Sexually Transmitted Diseases: Summary of 2015 CDC Treatment Guidelines

These summary guidelines reflect the 2015 CDC Guidelines for the Treatment of Sexually Transmitted Diseases. They are intended as a source of clinical guidance. An important component of STD treatment is partner management. Providers can arrange for the evaluation and treatment of sex partners either directly or with assistance from state and local health departments. Complete guidelines can be ordered online at www.cdc.gov/std/treatment or by calling 1 (800) CDC-INFO (1-800-232-4636).

DISEASE	RECOMMENDED Rx		nents. Complete guidelines can be ordered online at www.cdc.gov DOSE/ROUTE	ALTERNATIVES	
Racterial Vaginosis	metronidazole oral ¹ metronidazole gel 0.75% ¹	OR OR	500 mg orally 2x/day for 7 days	tinidazole 2 g orally 1x/day for 2 days	OR OR
	metronidazole gel 0.75% clindamycin cream 2% 22 Treatment is recommended for all symptomatic pregnant		One 5 g applicator intravaginally 1x/day for 5 days One 5 g applicator intravaginally at bedtime for 7 days	tinidazole 1 g orally 1x/day for 5 days clindamycin 300 mg orally 2x/day for 7 days clindamycin ovules 100 mg intravaginally at bedtime for 3 days	OR OR
Cervicitis	azithromycin doxycycline ³	OR	100 mg orally 2x/day for 7 days gonorrhea is high. Presumptive treatmen increased risk (e.g., those aged <25 years	occal infection if at risk of gonorrhea or lives in a community where the prevalence of t with antimicrobials for <i>C. trachomatis</i> and <i>N. gonorrhoeae</i> should be provided for womer s and those with a new sex partner, a sex partner with concurrent partners, or a sex partner we cially if follow-up cannot be ensured or if NAAT testing is not possible.	
	azithromycin doxycycline ³	OR	1 g orally in a single dose 100 mg orally 2x/day for 7 days	erythromycin base ⁴ 500 mg orally 4x/day for 7 days erythromycin ethylsuccinate ⁵ 800 mg orally 4x/day for 7 days levofloxacin ⁶ 500 mg 1x/day orally for 7 days	OR OR OR
regnancy ³	azithromycin ⁷		1 g orally in a single dose	ofloxacin ⁶ 300 mg orally 2x/day for 7 days ★ amoxicillin 500 mg orally 3x/day for 7 days erythromycin base ^{4,8} 500 mg orally 4x/day for 7 days erythromycin base 250 mg orally 4x/day for 14 days erythromycin ethylsuccinate 800 mg orally 4x/day for 7 days	OR OR OR OR
	erythromycin base ⁹ ethylsuccinate	OR	50 mg/kg/day orally (4 divided doses) daily for 14 days	erythromycin ethylsuccinate 400 mg orally 4x/day for 14 days **Data are limited on the effectiveness and optimal dose of azithromycin for chlamydial infection in infants and children < 45 kg	
* '*	erythromycin base ⁹ ethylsuccinate	OR	50 mg/kg/day orally (4 divided doses) daily for 14 days	★ azithromycin 20 mg/kg/day orally, 1 dose daily for 3 days	
	ceftriaxone doxycycline	PLUS	250 mg IM in a single dose 100 mg orally 2x/day for 10 days		
★ For acute epididymitis most likely caused by	ceftriaxone levofloxacin	PLUS	250 mg IM in a single dose		
anal sex)	ofloxacin	OR	500 mg orally 1x/day for 10 days 300 mg orally 2x/day for 10 days		
	levofloxacin ofloxacin	OR	500 mg orally 1x/day for 10 days 300 mg orally 2x/day for 10 days		
First clinical episode of genital herpes	acyclovir acyclovir valacyclovir ¹²	OR OR OR	400 mg orally 3x/day for 7-10 days ¹³ 200 mg orally 5x/day for 7-10 days ¹³ 1 g orally 2x/day for 7-10 days ¹³		
Episodic therapy for recurrent genital herpes	fameiclovir ¹² acyclovir	OR	250 mg orally 3x/day for 7-10 days ¹³ 400 mg orally 3x/day for 5 days		
	acyclovir acyclovir valacyclovir ¹²	OR OR OR	800 mg orally 2x/day for 5 days 800 mg orally 3x/day for 2 days 500 mg orally 2x/day for 3 days		
	valacyclovir ¹² famciclovir ¹²	OR OR	1 g orally 1x/day for 5 days 125 mg orally 2x/day for 5 days		
	famciclovir ¹² famciclovir ¹² covalovir	OR OR	1000 mg orally 2x/day for 1 day ¹³ 500 mg orally once, followed by 250 mg 2x/day for 2 days		
	acyclovir ¹² valacyclovir ¹² valacyclovir ¹²	OR OR OR	400 mg orally 2x/day 500 mg orally 1x/day 1 g orally once a day		
Recommended regimens for episodic infection in	famciclovir ¹² acyclovir valacyclovir ¹²	OR OR	250 mg orally 2x/day 400 mg orally 3x/day for 5-10 days 1 g orally 2x/day for 5-10 days		
Recommended regimens for daily suppressive	famciclovir ¹² acyclovir	OR	500 mg orally 2x/day for 5-10 days 400-800 mg orally 2-3x/day		
., .	valacyclovir ¹² famciclovir ¹² Patient Applied	OR	500 mg orally 2x/day 500 mg orally 2x/day		
Genital Warts ¹⁵ (Human Papillomavirus) External genital and perianal warts	* imiquimod 3.75% or 5% ¹² cream podofilox 0.5% ¹⁵ solution or gel sinecatechins 15% ointment ^{2.12}	OR OR	See complete CDC guidelines.		
