

**Appendix. Table of STD Treatment Guidelines, 2021 (Major Changes Highlighted in Orange)**

Disease	Recommended 2015	Recommended 2021	Alternative 2015	Alternative 2021
<b>Bacterial Vaginosis</b>	<b>metronidazole 500 mg orally 2x/day for 7 days</b> OR- metronidazole gel 0.75%, one 5 gm applicator intravaginally, 1x/day for 5 days OR- clindamycin cream 2%, one 5 gm applicator intravaginally, at bedtime for 7 days	<b>metronidazole 500 mg orally 2x/day for 7 days</b> OR- metronidazole gel 0.75%, one 5 gm applicator intravaginally, 1x/day for 5 days OR- clindamycin cream 2%, one 5 gm applicator intravaginally, at bedtime for 7 days		<b>clindamycin 300 mg orally 2x/day for 7 days</b> OR- clindamycin ovules 100 mg intravaginally at bedtime for 3 days OR- secnidazole 2 gm orally in a single dose OR- tinidazole 2 gm orally 1x/day for 2 days OR- tinidazole 1 gm orally 1x/day for 5 days
Pregnancy	<b>metronidazole 500 mg orally 2x/day for 7 days</b> OR- metronidazole gel 0.75%, one 5 gm applicator intravaginally, 1x/day for 5 days OR- clindamycin cream 2%, one 5 gm applicator intravaginally, at bedtime for 7 days		<b>clindamycin 300 mg orally 2x/day for 7 days</b> OR- clindamycin ovules 100 mg intravaginally at bedtime for 3 days	
<b>Cervicitis</b>	<b>azithromycin 1 gm orally in a single dose</b> OR- doxycycline 100 mg orally 2x/day for 7 days	<b>doxycycline 100 mg orally 2x/day for 7 days</b>		<b>azithromycin 1 gm orally in a single dose</b>
<b>Chlamydia</b>				
Adults and adolescents	<b>azithromycin 1 gm orally in a single dose</b> OR- doxycycline 100 mg orally 2x/day for 7 days	<b>doxycycline 100 mg orally 2x/day for 7 days</b>	<b>erythromycin base 500 mg orally 4x/day for 7 days</b> OR- erythromycin ethylsuccinate 800 mg orally 4x/day for 7 days OR- levofloxacin 500 mg orally 1x/day for 7 days OR- ofloxacin 300 mg orally 2x/day for 7 days	<b>azithromycin 1 gm orally in a single dose</b> OR- levofloxacin 500 mg orally 1x/day for 7 days
Pregnancy	<b>azithromycin 1 gm orally in a single dose</b>	<b>azithromycin 1 gm orally in a single dose</b>	<b>amoxicillin 500 mg orally 3x/day for 7 days</b> OR- erythromycin base 500 mg orally 4x/day for 7 days OR- erythromycin base 250 mg orally 4x/day for 14 days OR- erythromycin ethylsuccinate 800 mg orally 4x/day for 7 days OR- erythromycin ethylsuccinate 400 mg orally 4x/day for 14 days	<b>amoxicillin 500 mg orally 3x/day for 7 days</b>
Infant and children <45kg (nasopharynx, urogenital, and rectal)		<b>erythromycin base, 50 mg/kg body weight/day orally, divided into 4 doses daily for 14 days</b> OR- ethylsuccinate, 50 mg/kg body weight/day orally divided into 4 doses daily for 14 days		
Children who weigh ≥ 45 kg, but who are aged <8 years (nasopharynx, urogenital, and rectal)		<b>azithromycin 1 gm orally in a single dose</b>		
Children aged ≥ 8 years (nasopharynx, urogenital, and rectal)		<b>azithromycin 1 gm orally in a single dose</b> OR- doxycycline 100 mg orally 2x/day for 7 days		
Neonates. Ophthalmia and pneumonia		<b>erythromycin base, 50 mg/kg body weight/day orally, divided into 4 doses daily for 14 days</b> OR- ethylsuccinate, 50 mg/kg body weight/day orally divided into 4 doses daily for 14 days		<b>azithromycin suspension 20 mg/kg body weight/day orally, 1x/day for 3 days</b>
