### Chlamydia (CT)

- **Recommended Regimens**
  - Azithromycin or Doxycycline

- **Dose/Route**
  - 1 g po
  - 100 mg po bid x 7 d

- **Alternative Regimens**
  - Erythromycin base 500 mg po qd x 7 d or
  - Erythromycin ethylsuccinate 800 mg po qd x 7 d or
  - Levofloxacin<sup>a</sup> 500 mg po qd x 7 d or
  - Ofloxacin<sup>b</sup> 300 mg po bid x 7 d or
  - Doxycycline<sup>c</sup> (delayed release) 200 mg po qd x 7 d

### Gonorrhea (GC)

- **Dual therapy with cefixime 250 mg IM PLUS azithromycin**
  - **Recommended Regimens**
    - Azithromycin or Doxycycline
  - **Dose/Route**
    - 1 g po
    - 100 mg po bid x 7 d

- **Alternative Regimens**
  - Erythromycin base 500 mg po qd x 7 d or
  - Erythromycin ethylsuccinate 800 mg po qd x 7 d or
  - Levofloxacin<sup>a</sup> 500 mg po qd x 7 d or
  - Ofloxacin<sup>b</sup> 300 mg po bid x 7 d or
  - Doxycycline<sup>c</sup> (delayed release) 200 mg po qd x 7 d

### Pelvic Inflammatory Disease (PID)

- **Dual therapy with cefixime 250 mg IM PLUS azithromycin**
  - **Recommended Regimens**
    - Azithromycin or Doxycycline
  - **Dose/Route**
    - 1 g po
    - 100 mg po bid x 7 d

- **Alternative Regimens**
  - Erythromycin base 500 mg po qd x 7 d or
  - Erythromycin ethylsuccinate 800 mg po qd x 7 d or
  - Levofloxacin<sup>a</sup> 500 mg po qd x 7 d or
  - Ofloxacin<sup>b</sup> 300 mg po bid x 7 d

### Lymphogranuloma Venereum

- **Recommended Regimens**
  - Azithromycin or Doxycycline

- **Dose/Route**
  - 100 mg po bid x 21 d

- **Alternative Regimens**
  - Erythromycin base 500 mg po qd x 21 d

### Trichomoniasis

- **Adolescents/Adults**
  - **Recommended Regimens**
    - Metronidazole or Tinidazole<sup>c</sup>
  - **Dose/Route**
    - 2 g po
    - 2 g po

- **Pregnant Women**
  - **Recommended Regimens**
    - Metronidazole
  - **Dose/Route**
    - 500 mg po bid x 7 d

### Human Immunodeficiency Virus and/or AIDS

- **Recommended Regimens**
  - Azithromycin or Doxycycline

- **Dose/Route**
  - 100 mg po bid x 7 d

### References

1. Annual screening is recommended for women aged <25 years. Nucleic acid amplification tests (NAATs) are recommended. All patients should be re-tested 3 months after treatment for CT or GC.
2. Contraindicated for pregnant and nursing women.
3. If the patient has been treated with a recommended regimen for GC, reinfection has been ruled out, and symptoms have not resolved, perform a test-of-cure using culture and antibiotic susceptibility testing and report to the STD Control Branch, Adapted for Los Angeles County May 2017.
4. For consultation call 510-620-3400 or contact the STD Clinical Consultation Network at www.stdccn.org.
5. www.std.ca.gov
6. www.stdccn.org
# BACTERIAL VAGINOSIS

<table>
<thead>
<tr>
<th>Disease</th>
<th>Recommended Regimens</th>
<th>Dose/Route</th>
<th>Alternative Regimens: to be used if medical contraindication to recommended regimen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults/Adolescents</td>
<td>• Metronidazole or • Metronidazole gel or • Clindamycin cream</td>
<td>500 mg po bid x 7 d 0.75%, one full applicator (5 g) Intravaginally qd x 5 d 2%, one full applicator (5 g) Intravaginally qhs x 7 d</td>
<td>• Tinidazole: 2 g po qd x 2 to 3 d or • Tinidazole: 1 g po qd x 5 d or • Clindamycin 300 mg po bid x 7 d or • Clindamycin ointves 100 mg intravaginally qhs x 3 d</td>
</tr>
</tbody>
</table>

# ANOGENITAL WARTS

<table>
<thead>
<tr>
<th>Disease</th>
<th>Recommended Regimens</th>
<th>Dose/Route</th>
<th>Alternative Regimen – Provider Administered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults/Adolescents</td>
<td>• Imiquimod: 1%-15% cream or • Imiquimod 3%-3.75% cream or • Podoflox 0.5% solution or gel or • Sinecatechins: 0.1%-1.5% ointment</td>
<td>Provider-Administered</td>
<td>• Podophyllin resin: 10%-25% in tincture of benzoin apply ≤1.2 hrs or • Intravesical interferon or • Photodynamic therapy or • Topical diclofenac</td>
</tr>
</tbody>
</table>