	Provider Administered Cryotherapy	OR	Apply small amount, dry, apply weekly if necessary	★ podophyllin resin 10%–25% in compound tincture of benzoin may be considered for provider-administered treatment if strict adherence to the	OR
	trichloroacetic acid or bichloroacetic acid 80%-90% surgical removal	OR		recommendations for application. intralesional interferon photodynamic therapy	OR OR
Gonococcal Infections ¹⁶	ceftriaxone	PLUS	250 mg IM in a single dose	topical cidofovir * If ceftriaxone is not available:	
Adults, adolescents, and	azithromycin ⁷		1 g orally in a single dose	cefixime ¹⁷ 400 mg orally in a single dose azithromycin ⁷ 1 g orally in a single dose	PLUS
, ,				★ If cephalosporin allergy: gemifloxacin 320 mg orally in a single dose azithromycin 2 g orally in a single dose	PLUS OR
				gentamicin 240 mg IM single dose azithromycin 2 g orally in a single dose	PLUS
7 0	ceftriaxone azithromycin ⁷	PLUS	250 mg IM in a single dose 1 g orally in a single dose	a	
Adults and adolescents:	See complete CDC guidelines. ceftriaxone	PLUS	1 g IM in a single dose		
	azithromycin ⁷ ceftriaxone ¹⁹		1 g orally in a single dose 25-50 mg/kg IV or IM, not to exceed 125 mg IM in a single dose		
Lymphogranuloma venereum	doxycycline ³		100 mg orally 2x/day for 21 days	erythromycin base 500 mg orally 4x/day for 21 days	
	azithromycin ⁷ doxycycline ³	OR	1 g orally in a single dose 100 mg orally 2x/day for 7 days	erythromycin base ⁴ 500 mg orally 4x/day for 7 days erythromycin ethylsuccinate ⁵ 800 mg orally 4x/day for 7 days levofloxacin 500 mg 1x/day for 7 days ofloxacin 300 mg 2x/day for 7 days	OR OR OR
	Men initially treated with doxycycline : azithromycin		1 g orally in a single dose		
	Men who fail a regimen of azithromycin: moxifloxacin		400 mg orally 1x/day for 7 days		
	Heterosexual men who live in areas where <i>T. vaginalis</i> is highly prevalent:	OD			
	metronidazole ²² tinidazole permethrin 1% cream rinse	OR OR	2 g orally in a single dose 2 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	OR
curcuiosis I nois	pyrethrins with piperonyl butoxide Parenteral Regimens	OK	Apply to affected area, wash off after 10 minutes Apply to affected area, wash off after 10 minutes	ivermectin 250 µg/kg, orally repeated in 2 weeks Parenteral Regimen	OK
Disease ¹⁰	Cefotetan Doxycycline	PLUS OR	2 g IV every 12 hours 100 mg orally or IV every 12 hours	Ampicillin/Sulbactam 3 g IV every 6 hours Doxycycline 100 mg orally or IV every 12 hours	PLUS
	Cefoxitin Doxycycline	PLUS	2 g IV every 6 hours 100 mg orally or IV every 12 hours		
	Recommended Intramuscular/Oral Regimens Ceftriaxone	PLUS	250 mg IM in a single dose		
	Doxycycline Metronidazole	OR	100 mg orally twice a day for 14 days 500 mg orally twice a day for 14 days		
	Cefoxitin Probenecid, Doxycycline	PLUS PLUS WITH or	2 g IM in a single dose 1 g orally administered concurrently in a single dose 100 mg orally twice a day for 14 days	The complete list of recommended regimens can be found in CDC's 2015 STD Treatment Guidelines.	