<b>Epididymitis</b>				
For acute epididymitis most likely caused by sexually transmitted chlamydia and gonorrhea	<b>ceftriaxone 250 mg IM in a single dose PLUS doxycycline 100 mg orally 2x/day for 10 days</b>	<b>ceftriaxone 500 mg IM in a single dose<sup>1</sup> PLUS doxycycline 100 mg orally 2x/day for 10 days</b>		
For acute epididymitis most likely caused by chlamydia, gonorrhea, or enteric organisms (men who practice insertive anal sex)	<b>ceftriaxone 250 mg IM in a single dose PLUS levofloxacin 500 mg orally 1x/day for 10 days</b> OR- ofloxacin 300 mg orally 2x/day for 10 days	<b>ceftriaxone 500 mg IM in a single dose<sup>1</sup> PLUS levofloxacin 500 mg orally 1x/day for 10 days</b>		
For acute epididymitis most likely caused by enteric organisms only	<b>levofloxacin 500 mg orally 1x/day for 10 days</b> OR- ofloxacin 300 mg orally 2x/day for 10 days	<b>levofloxacin 500 mg orally 1x/day for 10 days</b>		
<b>Genital Herpes Simplex</b>				
First clinical episode of genital herpes <sup>2</sup>	<b>acyclovir 400 mg orally 3x/day for 7–10 days</b> OR- acyclovir 200 mg orally 5x/day for 7–10 days OR- valacyclovir 1 gm orally 2x/day for 7–10 days OR- famciclovir 250 mg orally 3x/day for 7–10 days	<b>acyclovir 400 mg orally 3x/day for 7–10 days<sup>3</sup></b> OR- famciclovir 250 mg orally 3x/day for 7–10 days OR- valacyclovir 1 gm orally 2x/day for 7–10 days		
Suppressive therapy for recurrent genital herpes (HSV-2)	<b>acyclovir 400 mg orally 2x/day</b> OR- valacyclovir 500 mg orally 1x/day OR- valacyclovir 1 g orally 1x/day OR- famciclovir 250 mg orally 2x/day	<b>acyclovir 400 mg orally 2x/day</b> OR- valacyclovir 500 mg orally 1x/day <sup>4</sup> OR- valacyclovir 1 gm orally 1x/day OR- famciclovir 250 mg orally 2x/day		
Episodic therapy for recurrent genital herpes (HSV-2)	<b>acyclovir 400 mg orally 3x/day for 5 days</b> OR- acyclovir 800 mg orally 2x/day for 5 days OR- acyclovir 800 mg orally 3x/day for 2 days	<b>acyclovir 800 mg orally 2x/day for 5 days</b> OR- acyclovir 800 mg orally 3x/day for 2 days OR- famciclovir 1 gm orally 2x/day for 1 day		

Disease	Recommended 2015	Recommended 2021	Alternative 2015	Alternative 2021
	<p><b>OR-</b> valacyclovir 500 mg orally 2x/day for 3 days</p> <p><b>OR-</b> valacyclovir 1 gm orally 1x/day for 5 days</p> <p><b>OR-</b> famciclovir 125 mg 2x/day for 5 days</p> <p><b>OR-</b> famciclovir 1 gm orally 2x/day for 1 day</p> <p><b>OR-</b> famciclovir 500 mg once, <b>FOLLOWED BY</b> 250 mg 2x/day for 2 days</p>	<p><b>OR-</b> famciclovir 500 mg once, <b>FOLLOWED BY</b> 250 mg 2x/day for 2 days</p> <p><b>OR-</b> famciclovir 125 mg 2x/day for 5 days</p> <p><b>OR-</b> valacyclovir 500 mg orally 2x/day for 3 days</p> <p><b>OR-</b> valacyclovir 1 gm orally 1x/day for 5 days</p>		
Daily suppressive therapy for persons with HIV infection	<p><b>acyclovir 400-800 mg orally 2x-3x/day</b></p> <p><b>OR-</b> famciclovir 500 mg orally 2x/day</p> <p><b>OR-</b> valacyclovir 500 mg orally 2x/day</p>	<p><b>acyclovir 400-800 mg orally 2x-3x/day</b></p> <p><b>OR-</b> famciclovir 500 mg orally 2x/day</p> <p><b>OR-</b> valacyclovir 500 mg orally 2x/day</p>		
