. Patients who do not respond to cryotherapy or to other therapies should be reassessed. |

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| Podophyllotoxin 10%-25% OR
| trichloroacetic acid or bichloroacetic acid 80%-90% | | 14. For patients with suspected sexually transmitted genital human papillomavirus infection, should follow up is essential. |

1. The recommended regimens are usually efficacious.
2. These drugs are oil-based and may cause local irritation and dysuria. Refer to product labeling for further information.
3. These are the patient's 2010 CDC guidelines for recommended regimens.
4. Data do not support use of topical acyclovir in pregnancy.
5. Consider antiviral treatment for garlic ointment in women with positive HSV antibodies or in patients with positive antibody titers.
6. Should be evaluated during pregnancy, lactation, or in children younger than 13 years.
7. If patient cannot tolerate high dose erythromycin, et al. 200 mg orally 4x/day for 4 days.
8. If patient cannot tolerate high dose erythromycin, et al. 200 mg orally 4x/day for 4 days.
9. Consideration for pregnant or lactating women.
10. Clinical experience and published results suggest that cryotherapy is safe and effective.
11. Surveillance criteria in clinicians and patients programs.
12. High doses of cryotherapy is treatment is approximately 8%, a second course of therapy may be required.
13. Patients who do not respond to cryotherapy or to other therapies should be reassessed.
14. For patients with suspected sexually transmitted genital human papillomavirus infection, should follow up is essential.
15. No definitive information available on genital warts.
16. Treatment may be extended if healing is incomplete after 10 days of therapy.
17. Consider discontinuation of treatment after one year to assess frequency of recurrences.
18. Vaginal, cervical, or rectal warts and anal warts may require referral to an appropriate specialist.
19. Indicates omission from the 2005 CDC Guidelines for the Treatment of Sexually Transmitted Diseases.

**Revised by the CDC 2/2011**
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| **Gonococcal Infections**<sup>18</sup>  
Adults, adolescents, and children ≥15 kg: urethral, rectal | ceftriaxone (or if ceftriaxone is contraindicated, a single-dose injectible cephalosporin regimen)<sup>2</sup>  
PLUS azithromycin<sup>3</sup>  
doxycycline<sup>4</sup> | 250 mg IM in a single dose  
600 mg orally in a single dose  
See complete CDC guidelines | See complete CDC guidelines |
| **Pharyngeal**<sup>21</sup>  
Pregnancy<sup>20</sup>  
Adults and adolescents: conjunctivitis | ceftriaxone  
PLUS azithromycin<sup>3</sup>  
doxycycline<sup>4</sup> | 250 mg IM in a single dose  
1 g orally in a single dose  
100 mg orally 2x/day for 7 days | See complete CDC guidelines |
| **Lymphogranuloma venereum**  
Nongonococcal Urethritis (NGU) | doxycycline<sup>4</sup> | 100 mg orally 2x/day for 21 days | erythromycin base 500 mg orally 4x/day for 21 days |
| **Recurrent NGU**<sup>17,23</sup>  
Pediculosis Pubis | metronidazole<sup>26</sup>  
tinidazole  
anthromycin (if not used for initial episode)<sup>2</sup>  
PLUS doxycycline<sup>4</sup> | 2 g orally in a single dose  
2 g orally in a single dose  
1 g orally in a single dose  
Apply to affected area, wash off after 10 minutes | malathion 0.5% lotion, applied 8-12 hrs then washed off  
ivermectin 250 μg/kg, orally repeated in 2 weeks |
| **Pelvic Inflammatory Disease**<sup>13</sup> | 1. ceftriaxone  
doxycycline  
metronidazole  
PLUS | 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 in a single dose and probenecid, 1 g, orally administered concurrently in a single dose  
100 mg orally 2x/day for 14 days  
500 mg orally 2x/day for 14 days  
Apply to affected area, wash off after 10 minutes | Alternative oral regimens are listed in complete CDC guidelines |
| **Syphilis**  
Primary, secondary, or early latent <1 year | benzathine penicillin G | 2.4 million units IM in a single dose | tetracycline<sup>44</sup> 100 mg 2x/day for 14 days  
erythromycin<sup>44</sup> 500 mg orally 4x/day for 14 days |
| **Late >1 year, latent of unknown duration** | benzathine penicillin G | 2.4 million units IM in 3 doses each 1 week intervals (7.2 million units total) | tetracycline<sup>44</sup> 100 mg 2x/day for 28 days  
erythromycin<sup>44</sup> 500 mg orally 4x/day for 28 days |
| **Pregnancy**<sup>9</sup>  
Neonatal syphilis  
Congenital syphilis  
Children: primary, secondary, or early latent <1 year  
Children: latent >3 year, latent of unknown duration | aqueous crystalline penicillin G  
PLUS | 3 to 4 million units IV every 4 hours for 10-14 days (18-24 million units/day)  
100,000-150,000 units/kg/dose 4x/day (50,000 units/kg/dose IV every 12 hours)  
50,000 units/kg/dose IM in a single dose (maximum 2.4 million units) | OR |
| **Trichomoniasis** | metronidazole<sup>27</sup>  
tinidazole<sup>29</sup>  
PLUS | 2 g orally in a single dose  
2 g orally in a single dose  
500 mg orally 2x/day for 7 days | metronidazole<sup>27</sup>  
250 mg IM in a single dose |

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19. Patients with gonococcal infection should receive recommended treatment for chlamydial infection.
20. Not effective against pharyngeal gonococcal infection.
21. Only ceftriaxone is recommended for the treatment of pharyngeal gonococcal infection. Providers should inquire about and enroll patients.
22. Use with caution in hypersplenmic infants, especially those born prematurely.
23. MSM are unlikely to benefit from the addition of azithromycin.
24. Monotherapy is 40 mg/kg orally 2x/day for 7 days effective against Mycoplasma genitalium.
25. Pregnant patients can be treated with 2 g orally of ceftriaxone; cordocentesis is not necessary.
26. Contraindicated for pregnant or lactating women, or children <12 years of age.
27. Do not use after birth; should not be used by persons who have chronic dermatitis.
28. Pregnant patients allergic to penicillins should be treated with penicillin after desensitization.
29. Randomized controlled trials comparing single 2 g doses of metronidazole and tinidazole suggest that tinidazole is equivalent to, or superior to, metronidazole in achieving parasitological cure and resolution of symptoms.
30. Indicates revision from the 2006 CDC Guidelines for the Treatment of Sexually Transmitted Diseases.