

## STI Screen Shots for review 11/2021

### AMB STI/STD Smartset [Manage User Versions](#)

Last Reviewed Jan 2021  
 CDC 2015 Guidelines, 2020 revisions  
 \* Does not include pregnancy, age <8yo or HIV guidelines  
 - CDC 2015 recommendations are found [here](#)

#### ▼ Diagnosis

▶ **Diagnosis STI** Click for more

#### ▼ Lab Testing

##### ▼ STI Testing Orders

Risk factors for STI include young age, unmarried, urban resident, new sex partner, multiple sex partner, history of STI, illicit drug use, contact with sex workers, imprisonment, and meeting partners on the internet.  
 All patients being evaluated for STI should be offered HIV counseling and testing.

- [Click here for Up-To-Date article on screening for STI](#)
- [Click here for the CDC 2015 Guidelines](#)

- HIV Screen w Reflex Differentiation
- Syphilis Ab Screen with Reflex
- Hepatitis Bs Antibody (immunity status)
- Hepatitis Bs Antigen (active infection)
- Hepatitis C Antibody
- GC and Chlamydia by BD Probe Tec - lab collect (urine)  
Lab Collect, \*\* Vaginal probe test preferred over urine testing in women, ok for self swab \*\*
- GC and Chlamydia by BD Probe Tec - clinic collect  
Clinic Collect, \*\* Vaginal probe test preferred over urine testing in women, ok for self swab \*\*
- HSV PCR  
Clinic Collect, Routine, \*\* for Herpes/HSV testing ideally unroof vesicle and swab base of ulcer \*\*
- Vaginal Pathogens DNA Probe (trich, yeast, BV)  
Clinic Collect, Vaginal

#### ▼ Bacterial Vaginosis

##### ▼ Bacterial Vaginosis

###### Recommendations (CDC 2015 STD non pregnant guidelines)

- Metronidazole 500 mg orally twice a day for 7 days**
- Metronidazole gel 0.75%, one full applicator (5 g) intravaginally, once a day for 5 days**
- Clindamycin cream 2%, one full applicator (5 g) intravaginally at bedtime for 7 days**

###### Alternative Regimens Options:

- Tinidazole 2 g orally once daily for 2 days
- Tinidazole 1 g orally once daily for 5 days
- Clindamycin 300 mg orally twice daily for 7 days
- Clindamycin ovules 100 mg intravaginally once at bedtime for 3 days\*
- \*Clindamycin ovules use an oleaginous base that might weaken latex or rubber products (e.g., condoms and vaginal contraceptive diaphragms). Use of such products within 72 hours following treatment with clindamycin ovules is not recommended.
- [Click here for CDC 2015 BV Guidelines](#)

- Vaginal Pathogens DNA Probe  
Clinic Collect, Routine, Vaginal
- METRONIDAZOLE 500mg BID x7d  
Disp-14 tablet, R-0, Starting 11/18/21, Normal
- METRONIDAZOLE 0.75 % VAGL GEL nightly x 5  
Disp-70 g, R-0, Starting 11/18/21, Normal
- CLINDAMYCIN PHOSPHATE 2 % VAGL CREA nightly x 7  
Disp-40 g, R-0, Starting 11/18/21, Normal
- CLINDAMYCIN HCL 300 MG ORAL CAP BID x 7d  
Disp-14 capsule, R-0, Starting 11/18/21, Normal
- TINIDAZOLE 500 MG ORAL TAB 2 gram x 2days  
Disp-4 tablet, R-0, Starting 11/18/21, Normal
- TINIDAZOLE 500 MG ORAL TAB 1 gram x 5 days  
Disp-10 tablet, R-0, Starting 11/18/21, Normal

## ▼ Chlamydia

### ▼ Chlamydia

#### **Recommended Regimens**

**Azithromycin** 1 g orally in a single dose

-OR-

**Doxycycline** 100 mg orally twice a day for 7 days - preferred agent if **Gonorrhea** coinfection; Also preferred for **rectal** infection.

