STD Treatment Guidelines

Manitoba Health
Public Health

Drug	Dosages	Indications	Precautions
SYPHILIS - *In HIV co-infected individuals, consult an Infectious Disease specialist.*			
Benzathine Penicillin G	2.4 mU IM in a single session, in divided doses	Infections in adults and adolescents staged as primary, secondary or latent of <1 year duration. May be used in pregnancy and lactation.	Contraindicated in clients with penicillin allergy. Consultation with an Infectious Diseases specialist is recommended.
	2.4 mU IM once a week for 3 consecutive weeks, for a total of 7.2 mU.	Latent infections > 1 year's duration in adults and adolescents.	Consultation with an Infectious Diseases specialist is recommended.
Crystalline Penicillin G	3-4 mU q4h IV for 10-14 days	Neurosyphilis	Consultation with an Infectious Diseases specialist is strongly recommended.
Doxycycline	100 mg BID PO for 14 days	Infections in adults or adolescents staged as primary, secondary, or latent <1 year duration who have penicillin allergy.	Treatment failures have been documented with doxycycline. Because penicillin G is the most reliable treatment for all stages of syphilis, desensitization of patients should be considered. Consultation with an Infectious Diseases specialist is recommended.
Erythromycin	40 mg/kg/day PO in 4 divided doses (maximum 500 mg per dose) for 14 days	Children under 9 years of age with infection staged as primary, secondary, or latent <1year duration who have penicillin allergy.	Consultation with an Infectious Diseases specialist is recommended.
Azithromycin	2 g PO single dose	Azithromycin alone should not be routinely used as a treatment option for early or incubating syphilis as azithromycin resistance has been reported and is increasing. In exceptional circumstances, azithromycin should be reserved for suspect syphilis cases (at the time that serology is performed) only if Bicillin is not readily available, with the understanding that the patient will require Bicillin if their serology confirms that they have syphilis.	
CHANCROID			
Ceftriaxone	250 mg IM single dose	First line treatment for adults and adolescents	Should be considered in the differential diagnoses of any client with a genital ulcer.
Erythromycin	500 mg PO QID for 7 days	Alternate treatment for clients with known cephalosporin allergy and history of immediate and/or anaphylactic reaction to penicillin	Should be considered in the differential diagnoses of any client with a genital ulcer.
Azithromycin	1 g PO single dose	CDC (2002), WHO (2003)	

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GONORRHEA			
Cefixime	400 mg po single dose	First line treatment for uncomplicated urethral, endocervial, pharyngeal and rectal gonorrhea. May be used in pregnancy and lactation.	Contraindicated in patients with known cephalosporin allergy and history of immediate and/or anaphylactic reaction to penicillin's. (Effective against penicillin-resistant forms of gonorrhea).
Ciprofloxacin	500 mg po single dose	Uncomplicated urethral, endocervical, pharyngeal and rectal gonorrhea in patients allergic to cephalosporin's and/or penicillin's.	Not to be used in pregnancy or lactation. Should not be used if there is a possibility that the infection was acquired in southeast Asia or other areas where significant resistance has been reported. If Ciprofloxacin is used in such a case, a test of cure is recommended.
Ceftriaxone	250 mg IM in single dose	**Non-hospitalized patients with pelvic inflammatory disease**.	
	2.0 GM per day IM	Gonococcal ophthalmia, disseminated infection (arthritis, meningitis) in adults in adolescents.	As for Cefixime. Consultation with an Infectious Disease Specialist is recommended.
	50-100 mg/kg/day IM or IV	Gonococcal ophthalmia, disseminated infection (arthritis, meningitis) in children < 9 years.	As for Cefixime. Consultation with an Infectious Disease Specialist is recommended, including regarding duration of therapy.
	25-50 mg/kg/day IV or IM in a single daily dose for 7 days	Ophthalmia neonatorum	As for Cefixime. Consultation with an Infectious Disease Specialist is recommended, including regarding duration of therapy.
CHLAMYDIA			
Azithromycin	1.0 gm PO in a single dose (four-250 mg capsules)	Uncomplicated urethral, endocervical and rectal infection in adolescents >9 years and adults. See Precautions regarding use of azithromycin in pregnancy.	Although there are limited data on the safety of azithromycin during pregnancy, significant adverse effects have not been observed. The theoretical risk of adverse effects during pregnancy (particularly during the first trimester) should therefore be weighed against the risk of non-compliance with the recommended alternative, a seven-day course of erythromycin (see below).
	12-15 mg/kg (maximum 1 gram) orally in a single dose.	Children between 1 month and 9 years of age.	
Erythromycin	500 mg po QID for 7 days	Pregnant women with urethral, endocervical or rectal infection.	See note above for azithromycin.
	40 mg/kg/day orally in 4 divided doeses for 14 days.	*Ophthalmia neonatorum and* uncomplicated urethral, endocervical and rectal infection in children aged 1 week to 1 month.	For children under 1 week of age, consult a pediatrician.
Amoxicillin	500 mg po TID for 7 days	Pregnant and lactating women with uncomplicated urethral, endocervical or rectal infection, who are allerfic to or cannot tolerate erythromycin or azithromycin.	Limited data exist concerning the efficacy of this treatment, thus a test of cure is recommended. Consultation with an infectious disease specialist may be indicated.
Doxycycline	100 mg po BID for 14 days	Non-hospitalized patients with pelvic inflammatory disease.	Contraindicated in pregnancy and lactation.