

Summary of CDC STI Treatment Guidelines, 2021

This wall chart reflects recommended regimens found in CDC's Sexually Transmitted Infections Treatment Guidelines, 2021. This summary is intended as a source of clinical guidance. When more than one therapeutic regimen is recommended, the sequence is in alphabetical order unless the choices for therapy are prioritized based on efficacy, cost, or convenience. The recommended regimens should be used primarily; alternative regimens can be considered in instances of substantial drug allergy or other contraindications. An important component of STI treatment is partner management. Providers can arrange for the evaluation and treatment of sex partners either directly or with assistance from state and local health departments. Complete guidelines can be found online at www.cdc.gov/std/treatment.

DISEASE	RECOMMENDED REGIMEN	ALTERNATIVE REGIMEN
Bacterial Vaginosis	metronidazole 500 mg orally b.i.d. for 7 days OR metronidazole gel 0.75%, one 5-gm applicator intravaginally b.i.d. for 5 days OR clindamycin cream 2%, one 5-gm applicator intravaginally at bedtime for 7 days	clindamycin 300 mg orally b.i.d. for 7 days OR clindamycin ovules 100 mg intravaginally at bedtime for 3 days OR secnidazole 1-gm orally in a single dose ¹ OR tinidazole 1-gm orally b.i.d. for 2 days OR tinidazole 1-gm orally b.i.d. for 3 days
Concussion²	doxycycline 100 mg orally b.i.d. for 7 days	sulfamonomethoxazole 1-gm orally in a single dose
Chlamydia Infection		
Adults and adolescents	doxycycline 100 mg orally b.i.d. for 7 days	sulfamonomethoxazole 1-gm orally in a single dose OR tetracycline 500 mg orally b.i.d. for 7 days
Pregnant	sulfamonomethoxazole 1-gm orally in a single dose	azithromycin 100 mg orally b.i.d. for 7 days
Infant and children <45 kg ³ (amoxicillin, ampicillin, and ceftriaxone)	azithromycin base, 10 mg/kg/body weight/day orally, divided into 4 doses daily for 14 days OR azithromycin, 10 mg/kg/body weight/day orally, divided into 4 doses daily for 14 days	
Children who weigh >45 kg, but who are aged <18 years (amoxicillin, ampicillin, and ceftriaxone)	sulfamonomethoxazole 1-gm orally in a single dose	
Children aged ≥18 years (amoxicillin, ampicillin, and ceftriaxone)	sulfamonomethoxazole 1-gm orally in a single dose OR doxycycline 100 mg orally b.i.d. for 7 days	
Neisseria ⁴ spp. (amoxicillin and penicillin)	azithromycin base, 10 mg/kg/body weight/day orally, divided into 4 doses daily for 14 days OR azithromycin, 10 mg/kg/body weight/day orally, divided into 4 doses daily for 14 days	sulfamonomethoxazole 10 mg/kg/body weight/day orally, b.i.d. for 3 days
Epididymitis		
For acute epididymitis most likely caused by sexually transmitted chlamydia and gonorrhea	ceftriaxone 100 mg IM in a single dose ⁵ PLUS doxycycline 100 mg orally b.i.d. for 10 days	
For acute epididymitis most likely caused by chlamydia, gonorrhea, or unknown organisms (most who practice insertive anal sex)	ceftriaxone 100 mg IM in a single dose ⁵ PLUS tetracycline 500 mg orally b.i.d. for 10 days	
For acute epididymitis most likely caused by unknown organisms only	ceftriaxone 100 mg orally b.i.d. for 10 days	
Genital Herpes Simplex		
First clinical episode of genital herpes ⁶	acyclovir 400 mg orally b.i.d. for 7–10 days ⁷ OR famciclovir 250 mg orally b.i.d. for 7–10 days OR valacyclovir 1-gm orally b.i.d. for 7–10 days	
Suppressive therapy for recurrent genital herpes (HSV-2)	acyclovir 400 mg orally b.i.d. OR valacyclovir 100 mg orally b.i.d. ⁸ OR valacyclovir 1-gm orally b.i.d. OR famciclovir 250 mg orally b.i.d.	
Episodic therapy for recurrent genital herpes (HSV-2)	acyclovir 800 mg orally b.i.d. for 3 days OR acyclovir 400 mg orally b.i.d. for 5 days OR famciclovir 1-gm orally b.i.d. for 1 day OR famciclovir 100 mg orally, FOLLOWS-UP 250 mg b.i.d. for 3 days OR famciclovir 100 mg b.i.d. for 5 days OR valacyclovir 100 mg orally b.i.d. for 3 days OR valacyclovir 1-gm orally b.i.d. for 5 days	