\*\* Repeat screening in 3 months recommended due to frequent reinfection

\*\* Treat all partners within 60 days, or most recent partner if last partner prior to 60 days.

\*\* All patient with Chlamydia infection should be tested for HIV.

#### **Alternatives**

**Erythromycin** base 500 mg orally four times a day for 7 days OR

**Erythromycin ethylsuccinate** 800 mg orally four times a day for 7 days OR

**Levofloxacin** 500 mg orally once daily for 7 days OR

**Ofloxacin** 300 mg orally twice a day for 7 days

\*\*Test-of-cure to detect therapeutic failure (i.e., repeat testing 3–4 weeks after completing therapy) is not advised for persons treated with the recommended or alternative regimens, unless therapeutic adherence is in question, symptoms persist, or reinfection is suspected.

\*\*The use of chlamydial NAATs at <3 weeks after completion of therapy is not recommended because the continued presence of nonviable organisms can lead to false-positive results.

- CDC 2015 Guidelines are found here

- AZITHROMYCIN 250 MG ORAL TAB 1 gram  
Disp-4 tablet, R-0, Normal
- AZITHROMYCIN 1 GRAM ORAL PACK  
Disp-1 packet, R-0, Normal
- DOXYCYCLINE HYCLATE 100 MG BID x 7 d  
Disp-14 tablet, R-0, Starting 11/18/21, Normal
- ERYTHROMYCIN 500 MG ORAL TAB 4 x day for 7 d  
Disp-28 tablet, R-0, Starting 11/18/21, Normal
- LEVOFLOXACIN 500 MG ORAL TAB daily 7 d  
Disp-7 tablet, R-0, Starting 11/18/21, Normal
- OFLOXACIN 400 MG ORAL TAB BID 7 d ⓘ  
Disp-14 tablet, R-0, Starting 11/18/21, Normal
- GC and Chlamydia by BD Probe Tec urine  
Clinic Collect, Routine
- GC and Chlamydia by BD Probe Tec endocervix  
Clinic Collect, Routine, Preferred for rectal and pharyngeal testing as well; self swab ok.
- GC and Chlamydia by BD Probe Tec urethral  
Clinic Collect, Routine

### ▼ Chlamydia in clinic meds

#### Clinic administration of medications

**Azithromycin** 1 g orally in a single dose

- CDC 2015 Chlamydia Guidelines

- azithromycin (ZITHROMAX) tablet 1 gram in clinic  
1,000 mg, Oral, ONCE
- azithromycin (ZITHROMAX) packet 1 gram in clinic  
1 g, Oral, ONCE

pt should abstain from sex until completion of 7 day regimen, resolution of symptoms, and until all sexual partners are treated.

## ▼ Gonorrhea

### ▼ Gonorrhea in clinic meds

#### **Recommended Regimen (cervix, urethra and rectum, pharyngeal)**

Ceftriaxone 500mg IM PLUS retest at 3 months (due to frequent reinfection)

If over 300lbs, 1g Ceftriaxone recommended.

\*\* Any person with pharyngeal gonorrhea who is treated with any regimen should return 14 days after treatment for a test-of cure

\*\* No reliable alternative treatments are available for pharyngeal gonorrhea.

\*\* Partners must be tested/treated to prevent reinfection (Recommend all partners get tested/treated, if they are unable to do so see partner treatment section below)

#### **Cephalosporin Allergy/Ceftriaxone unavailable**

Gentamycin 240mg IM PLUS Azithromycin 2g orally in a single dose PLUS retesting at 3 months

Cefixime 800 mg orally in a single dose

\*\*If chlamydial infection has not been excluded, providers should treat for chlamydia with doxycycline 100 mg orally twice daily for 7 days. During pregnancy, azithromycin 1 g as a single dose is recommended to treat chlamydia.

