

# Sexually Transmitted Diseases

## Summary of **2015** CDC Treatment Guidelines

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention  
Division of STD Prevention





1. The recommended regimens are equally efficacious.
  2. These creams are oil-based and may weaken latex condoms and diaphragms. Refer to product labeling for further information.
  3. Should not be administered during pregnancy, lactation, or to children <8 years of age.
  4. If patient cannot tolerate high-dose erythromycin base schedules, change to 250 mg 4x/day for 14 days.
  5. If patient cannot tolerate high-dose erythromycin ethylsuccinate schedules, change to 400 mg orally 4 times a day for 14 days.
  6. Contraindicated for pregnant or lactating women.
  7. Clinical experience and published studies suggest that azithromycin is safe and effective.
  8. Erythromycin estolate is contraindicated during pregnancy.
  9. Effectiveness of erythromycin treatment is approximately 80%; a second course of therapy may be required.
  10. Patients who do not respond to therapy (within 72 hours) should be re-evaluated.
  11. For patients with suspected sexually transmitted epididymitis, close follow-up is essential.
  12. No definitive information available on prenatal exposure.
  13. Treatment may be extended if healing is incomplete after 10 days of therapy.
  14. Consider discontinuation of treatment after one year to assess frequency of recurrence.
  15. Vaginal, cervical, urethral meatal, and anal warts may require referral to an appropriate specialist.
  16. CDC recommends that treatment for uncomplicated gonococcal infections of the cervix, urethra, and/or rectum should include dual therapy, i.e., both a cephalosporin (e.g., ceftriaxone) plus azithromycin.
  17. CDC recommends that cefixime in combination with azithromycin or doxycycline be used as an alternative when ceftriaxone is not available.
  18. Only ceftriaxone is recommended for the treatment of pharyngeal infection. Providers should inquire about oral sexual exposure.
  19. Use with caution in hyperbilirubinemic infants, especially those born prematurely.
  20. MSM are unlikely to benefit from the addition of nitroimidazoles.
  21. Moxifloxacin 400mg orally 1x/day for 7 days is effective against *Mycoplasma genitalium*.
  22. Pregnant patients can be treated with 2 g single dose.
  23. Contraindicated for pregnant or lactating women, or children <2 years of age.
  24. Do not use after a bath; should not be used by persons who have extensive dermatitis.
  25. Pregnant patients allergic to penicillin should be treated with penicillin after desensitization.
  26. Randomized controlled trials comparing single 2 g doses of metronidazole and tinidazole suggest that tinidazole is equivalent to, or superior to, metronidazole in achieving parasitologic cure and resolution of symptoms.
- ★ Indicates update from the 2010 CDC Guidelines for the Treatment of Sexually Transmitted Diseases.

Reviewed by the CDC 6/2015