**CALIFORNIA STD TREATMENT GUIDELINES TABLE FOR ADULTS & ADOLESCENTS 2015**

These guidelines reflect recent updates in the 2015 CDC STD Treatment Guidelines for both HIV-uninfected and HIV-infected adults and adolescents; treatments that differ for HIV-infected populations are designated by a red ribbon. Call the local health department for assistance with confidential notification of sexual partners of patients with syphilis, gonorrhea, chlamydia or HIV infection.

For STD clinical management consultation, call (510-620-3400) or submit your question online to the STD Clinical Consultation Network at www.stdccn.org

**DISEASE**

**RECOMMENDED REGIMENS**

**DOSE/ROUTE**

**ALTERNATIVE REGIMENS:**

To be used if medical contraindication to recommended regimen.

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**CHLAMYDIA (CT)**

Genital/Rectal/Pharyngeal infections

- **Achromobacter or**
- **Doxycycline**

1 g po
100 mg po b id x 7 d

- **Erythromycin base 500 mg po q 7 d or**
- **Erythromycin ethylsuccinate 500 mg po q 7 d or**
- **Azithromycin 1 g po**
- **Doxycycline 100 po b id x 7 d**
- **Ceftriaxone 250 mg IM in a single dose plus**
- **Azithromycin 1 g po once a week for 2 weeks**

Parenteral
- **Erythromycin base 500 mg po q 7 d or**
- **Erythromycin ethylsuccinate 500 mg po q 7 d or**
- **Levofloxacin 400 mg po q 7 d or**
- **Ceftriaxone 250 mg IM in a single dose plus**
- **Azithromycin 1 g po**

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** Gonorrhea (GC):**

Dual therapy with ceftriaxone 250 mg IM PLUS azithromycin 1 g po is recommended for all patients with gonorrhea regardless of chlamydia test results.

Dual therapy should be simultaneous and by directly observed therapy. Azithromycin is preferred second antimicrobial; if allergy to azithromycin, can use doxycycline 100 mg po b id x 7 days.

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**GENITALIA/RECTUM/PHARYNGEAL INFECTIONS**

- **Chlamydia**
- **Gonorrhea**
- **HIV**
- **Trichomoniasis**
- **HSV, possibly**
- **Mycoplasma genitalium**
- **T.vaginalis,**
- **Gonorrhea**
- **Chlamydia**
- **Cytomegalovirus**
- **Epidermolysis bullosa**
- **Genital Ulcers**
- **Lymphogranuloma venereum**
- **TRICHOMONIASIS**

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**CONTRAINDICATIONS:**

- **Pregnant/Rectal**: metronidazole; or
doxycycline

- **Pregnant/Vaginal**: metronidazole; or
doxycycline

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**PELVIC INFLAMMATORY DISEASE**

- **E. coli, C. trachomatis, possibly M. genitalia, others**

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**RECURRENT/PERSISTENT NGU**

- **E. coli, M. genitalia, T. vaginalis, other bacteria**

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**EPIDERMAL/IMMITIS**

- **Lymphogranuloma venereum**

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**TRICHOMONIASIS**

- **Adults/Adolescents**

- **Pregnant Women**

- **HIV-infected Women**

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**ALERTS/NOTES:**

- **Contraindicated for pregnant and nursing women.**

- **Every effort should be made to use a recommended regimen. Test-of-cure follow-up (preferably by NAAT) 3-4 weeks after completion of therapy is recommended in pregnancy, in case of allergy to both alternative and recommended regimens, consult with the CA STD Control Branch at 510-620-3400 or the STD Clinical Consultation Network at www.stdccn.org**

- **These guidelines reflect recent updates in the 2015 CDC STD Treatment Guidelines for both HIV-uninfected and HIV-infected adults and adolescents; treatments that differ for HIV-infected populations are designated by a red ribbon. Call the local health department for assistance with confidential notification of sexual partners of patients with syphilis, gonorrhea, chlamydia or HIV infection. For STD clinical management consultation, call (510-620-3400) or submit your question online to the STD Clinical Consultation Network at www.stdccn.org**

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**DEVELOPED BY:**

California STD Prevention Training Center and California Department of Public Health STD Control Branch

Updated November 2015
24 Benzathine penicillin G (generic name) is the recommended treatment for syphilis not involving the central nervous system and is available in only one long-acting formulation, Bicillin® L-A (the trade name), which contains only benzathine penicillin G. Other combination products, such as Bicillin® C-R, contain both long- and short-acting penicillins and are not effective for treating syphilis.

25 Persons with HIV infection should be treated according to the same stage-specific recommendations for primary, secondary, and latent syphilis as used for HIV-negative persons. Available data demonstrate

26 Limited human data on imiquimod use in pregnancy; animal data suggest low risk.

27 Safety in pregnancy has not been established; avoid during pregnancy. When using tinidazole, breastfeeding should be deferred for 72 hours after 2 g dose.

28 Some specialists recommend 2.4 million units of benzathine penicillin G once weekly for up to 3 weeks after completion of neurosyphilis treatment.