Scabies	Metronidazole permethrin 5% cream	WITHOUT OR	Apply to all areas of body from neck down, wash off after 8-14 hours	lindane 1%23,24 1 oz. of lotion or 30 g of cream, applied thinly to all	
	benzathine penicillin G		200 µg/kg orally, repeated in 2 weeks 2.4 million units IM in a single dose	areas of the body from the neck down, wash off after 8 hours doxycycline ^{3,25} 100 mg 2x/day for 14 days tetracycline ^{3,25} 500 mg orally 4x/day for 14 days	OR
Syphilis					OR
Primary, secondary, or early latent <1 year	benzathine penicillin G		2.4 million units IM in 3 doses each at 1 week intervals	doxycycline ^{3,25} 100 mg 2x/day for 28 days	
Primary, secondary, or early latent <1 year Latent >1 year, latent of unknown duration Pregnancy	See complete CDC guidelines.		(7.2 million units total)	tetracycline ^{3,25} 500 mg orally 4x/day for 28 days	Divis
Primary, secondary, or early latent <1 year Latent >1 year, latent of unknown duration Pregnancy Neurosyphilis	See complete CDC guidelines. aqueous crystalline penicillin G			tetracycline ^{3,25} 500 mg orally 4x/day for 28 days procaine penicillin G 2.4 MU IM 1x daily probenecid 500 mg orally 4x/day, both for 10-14 days.	PLUS
Primary, secondary, or early latent <1 year Latent >1 year, latent of unknown duration Pregnancy Neurosyphilis Congenital syphilis Children: Primary, secondary, or early latent <1 year	See complete CDC guidelines.		(7.2 million units total) 18–24 million units per day, administered as 3–4 million units IV every 4 hours or continuous infusion, for 10–14 days 50,000 units/kg IM in a single dose (maximum 2.4 million units) 50,000 units/kg IM for 3 doses at 1 week intervals	tetracycline ^{3,25} 500 mg orally 4x/day for 28 days procaine penicillin G 2.4 MU IM 1x daily	PLUS
Primary, secondary, or early latent <1 year Latent >1 year, latent of unknown duration Pregnancy Neurosyphilis ** Congenital syphilis Children: Primary, secondary, or early latent <1 year Children: Latent >1 year, latent of unknown duration **Trichomoniasis**	See complete CDC guidelines. aqueous crystalline penicillin G See complete CDC guidelines. benzathine penicillin G	OR	(7.2 million units total) 18–24 million units per day, administered as 3–4 million units IV every 4 hours or continuous infusion, for 10–14 days 50,000 units/kg IM in a single dose (maximum 2.4 million units)	tetracycline ^{3,25} 500 mg orally 4x/day for 28 days procaine penicillin G 2.4 MU IM 1x daily probenecid 500 mg orally 4x/day, both for 10-14 days. See CDC STD Treatment guidelines for discussion of alternative therapy in	PLUS
Primary, secondary, or early latent <1 year Latent >1 year, latent of unknown duration Pregnancy Neurosyphilis Congenital syphilis Children: Primary, secondary, or early latent <1 year Children: Latent >1 year, latent of unknown duration Trichomoniasis	See complete CDC guidelines. aqueous crystalline penicillin G See complete CDC guidelines. benzathine penicillin G benzathine penicillin G metronidazole ²²	OR	(7.2 million units total) 18–24 million units per day, administered as 3–4 million units IV every 4 hours or continuous infusion, for 10–14 days 50,000 units/kg IM in a single dose (maximum 2.4 million units) 50,000 units/kg IM for 3 doses at 1 week intervals (maximum total 7.2 million units) 2 g orally in a single dose	tetracycline ^{3,25} 500 mg orally 4x/day for 28 days procaine penicillin G 2.4 MU IM 1x daily probenecid 500 mg orally 4x/day, both for 10-14 days. See CDC STD Treatment guidelines for discussion of alternative therapy in patients with penicillin allergy.	PLUS
Primary, secondary, or early latent <1 year Latent >1 year, latent of unknown duration Pregnancy Neurosyphilis * Congenital syphilis Children: Primary, secondary, or early latent <1 year Children: Latent >1 year, latent of unknown duration Trichomoniasis Persistent or recurrent trichomoniasis	See complete CDC guidelines. aqueous crystalline penicillin G See complete CDC guidelines. benzathine penicillin G benzathine penicillin G metronidazole ²² tinidazole ²⁶	OR OR	(7.2 million units total) 18–24 million units per day, administered as 3–4 million units IV every 4 hours or continuous infusion, for 10–14 days 50,000 units/kg IM in a single dose (maximum 2.4 million units) 50,000 units/kg IM for 3 doses at 1 week intervals (maximum total 7.2 million units) 2 g orally in a single dose 2 g orally in a single dose	tetracycline ^{3,25} 500 mg orally 4x/day for 28 days procaine penicillin G 2.4 MU IM 1x daily probenecid 500 mg orally 4x/day, both for 10-14 days. See CDC STD Treatment guidelines for discussion of alternative therapy in patients with penicillin allergy.	PLUS