\*\*For persons with an anaphylactic or other severe reaction (e.g., Steven's Johnson syndrome) to ceftriaxone, consult an infectious disease specialist for an alternative treatment.

- CDC 2020 updated Guidelines for Gonorrhea [here](#)

- cefTRIAxone (ROCEPHIN) injection 500 mg IM in clinic  
500 mg, IntraMuscular, ONCE
- cefTRIAxone (Rocephin) injection 1 g IM in clinic for >300lbs  
1 g, IntraMuscular, ONCE
- gentamicin (GARAMYCIN) IM 240 mg - cephalosporin allergy only; must combine with Azithromycin  
5 mg/kg, IntraMuscular, ONCE, Starting 11/18/21
- azithromycin (ZITHROMAX) tablet 2 g - cephalosporin allergy only; must combine with gentamicin  
2,000 mg, Oral, ONCE
- cefixime (SUPRAX) tablet 800mg in clinic (only if Ceftriaxone not available)  
800 mg, Oral, ONCE

### ▼ Gonorrhea

**12/2020 CDC update:** two-drug approach no longer recommended; treat with just one 500 mg injection of ceftriaxone - see above

#### **RECOMMENDED**

Ceftriaxone 500mg IM

#### **Cephalosporin Allergy**

Gentamycin 240mg IM PLUS Azithromycin 2g orally in a single dose

#### **ALTERNATE**

Cefixime 800 mg orally in a single dose

- CDC 2015 Guidelines for Gonorrhea [here](#)

- AZITHROMYCIN 250 MG ORAL 2 gm use with Gentamicin  
Disp-4 tablet, R-0, Normal
- AZITHROMYCIN 1 GRAM ORAL PACK 2 gram use with Gentamicin  
Disp-2 packet, R-0, Normal
- CEFIXIME 800 MG ORAL once - only if Ceftriaxone is not available.  
Disp-2 tablet, R-0, Normal
- GC and Chlamydia by BD Probe Tec urine - 3 month retest ■  
Expected: 3 Months, Lab Collect, Routine
- GC and Chlamydia by BD Probe Tec urethra  
Clinic Collect, Routine
- GC and Chlamydia by BD Probe Tec endocervix  
Clinic Collect, Routine

### ▼ Gonorrhea partner treatment

**Per CDC guidelines:** "In cases where gonococcal expedited partner therapy (provision of prescriptions or medications for the patient to take to a sex partner without the health care provider first examining the partner) is permissible by state law and the partner is unable or unlikely to seek timely treatment, the partner may be treated with a single 800 mg oral dose of cefixime, provided that concurrent chlamydial infection in the patient has been excluded. Otherwise, the partner may be treated with a single oral 800 mg cefixime dose plus oral doxycycline 100 mg twice daily for 7 days."

**Both OR and WA state laws allow for this.**

- CDC 2020 Gonorrhea MMWR

- OHA - Expedited Therapy [info](#)

- Washington DOH - Expedited Therapy [info](#)

- cefixime (SUPRAX) 800 mg x 1 for Gonorrhea partner treatment  
Disp-2 capsule, Normal
- doxycycline (MONODOX) 100 mg capsule BID x 7 days if Chlamydia not ruled out.  
Disp-14 capsule, R-0, Starting 11/18/21, Normal

## ▼ Trichomonas

### ▼ Trichomonas

#### **Recommended Regimen:**

Initial Treatment: Metronidazole 2g by mouth once AND treat partner with same regimen.

For patients failing this regimen and reinfection ruled out (no sexual activity for 7 days following treatment) - treated with metronidazole 500 mg orally twice daily for 7 days.

For failure of 7 day course - treat with metronidazole 2g by mouth daily or tinidazole 2 g by mouth daily for 7 days.

\*\* If fails above, requires ID consult.

There is a 17 % reinfection rate, **rescreening at 3 months is recommended.**

\*\*Patients should be advised to avoid consuming alcohol during treatment with metronidazole or tinidazole. Abstinence from alcohol use should continue for 24 hours after completion of metronidazole or 72 hours after completion of tinidazole.