DISEASE	RECOMMENDED REGIMEN	ALTERNATIVE REGIMEN
Lymphogranuloma Venereum	doxycycline 100 mg orally b.i.d. for 21 days	sulfamonomethoxazole 1-gm orally b.i.d. for 3 weeks ⁹ OR erythromycin base 500 mg orally b.i.d. for 21 days
Non-punent Gonorrhea (NGU)	doxycycline 100 mg orally b.i.d. for 7 days	sulfamonomethoxazole 1-gm orally in a single dose OR sulfamonomethoxazole 100 mg orally in a single dose, FOLLOWS-UP 250 mg b.i.d. for 1 day
Proctitis or Proctitis NOS (not for Neisseria gonorrhea)		
For NGU proctitis (secondary testing is available but NGU proctitis is defined by an FDA-approved test)	doxycycline 100 mg orally b.i.d. for 7 days, FOLLOWS-UP 250 mg b.i.d. for 7 days	For patients without secondary testing and when metronidazole cannot be used: doxycycline 100 mg orally b.i.d. for 7 days, FOLLOWS-UP 250 mg b.i.d. for 7 days OR sulfamonomethoxazole 1-gm orally in a single dose, FOLLOWS-UP 250 mg b.i.d. for 7 days and a test of cure 21 days after completion of therapy
For patients testing as negative, use resistance-guided therapy	Metronidazole doxycycline 100 mg orally b.i.d. for 7 days, FOLLOWS-UP 250 mg b.i.d. for 7 days OR sulfamonomethoxazole 1-gm orally in a single dose, FOLLOWS-UP 250 mg b.i.d. for 7 days Metronidazole resistance doxycycline 100 mg orally b.i.d. for 7 days, FOLLOWS-UP 250 mg b.i.d. for 7 days	
Test for Neisseria gonorrhea if test results show it is more likely that infection is present	metronidazole 1-gm orally in a single dose OR tinidazole 2-gm orally in a single dose	
Proctitis Proctitis	permethrin 1% cream (most symptomatic affected areas, wash after 10 minutes) OR acetaminophen 650 mg orally b.i.d. for 7 days	metronidazole 1% cream (most symptomatic affected areas, wash after 10 minutes) OR permethrin 1% cream (most symptomatic affected areas, wash after 10 minutes)
Public Inflammatory Disease		
Standard treatment	ceftriaxone 1-gm IM in a single dose PLUS doxycycline 100 mg orally b.i.d. for 10 days PLUS metronidazole 500 mg orally b.i.d. for 10 days OR ceftriaxone 1-gm IM in a single dose PLUS doxycycline 100 mg orally b.i.d. for 10 days PLUS metronidazole 500 mg orally b.i.d. for 10 days OR ceftriaxone 1-gm IM in a single dose PLUS doxycycline 100 mg orally b.i.d. for 10 days PLUS metronidazole 500 mg orally b.i.d. for 10 days OR ceftriaxone 1-gm IM in a single dose PLUS doxycycline 100 mg orally b.i.d. for 10 days PLUS metronidazole 500 mg orally b.i.d. for 10 days	acyclovir 400 mg orally b.i.d. for 7–10 days PLUS doxycycline 100 mg orally b.i.d. for 10 days PLUS metronidazole 500 mg orally b.i.d. for 10 days OR doxycycline 100 mg orally b.i.d. for 10 days PLUS metronidazole 500 mg orally b.i.d. for 10 days OR doxycycline 100 mg orally b.i.d. for 10 days PLUS metronidazole 500 mg orally b.i.d. for 10 days OR doxycycline 100 mg orally b.i.d. for 10 days PLUS metronidazole 500 mg orally b.i.d. for 10 days
Alternative or oral treatment	ceftriaxone 100 mg IM in a single dose PLUS doxycycline 100 mg orally b.i.d. for 10 days PLUS metronidazole 500 mg orally b.i.d. for 10 days OR ceftriaxone 1-gm IM in a single dose PLUS doxycycline 100 mg orally b.i.d. for 10 days PLUS metronidazole 500 mg orally b.i.d. for 10 days OR ceftriaxone 1-gm IM in a single dose PLUS doxycycline 100 mg orally b.i.d. for 10 days PLUS metronidazole 500 mg orally b.i.d. for 10 days OR ceftriaxone 1-gm IM in a single dose PLUS doxycycline 100 mg orally b.i.d. for 10 days PLUS metronidazole 500 mg orally b.i.d. for 10 days	
The complete list of recommended regimens can be found in Sexually Transmitted Infections Treatment Guidelines, 2021.		
Testosterone	permethrin 1% cream applied to all areas of the body (from neck down), wash after 10–15 hours ¹⁰ OR permethrin 1% cream applied to all areas of the body (from neck down), wash after 10–15 hours ¹⁰ OR permethrin 1% cream applied to all areas of the body (from neck down), wash after 10–15 hours ¹⁰	testosterone 1% cream applied to all areas of the body (from neck down), wash after 10–15 hours ¹⁰

