

SEXUALLY TRANSMITTED INFECTION TREATMENT GUIDELINES

Comprehensive and updated STI treatment guidelines released by the CDC in July 2021 can be found here: [Sexually Transmitted Infections Treatment Guidelines, 2021 \(cdc.gov\)](https://www.cdc.gov/std/treatment-guidelines). Recommended regimens for infants and children not listed in this chart.

Chlamydia	<ul style="list-style-type: none"> 1st line treatment is now Doxycycline 100 mg PO BID x 7 days for uncomplicated infection Azithromycin 1 g PO x 1 is now an alternative, 2nd line treatment, though remains 1st line if pregnancy cannot be ruled out
Gonorrhea	<ul style="list-style-type: none"> 1st line treatment is now ceftriaxone monotherapy: 500 mg IM x 1 in persons weighing <150 kg, or 1 g IM x 1 in persons 150 kg Doxycycline 100 mg PO BID x 7 days should be added in cases where chlamydial co-infection has not been ruled out
Mycoplasma genitalium (M.gen)	<ul style="list-style-type: none"> NAAT testing for M. gen is indicated in patients with recurrent/persistent urethritis Recommended treatment: Doxycycline 100 mg PO BID x 7 days followed by moxifloxacin 400 mg PO daily x 7 days
Pelvic Inflammatory Disease (PID)	<ul style="list-style-type: none"> First line treatment now includes anaerobic coverage for all patients, regardless of whether BV infection is detected: For outpatient therapy: Ceftriaxone IM x 1 (dosed per weight-based GC guidance above) PLUS Doxycycline 100 mg PO BID AND Metronidazole 500 mg PO BID (both x 14 days)
Nongonococcal Urethritis (NGU)	<ul style="list-style-type: none"> Doxycycline 100 mg PO BID x 7 days has replaced azithromycin 1 g PO once as the preferred initial therapy for NGU.
Trichomonas	<ul style="list-style-type: none"> Treatment no longer varies by HIV status Vaginal infection: Metronidazole 500 mg PO BID x 7 days Penile/urethral infection: Metronidazole or tinidazole, both dosed at 2 gm PO x 1
Syphilis Screening	<ul style="list-style-type: none"> Test all pregnant people at least twice during pregnancy: At the first clinical encounter (ideally during first trimester) AND During third trimester (ideally at 28-32 weeks) Repeat at delivery if high risk OR missed either prior screens
HIV Testing	<ul style="list-style-type: none"> For any patient with gonorrhea or syphilis, test for HIV and offer HIV Pre-Exposure Prophylaxis (PrEP)
Expedited Partner Therapy	<ul style="list-style-type: none"> California health and safety code (§ 120582) authorizes providers to prescribe or dispense expedited partner therapy (EPT) to patients with chlamydia, gonorrhea and trichomoniasis to give to their sex partners, along with instructions for their use.