# ANGIOGENAL WARTS

<table>
<thead>
<tr>
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<th>Dose/Route</th>
<th>Alternative Regimen – Provider Administered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults/Adolescents</td>
<td>• Acyclovir or • Aqueous crystalline penicilin G or • Famciclovir</td>
<td>Established Infection</td>
<td>• TCA or BCA 80%-90%</td>
</tr>
<tr>
<td>Adults/Adolescents</td>
<td>• Acyclovir or • Aqueous crystalline penicilin G or • Famciclovir</td>
<td>Suppressive Therapy</td>
<td>• TCA or BCA 80%-90%</td>
</tr>
<tr>
<td>Adults/Adolescents</td>
<td>• Acyclovir or • Aqueous crystalline penicilin G or • Famciclovir</td>
<td>Suppressive Therapy for Pregnant Women (start at 36 weeks gestation)</td>
<td>• TCA or BCA 80%-90%</td>
</tr>
<tr>
<td>Adults/Adolescents</td>
<td>• Acyclovir or • Aqueous crystalline penicilin G or • Famciclovir</td>
<td>Episodic Therapy for Recurrent Episodes</td>
<td>• TCA or BCA 80%-90%</td>
</tr>
</tbody>
</table>

# SYPHILIS

<table>
<thead>
<tr>
<th>Disease</th>
<th>Recommended Regimens</th>
<th>Dose/Route</th>
<th>Alternative Regimen – Provider Administered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults/Adolescents</td>
<td>• Benzathine penicilin G</td>
<td>Primary, Secondary, and Early Latent</td>
<td>• Dapsone: 100 mg po bid x 14 d or • Tetracycline: 500 mg po qd x 14 d or • Ceftriaxone: 1g IM or IV x 10-14 d</td>
</tr>
<tr>
<td>Adults/Adolescents</td>
<td>• Benzathine penicilin G</td>
<td>Late Latent</td>
<td>• Dapsone: 100 mg po bid x 28 d or • Tetracycline: 500 mg po qd x 28 d</td>
</tr>
<tr>
<td>Adults/Adolescents</td>
<td>• Aqueous crystalline penicilin G</td>
<td>Neurosyphilis and Ocular Syphilis</td>
<td>• Procaine penicilin G, 2.4 million units IM qd x 10-14 d plus Probenecid 500 mg po qd x 10-14 d or • Ceftriaxone 2g IM or IV x 10-14 d</td>
</tr>
</tbody>
</table>

# MUCOSAL GENITAL WARTS

<table>
<thead>
<tr>
<th>Disease</th>
<th>Recommended Regimens</th>
<th>Dose/Route</th>
<th>Alternative Regimen – Provider Administered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults/Adolescents</td>
<td>• Podophyllin resin or • Surgical removal or • TCA or BCA 80%-90% or • Cryotherapy or • Imiquimod: 5% cream</td>
<td>Mucosal Genital Warts</td>
<td>• Vaginal, urethral meatus, cervix, anal Vaginal, urethral meatus, cervix, anal Vaginal, cervix, anal</td>
</tr>
</tbody>
</table>

# DEVELOPED BY THE CA PREVENTION TRAINING CENTER AND CA DEPARTMENT OF PUBLIC HEALTH

STD Control Branch, Adapted for Los Angeles County May 2017

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

17 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 area intact.

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

19 Counseling about natural history, asymptomatic shedding, and sexual transmission is an essential component of herpes management.

20 Providers diagnosing any HIV negative patients with early syphilis in Los Angeles County should test their patient for HIV as well as discuss HIV prevention options, including pre-exposure prophylaxis.

21 If HSV lesions persist or recur during antiviral treatment, drug resistance should be suspected. Obtaining a viral isolate for sensitivity testing and consulting with an infectious disease expert is essential. If compliance or follow-up cannot be ensured, the patient should be desensitized and treated with benzathine penicilin.

22 Benzathine penicilin G is used for the treatment of syphilis not involving the central nervous system. It is available in 2.4 million units IM per dose, at 1-week intervals.

23 Benzathine penicilin may be used for the treatment of syphilis not involving the central nervous system. It is available in 2.4 million units IM per dose, at 1-week intervals.

24 Benzathine penicilin G is used for the treatment of syphilis not involving the central nervous system. It is available in 2.4 million units IM per dose, at 1-week intervals.