- CDC 2015 Guidelines for Trichomoniasis

- METRONIDAZOLE 500 MG ORAL 2 Gm once - initial treatment  
Disp-4 tablet, R-0, Normal
- TINIDAZOLE 500 MG ORAL 2 gm once - initial treatment  
Disp-4 tablet, R-0, Normal
- METRONIDAZOLE 500 MG ORAL BID x 7d - first failure  
Disp-14 tablet, R-0, Starting 11/18/21, Normal
- metronIDAZOLE - 2nd treatment failure, 2 g daily x 7 days  
Disp-28 tablet, R-0, Starting 11/18/21, Normal

## ▼ Syphilis

### ▼ Syphilis in clinic meds

#### **Recommended Regimen** (ADULT, Non-HIV, Non-pregnant Guidelines)

\*\* All persons with syphilis should be tested for HIV

Primary and EARLY LATENT (less than 1 year) - Pen G 2.4 million units once IM

LATE LATENT (greater than one year) - Pen G 2.4 million units weekly x 3 doses

\* **Follow-Up** - Quantitative nontreponemal serologic tests should be repeated at **6, 12, and 24 months**

\*\* Penicillin-allergic patients see below

\*\* Please check guidelines for pregnancy or pediatric treatment, require Penicillin desensitization.

- CDC 2015 STD Guidelines [here](#)

- pen G benz (BICILLIN L-A) IM 2.4 million units < 1 yr infection once  
2.4 Million Units, IntraMuscular, ONCE
- pen G benz (BICILLIN L-A) IM 2.4 million units > 1 yr infection, weekly X3  
2.4 Million Units, IntraMuscular, WEEKLY for 3 doses
- Referral to Infectious Disease - LMG  
Routine, Internal Referral 1 visit

### ▼ Syphilis PCN ALLERGY

PCN allergy; Consider ID Consult.

#### **Primary or secondary syphilis, non PCN options:**

Doxycycline 100 mg orally twice daily for 14 days OR

Tetracycline 500 mg four times daily for 14 days OR

Ceftriaxone 1g IM daily for 10-14

- 2015 CDC Guidelines for STDs, non pregnant,

- 2015 CDC Guidelines: Penicillin Allergy, Desensitization

- Referral to Infectious Disease - LMG  
Routine, Internal Referral 1 visit
- DOXYCYCLINE HYCLATE 100 MG ORAL BID for 14 days < 1 year  
Disp-28 tablet, R-0, Starting 11/18/21, Penicillin allergy, Normal
- TETRACYCLINE 500 MG ORAL QID for 14 days < 1 year infection  
Disp-56 capsule, R-0, Starting 11/18/21, PCN allergy, Normal
- DOXYCYCLINE HYCLATE 100 MG ORAL BID x 28 d > 1 yr infection  
Disp-56 tablet, R-0, Starting 11/18/21, Latent, greater than 1 year duration, PCN allergy, Normal
- TETRACYCLINE 500 MG ORAL QID 28 days, > 1 year or latent  
Disp-112 capsule, R-0, Starting 11/18/21, PCN allergy, latent or greater than one year, Normal
- cefTRIAxone (ROCEPHIN) for IM injection (regardless of time)  
1 g, IntraMuscular, DAILY for 14 doses

## ▼ Herpes Primary, Recurrent, Suppressive

### ▼ Herpes Primary

#### **Primary Outbreak Herpes regimen options** (HSV 1 or 2)

Acyclovir 400 mg orally three times a day  
Acyclovir 200 mg orally five times a day  
Valacyclovir 1 g orally twice a day  
Famciclovir 250 mg orally three times a day

Length of treatment 7-10 days, Treatment can be extended if healing is incomplete after 10 days of therapy.