Sexually Transmitted Diseases Methods And Protocols

Stephen M. Palfrey



Sexually Transmitted Diseases Methods And Protocols:

Sexually Transmitted Diseases Rosanna Peeling, P. Frederick Sparling, 2008-02-01 In recent years molecular techniques have enhanced our ability to detect sexually transmitted infections and to conduct research to further our understanding of sexually transmitted diseases. Molecular methods to quantitate pathogen load have also been shown to be useful for the management of HIV and other viral STDs. Existing laboratory manuals for the clinical microbiology laboratory often do not include molecular methods for STDs. *Sexually Transmitted Diseases Methods and Protocols* is intended to fill the need for a dedicated manual that covers all the fundamental aspects of molecular protocols for laboratory diagnosis as well as research methodology for STDs including HIV. There are more than 100 types of molecular techniques described in this book covering nine major sexually transmitted pathogens. Although molecular methods for the detection of such pathogens as *Trichomonas vaginalis* are available in the published literature they have not been included since they are not yet widely used for laboratory diagnosis or research. *Sexually Transmitted Diseases Methods and Protocols* is one of a series of books treating **Methods Molecular Medicine** published by Humana Press.

Investigating Reproductive Tract Infections and Other Gynaecological Disorders Shireen Jejeebhoy, Michael Koenig, Christopher Elias, 2003-02-13 Reproductive tract infections and other gynaecological disorders among women represent an enormous global health burden. This significant book will help focus research on this important though neglected area. The primary aims of the book are to provide an overview of reproductive tract infections and other gynaecological disorders to highlight the conceptual and methodological challenges associated with undertaking research on this subject and to serve as a reference for future research in this area. The book focuses on developing country settings and recognizes that gathering this sort of information requires a multidisciplinary and culturally sensitive approach. Findings from the research described in this book will undoubtedly assist physicians, social scientists, epidemiologists and public health practitioners in evaluating the magnitude of this problem within the community at large and in identifying potentially effective medical and behavioural interventions to address this problem. Clinical