The goal of suppressive therapy is to reduce recurrent symptomatic episodes and/or to reduce sexual transmission. Famciclovir is somewhat less effective for suppression of viral shedding.

The table below summarizes the recommended regimens for various stages of syphilis.

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**DISEASE**

- **BACTERIAL VAGINOSIS**
- **ANOGENITAL WARTS**
- **SYPHILIS**

**RECOMMENDED REGIMENS**

- **Adults/Adolescents**
  - Metronidazole or
  - Metronidazole gel or
  - Clindamycin cream

- **Pregnant Women**
  - Metronidazole or
  - Metronidazole gel or
  - Clindamycin cream

- **External Genital/Perianal Warts**
  - Patient-Applied
    - Imiquimod15,17 5% cream or
    - Imiquimod15,17 7.5% cream or
    - Podophyllin4,5 ester
    - Sinecatechin11,15 15% ointment

- **Internal Genital Warts**
  - Provider-Administered
    - Cryotherapy or
    - Trichloroacetic acid (TCA) 80%-90% or
    - Bichloroacetic acid (BIC) 60%-90% or
    - Podophyllin resin16,19 10%-25% in tincture of benzoin or
    - Cidofovir8,9,10 Topically qhs 3 times/wk up to 16 wks

- **Clindamycin**
  - 2% ointment
  - 1% cream
  - 2%, 2.5%, or 5% gel

- **Clindamycin Phosphate**
  - Topically applied

- **Acyclovir**
  - 5% cream
  - 3% cream
  - 4% cream

- **Valacyclovir**
  - 1 g po qd x 10 d or
  - 1 g po bid x 7 d

- **Valproic Acid**
  - 500 mg po bid x 7 d

- **Neurosyphilis and Ocular Syphilis**
  - Aqueous crystalline penicillin G

- **Prophylaxis**
  - None

**DOSE/ROUTE**

- **Adults/Adolescents**
  - Topically bid qd

- **Pregnant Women**
  - Topically bid qd

- **External Genital/Perianal Warts**
  - Topically bid qd

- **Internal Genital Warts**
  - Topically qhs x 3 d

- **Clindamycin**
  - Topically qhs 3 times/wk up to 16 wks

- **Clindamycin Phosphate**
  - Topically bid qd

- **Acyclovir**
  - Topically bid 5 times/wk

- **Valacyclovir**
  - Topically qhs 3 times/wk up to 16 wks

- **Valproic Acid**
  - Topically bid qd

- **Neurosyphilis and Ocular Syphilis**
  - Topically bid qd

- **Prophylaxis**
  - None

**ALTERNATIVE REGIMENS: To be used if medical contraindication to recommended regimen**

- **Adults/Adolescents**
  - None

- **Pregnant Women**
  - None

- **External Genital/Perianal Warts**
  - None

- **Internal Genital Warts**
  - None

- **Clindamycin**
  - None

- **Clindamycin Phosphate**
  - None

- **Acyclovir**
  - None

- **Valacyclovir**
  - None

- **Valproic Acid**
  - None

- **Neurosyphilis and Ocular Syphilis**
  - None

- **Prophylaxis**
  - None

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**REFERENCES**

- [10] Safety in pregnancy has not been established; avoid during pregnancy. When using tinidazole, breastfeeding should be deferred for 72 hours after 2 g dose.
- [13] May weaken latex condoms and contraceptive diaphragms. Patients should follow directions on package insert carefully regarding whether to wash area after treatment (e.g., imiquimod) versus leaving product on the affected area (e.g., sinecatechins).
- [15] Limited human data on imiquimod use in pregnancy; animal data suggest low risk.
- [17] Podophyllin resin is now an alternative rather than recommended regimen; severe toxicity has been reported.
- [18] Cervical and intra-urethral warts should be managed in consultation with specialist.
- [19] Counseling about natural history, asymptomatic shedding, and sexual transmission is an essential component of herpes management.
- [20] The goal of suppressive therapy is to reduce recurrent symptomatic episodes and/or to reduce sexual transmission. Famciclovir is somewhat less effective for suppression of viral shedding.
- [21] In HSV lesions present or recur during antiviral therapy, drug resistance should be suspected. Obtaining a viral isolate for sensitivity testing and consulting with an infectious disease expert is recommended.
- [22] Benzathine penicillin G (generic name) is the recommended treatment for syphilis not involving the central nervous system and is available in only one long-acting formulation, Bicillin® C-R or Bicillin® L-A (the trade name), which contains only benzathine penicillin G. Other combination products, such as Bicillin® C-R, contain both long- and short-acting penicillins and are not effective for treating syphilis.
- [26] Benzathine penicillin G (generic name) is the recommended treatment for syphilis not involving the central nervous system and is available in only one long-acting formulation, Bicillin® C-R or Bicillin® L-A (the trade name), which contains only benzathine penicillin G. Other combination products, such as Bicillin® C-R, contain both long- and short-acting penicillins and are not effective for treating syphilis.

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**NOTE:** Pregnant women who miss any dose of therapy must repeat full course of treatment.

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**Developed by the California Prevention Training Center and California Department of Public Health STD Control Branch**

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