- CDC 2015 STD Guidelines

- HSV PCR  
Clinic Collect, Routine
- ACYCLOVIR 400 MG ORAL TID 7-10 d primary  
Disp-30 tablet, Starting 11/18/21, Normal
- ACYCLOVIR 200 MG ORAL 5 x d for 7-10 d  
Disp-50 capsule, Starting 11/18/21, Normal
- VALACYCLOVIR 1 G ORAL BID for 7-10 d  
Disp-20 tablet, R-0, Starting 11/18/21, Normal
- FAMCICLOVIR 250 MG ORAL TID 7-10 d  
Disp-30 tablet, Starting 11/18/21, Normal

### ▼ Herpes Episodic

Effective episodic treatment of recurrent herpes requires initiation of therapy within 1 day of lesion onset or during the prodrome that precedes some outbreaks. The patient should be provided with a supply of drug or a prescription for the medication with instructions to initiate treatment immediately when symptoms begin.

#### **Episodic Therapy for Recurrent Genital Herpes Regimen options:**

Acyclovir 400 mg orally three times a day for 5 days  
Acyclovir 800 mg orally twice a day for 5 days  
Acyclovir 800 mg orally three times a day for 2 days  
Valacyclovir 500 mg orally twice a day for 3 days  
Valacyclovir 1 g orally once a day for 5 days  
Famciclovir 125 mg orally twice daily for 5 days  
Famciclovir 1 gram orally twice daily for 1 day  
Famciclovir 500 mg once, followed by 250 mg twice daily for 2 days

- CDC 2015 HSV Guidelines here

- ACYCLOVIR 400 MG ORAL TID x 5d episodic  
Disp-15 tablet, R-1, Starting 11/18/21, Normal
- ACYCLOVIR 800 MG ORAL BID x 5d episodic  
Disp-10 tablet, R-1, Starting 11/18/21, Normal
- ACYCLOVIR 800 MG ORAL TID x 2d episodic  
Disp-6 tablet, R-1, Starting 11/18/21, Normal
- FAMCICLOVIR 125 MG ORAL BID x 5d episodic  
Disp-10 tablet, R-1, Starting 11/18/21, Normal
- FAMCICLOVIR 500 MG ORAL 1000mg BID x 1d episodic  
Disp-4 tablet, R-1, Starting 11/18/21, Normal
- VALACYCLOVIR 500 MG ORAL BID x 3d episodic  
Disp-6 tablet, R-1, Starting 11/18/21, Normal
- VALACYCLOVIR 1 GRAM ORAL daily x 5d episodic  
Disp-5 tablet, R-1, Starting 11/18/21, Normal

### ▼ Herpes Suppressive

#### **HSV Suppression Regimen options:**

Acyclovir 400 mg orally twice a day  
Valacyclovir 500 mg orally once a day\*  
Valacyclovir 1 g orally once a day  
Famciclovir 250 mg orally twice a day

\* Valacyclovir 500 mg once a day might be less effective than other valacyclovir or acyclovir dosing regimens in persons who have very frequent recurrences (i.e.,  $\geq 10$  episodes per year).

Acyclovir, famciclovir, and valacyclovir appear equally effective for episodic treatment of genital herpes, but famciclovir appears somewhat less effective for suppression of viral shedding

- 2015 CDC Guidelines for HSV

- HSV PCR  
Clinic Collect, Routine
- ACYCLOVIR 400 MG ORAL BID suppressive  
Disp-180 tablet, R-3, Starting 11/18/21, Normal
- VALACYCLOVIR 1 GRAM ORAL daily suppressive (10+ episodes/yr)  
Disp-90 tablet, R-3, Starting 11/18/21, Normal
- VALACYCLOVIR 500 MG ORAL daily suppressive (<10 episodes/yr)  
Disp-90 tablet, R-3, Starting 11/18/21, Normal
- FAMCICLOVIR 250 MG ORAL BID suppressive  
Disp-180 tablet, R-3, Starting 11/18/21, Normal