Applications of Capillary Electrophoresis Stephen M. Palfrey, 2008-02-01 In *Clinical Applications of Capillary Electrophoresis* Stephen Palfrey brings together for the first time a collection of detailed capillary electrophoresis protocols designed exclusively for clinical applications. Written by the leading scientists who have often perfected these methods in their own laboratories, the protocols furnish new and more powerful assays for many routine serum and blood tests now regularly performed in clinical laboratories including urine protein analysis, hemoglobin separation and the detection of CSF proteins, lipoproteins, myoglobin, cryoglobulins, HbA1c and cathepsin. The protocols offered for DNA studies include double stranded DNA analysis, the prenatal diagnosis of Down's syndrome, Rh/D/d genotyping, the identification of mutated p53 oncogene and the detection of microsatellite instability in cancers. Many of the methods can be automated to replace the more costly and labor intensive tests that are currently used in most clinical laboratories. *Clinical Applications of Capillary Electrophoresis* demonstrates

clearly the simplicity versatility and power of CE over conventional methods It offers to beginning clinical investigators as well as established laboratories new to the technique a representative range of highly practical CE methods assays that are not only certain to become ever more productive but are already eminently useful today

Diagnosis of Sexually Transmitted Diseases Colin R. MacKenzie, Birgit Henrich, 2012-07-12 Sexually transmitted infections STI continue to be a major cause of morbidity and mortality both in developed industrial countries as well as in the developing world Human immunodeficiency virus infections and the ensuing opportunistic infections are a major drain on the human and financial resources of many countries in the developing world and even with the availability of effective treatment the epidemic is not yet contained Screening in developing worlds is difficult and there is a need for simple reliable cheap diagnostic methods that can be performed at the point of care on the same day and by staff with limited training Molecular biological methods are very attractive for the diagnosis of STI since a well defined range of pathogens is responsible for the infection Diagnosis of Sexually Transmitted Diseases Methods and Protocols strives to cover the full range of molecular testing for STI Chapters cover a variety of topics such as aspects of DNA extraction from small volume samples or difficult tissues simple nested or multiplex PCR use of duplex primers or other modifications of primers and PCR conditions sequence analysis for genotyping denaturing gel analysis microarrays using liquid beads or microspheres and silicon nanoparticle enhanced microcantilever detection of DNA Written in the successful Methods in Molecular Biology™ series format chapters include introductions to their respective topics lists of the necessary materials and reagents step by step readily reproducible protocols and notes on troubleshooting and avoiding known pitfalls Authoritative and easily accessible Diagnosis of Sexually Transmitted Diseases Methods and Protocols will be a valuable reference for the scientist looking to establish molecular methodologies for the diagnosis of STI tests in their own lab

Cytotoxic Drug Resistance Mechanisms Robert Brown, Uta Böger-Brown, 2008-02-01 There is now a range of cytotoxic drugs that have considerable clinical usefulness in producing responses in tumors and even in a small proportion of cases cure However the acquisition of drug resistance is a major clinical problem and is perhaps the main limiting factor in successful treatment of cancer Thus a tumor initially sensitive to chemotherapy will in the majority of cases eventually recur as a resistant tumor which will then progress Much of our understanding of drug resistance mechanisms comes from the study of tumor cell lines grown in tissue culture We now understand many of the molecular mechanisms that can lead to a cell acquiring resistance to anticancer drugs however we still do not know which mechanisms are those most relevant to the problem of clinical drug resistance Indeed given that many of the cytotoxic anticancer drugs were discovered by random screening it is clear what features give a clinically useful anticancer drug a sufficient therapeutic index to be of value The aim of Cytotoxic Drug Resistance Mechanisms is to provide protocols that are appropriate for examining the mechanisms of cellular resistance to anticancer cytotoxics in human tumor samples Tumor cell lines have been enormously useful as experimental models of drug resistance mechanisms however they have limitations

and we need to address the relevance of such mechanisms in patients tumors Examining drug resistance in tumors is much more problematic than in cell lines

