

Treatment for Sexually Transmitted Infections (STI)

A Guide for Medical Providers

CDC 2021 STI Treatment Guidelines



Syphilis Treatment

	RECOMMENDED	ALTERNATIVES
Primary, secondary, and early latent: adults and adolescents	Benzathine penicillin G 2.4 million units IM in a single dose Recommendation includes pregnant people and people with HIV	For true penicillin allergy: doxycycline 100 mg orally 2x/day for 14 days* Do not use in pregnancy: see the CDC 2021 STI Treatment Guidelines
Late latent (> 1 year or of unknown duration): adults and adolescents	Benzathine penicillin G 7.2 million units total, administered as 3 doses of 2.4 million units IM each at 1 week intervals Recommendation includes pregnant people and people with HIV	For true penicillin allergy: doxycycline 100 mg orally 2x/day for 28 days* Do not use in pregnancy: see the CDC 2021 STI Treatment Guidelines
Neurosyphilis, ocular syphilis, and otosyphilis: adults and adolescents	Aqueous crystalline penicillin G 18-24 million units per day administered as 3-4 million units IV every 4 hours or continuous infusion for 10-14 days Consider infectious disease consultation	Procaine penicillin G 2.4 million units IM once daily, PLUS probenecid 500 mg orally 4x/day both for 10-14 days For true penicillin allergy: see the CDC 2021 STI Treatment Guidelines
For children or congenital syphilis	See the CDC 2021 STI Treatment Guidelines Scan code or visit: cdc.gov/std/treatment-guidelines/syphilis.htm	

*See the CDC 2021 STI Treatment Guidelines for details on treating syphilis in penicillin allergic patients. The guidelines also include recommendations for treating syphilis in people living with HIV and pregnant people.

Chlamydia (CT) Treatment

	RECOMMENDED	ALTERNATIVES
Adults and adolescents	Doxycycline 100 mg orally 2x/day for 7 days	Azithromycin 1 g orally in a single dose, OR Levofloxacin 500 mg orally 1x/day for 7 days
Pregnancy	Azithromycin 1 g orally in a single dose (test of cure 4 wks after treatment and retest 3 mos after treatment)	Amoxicillin 500 mg orally 3x/day for 7 days (test of cure 4 wks after treatment and retest 3 mos after treatment)

Gonorrhea (GC) Treatment

Uncomplicated infections of the cervix, urethra, or rectum: adults and adolescents <150 kg	Ceftriaxone 500 mg IM in a single dose** For persons weighing ≥ 150 kg, administer ceftriaxone 1 g in a single dose	If ceftriaxone administration is not available or not feasible: cefixime 800 mg orally in a single dose For cephalosporin allergy: gentamicin 240 mg IM in a single dose, PLUS azithromycin 2 g orally in a single dose
Uncomplicated infections of the pharynx: adults and adolescents <150 kg	Ceftriaxone 500 mg IM in a single dose** For persons weighing ≥ 150 kg, administer ceftriaxone 1 g in a single dose Test of cure ~14 days after treatment	For cephalosporin allergy: Consult with infectious disease specialist
Pregnancy	Ceftriaxone 500 mg IM in a single dose**	For cephalosporin allergy: Consult with infectious disease specialist

**If chlamydial infection has not been excluded, also treat for chlamydia with doxycycline 100 mg orally 2x/day for 7 days (in pregnancy, treat with azithromycin 1 g orally in a single dose).

For treatment of chlamydia and gonorrhea in children, see the CDC 2021 STI Treatment Guidelines

For additional resources or Oregon AETC clinical training requests, visit oraetc.org

Contacts and Resources

NATIONAL RESOURCES

- **CDC 2021 STI Treatment Guidelines**
cdc.gov/std/treatment-guidelines/default.htm
- **CDC STD Screening Recommendations**
cdc.gov/std/treatment-guidelines/screening-recommendations.htm
- **National STD Curriculum**
std.uw.edu
- **National Network of STD Clinical Prevention Training Centers Clinical Consultation Service**
stdccn.org

TRAINING & EDUCATION REQUESTS

- **Oregon AIDS Education and Training Center (AETC)**
oraetc.org | info@oraetc.org
971.200.5266

OREGON RESOURCES

- **Oregon Health Authority (OHA) Provider Resources**
healthoregon.org/std
- **SyphAware**
syphaware.org
- **Oregon PrEP Provider List**
oraetc.org/prep-provider-list

Expedited Partner Therapy (EPT)

EPT is legal in the state of Oregon and is the clinical practice of treating the sex partner(s) of patients diagnosed with chlamydia or gonorrhea without a health care provider first examining the partner.

Why EPT?

EPT is a useful option to facilitate partner treatment in individuals who are unlikely or unable to seek timely treatment themselves, thus reducing opportunities for reinfection and further spread of infection to others. If EPT is provided, partners should still be encouraged to see a medical provider for complete evaluation, testing, and treatment.

How to Provide EPT

EPT medications may be dispensed or prescribed. Best practice is to dispense a pre-packaged partner pack to the index patient to take to their partner(s). If partner packs are not available, prescriptions can be provided. Providers may e-prescribe, write a paper prescription, or call the pharmacy, and they must indicate the prescription is for EPT. If EPT is indicated, the name of the partner(s) is not required.

EPT for CHLAMYDIA

Doxycycline 100 mg orally 2x/day for 7 days***
OR
Azithromycin 1 g orally in a single dose

EPT for GONORRHEA

Cefixime 800 mg orally in a single dose

***For non-pregnant partner(s) of persons with both gonorrhea and chlamydia, cefixime and doxycycline are recommended for EPT. If there are pregnancy or adherence concerns, azithromycin 1 g orally in a single dose is recommended instead of doxycycline.

What Else Should Clinicians Know about EPT?

- **Offer EPT to all partners from the previous 60 days** or to the patient's most recent sex partner if the patient has not had sex during the previous 60 days.
- **Provide Informational materials with the medication** that include clear instructions, warnings, and referrals. Partner information sheets are available to print on the Oregon Health Authority website at tinyurl.com/2p9cr8a2.
- **Counsel patients to abstain** from condomless sexual intercourse **until seven days** after they and their partners have been treated.
- **Retest patients and their partners** for gonorrhea and chlamydia **three months** after treatment.
- **Inform Individuals filling EPT prescriptions they may have to pay co-pays/ deductibles** depending on their insurance coverage. If an individual does not have insurance, they may be required to pay the out-of-pocket cost.
- **Encourage Men who have Sex with Men (MSM) to be seen for evaluation, testing, and treatment, but EPT is permitted and should be a shared decision making process between the patient and provider.** All persons diagnosed with a bacterial STI and their sex partners, particularly MSM, should be tested for HIV, and those at risk for HIV infection should be offered HIV Pre-Exposure Prophylaxis (PrEP).

Sources: CDC 2021 Sexually Transmitted Infections Treatment Guidelines and Oregon Health Authority EPT for Chlamydia and Gonorrhea: Guidance for Health Care Professionals in Oregon, 2022