Guidelines for the management of symptomatic sexually transmitted infections World Health Organization, 2021-07-15 The WHO global health sector strategy on sexually transmitted infections 2016 2021 endorsed by the World Health Assembly in 2016 aims to eliminate STIs as a public health threat by 2030 In 2019 WHO published estimates of new cases of chlamydia gonorrhoea syphilis and trichomoniasis Recent changes in the epidemiology of STIs and progress in prevention diagnosis and treatment of STIs and HIV have necessitated changes in approaches to STI prevention and management To address these STIs the most widely used approach in clinical settings is the syndromic management of STIs In most resource limited settings the syndromic management flow charts are still the standard of care where laboratory diagnosis is not available or is hard to access The objectives of these guidelines are to provide updated evidence informed clinical and practical recommendations on the case management of people with symptoms of STIs and to support countries in updating their national guidelines for the case management of people with symptoms of STIs These guidelines include the management of symptomatic infections related to urethral discharge syndrome including persistent urethral discharge syndrome vaginal discharge syndrome including persistent vaginal discharge anorectal infection genital ulcer disease syndrome and lower abdominal pain syndrome These guidelines are intended for programme managers for STI prevention and control at the national level and the health care providers at the frontline primary secondary and tertiary health care

Nucleic Acid Testing for Human Disease Attila Lorincz, 2016-04-19 Nucleic Acid Testing for Human Disease describes various techniques including target and signal amplification based NAT procedures microarrays bead based multiplex assays in situ hybridization and SNP techniques This book discusses RNA expression profiling and laboratory issues such as the need for proper validation of tests intended for

Sexually Transmitted Infections - E-book Bhushan Kumar, Somesh Gupta, 2013-09-30 Covers all aspects historical epidemiological diagnostic clinical preventative public health and medico legal of STIs in complete detail with a special emphasis on STIs in special groups migrants homosexuals and sexually abused Covers basic and laboratory sciences extensively to blend with the basics required by the clinician for proper understanding of the disease process Clinical photographs illustrations photographs of specimens and cultures histopathology flow charts and line diagrams are given extensively throughout the text to make relevant clinical situation self explanatory Has very useful and practical information for even the clinician in the periphery where the investigative component is either non existent or very basic and many new drugs are not available or unaffordable Management of HIV in adults and children in resource poor countries has been covered extensively along with syndromic management of STIs This enables a physician to choose from approaches in a particular situation depending upon the available means laboratory or therapeutic Covers sexual dysfunction in both men and women and the basics of human sexual behavior and sexual health Section Editors and Contributors from all continents of the world have made this a truly global reference book It is a useful

reference text for epidemiologists public health experts clinicians microbiologists health workers social organizations and
counselors working in the field of STIs sexual health and HIV Sexually Transmitted Diseases National Center for
Prevention Services (U.S.). Division of STD/HIV Prevention,2002 **Treatment Improvement Protocol (TIP) Series**
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web oct 1 2023 aisi 1040 carbon steel has high carbon content and can be hardened by heat treatment followed by

quenching and tempering to achieve 150 to 250 ksi tensile strength chemical composition the following table shows the chemical composition of aisi 1040 carbon steel element content iron fe 98 6 99 manganese mn 0 60

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web carbon and alloy steel grades sae designation type and composition by weight carbon steels 10xx plain carbon mn 1 00 max 11xx resulfurized 12xx resulfurized and rephosphorized 15xx plain carbon mn 1 00 1 65 max manganese steels 13xx mn 1 75 nickel steels 23xx ni 3 50 25xx ni 5 00 nickel chromium steels 31xx ni

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web jul 10 2012 from wikipedia the free encyclopedia the society of automotive engineers sae designates sae steel grades these are four digit numbers which represent chemical composition standards for steel specifications the american iron and steel institute aisi originally started a very similar system

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web high carbon steel high carbon steel has a carbon content of 0 60 1 25 wt and a manganese content of 0 30 0 90 wt it has the highest hardness and toughness of the carbon steels and the lowest ductility high carbon steels are very wear resistant as a result of the fact that they are almost always hardened and tempered

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