Episodic therapy for persons with HIV infection	<p><b>acyclovir 400 mg orally 3x/day for 5-10 days</b></p> <p><b>OR-</b> valacyclovir 1 gm orally 2x/day for 5-10 days</p> <p><b>OR-</b> famciclovir 500 mg orally 2x/day for 5-10 days</p>	<p><b>acyclovir 400 mg orally 3x/day for 5-10 days</b></p> <p><b>OR-</b> famciclovir 500 mg orally 2x/day for 5-10 days</p> <p><b>OR-</b> valacyclovir 1 gm orally 2x/day for 5-10 days</p>		
Daily suppressive therapy of recurrent genital herpes in pregnant women	<p><b>acyclovir 400 mg orally 3x/day</b></p> <p><b>OR-</b> valacyclovir 500 mg orally 2x/day</p>	<p><b>acyclovir 400 mg orally 3x/day</b></p> <p><b>OR-</b> valacyclovir 500 mg orally 2x/day</p>		
<b>Genital Warts (HPV)</b> External anogenital warts	<p><b>Patient-applied</b></p> <p><b>imiquimod 3.75% or 5% cream<sup>5</sup></b></p> <p><b>OR-</b> podofilox 0.5% solution or gel</p> <p><b>OR-</b> sinecatechins 15% ointment<sup>5</sup></p> <p><b>Provider-administered</b></p> <p><b>cryotherapy with liquid nitrogen or cryoprobe</b></p> <p><b>OR-</b> trichloroacetic acid (TCA) or bichloroacetic acid (BCA) 80%-90% solution</p> <p><b>OR-</b> surgical removal</p>	<p><b>Patient-applied</b></p> <p><b>imiquimod 3.75% or 5% cream<sup>5</sup></b></p> <p><b>OR-</b> podofilox 0.5% solution or gel</p> <p><b>OR-</b> sinecatechins 15% ointment<sup>5</sup></p> <p><b>Provider-administered</b></p> <p><b>cryotherapy with liquid nitrogen or cryoprobe</b></p> <p><b>OR-</b> surgical removal either by tangential scissor excision, tangential shave excision, curettage, laser, or electrosurgery</p> <p><b>OR-</b> trichloroacetic acid (TCA) or bichloroacetic acid (BCA) 80%-90% solution</p>	<p><b>Provider-administered</b></p> <p><b>podophyllin resin 10% - 25% in compound tincture of benzoin</b></p> <p><b>OR-</b> intralesional interferon</p> <p><b>OR-</b> photodynamic therapy</p> <p><b>OR-</b> topical cidofovir</p>	
Urethral meatus warts		<p><b>cryotherapy with liquid nitrogen</b></p> <p><b>OR-</b> surgical removal</p>		
Vaginal warts, Cervical warts, Intra-anal warts		<p><b>cryotherapy with liquid nitrogen</b></p> <p><b>OR-</b> surgical removal</p> <p><b>OR-</b> TCA or BCA 80%-90% solution</p>		
<b>Gonorrhea</b> Uncomplicated infections of the cervix, urethra, and rectum: adults and adolescents <150 kg <sup>1</sup>	<p><b>ceftriaxone 250 mg IM in a single dose PLUS azithromycin 1 gm orally in a single dose</b></p>	<p><b>ceftriaxone 500 mg IM in a single dose<sup>o</sup></b></p>	<p>If ceftriaxone administration is not available or not feasible: <b>cefixime 400 mg orally PLUS azithromycin 1 g orally</b></p> <p>If cephalosporin allergy: <b>gemifloxacin 320 mg orally PLUS azithromycin 2 g orally</b></p> <p><b>OR-</b> gentamicin 240 mg IM PLUS azithromycin 2 g orally</p>	<p>If cephalosporin allergy: <b>gentamicin 240 mg IM in a single dose PLUS azithromycin 2 gm orally in a single dose</b></p> <p>If ceftriaxone administration is not available or not feasible: <b>cefixime 800 mg orally in a single dose<sup>6</sup></b></p>
Uncomplicated infection of the pharynx: adults and adolescents	<p><b>ceftriaxone 250 mg IM in a single dose PLUS azithromycin 1 gm orally in a single dose</b></p>	<p><b>ceftriaxone 500 mg IM in a single dose<sup>6</sup></b></p>	<p>If cephalosporin allergy, limited data exist on alternatives.</p>	
Pregnancy	<p><b>ceftriaxone 250 mg IM in a single dose PLUS azithromycin 1 gm orally in a single dose</b></p>	<p><b>ceftriaxone 500 mg IM in a single dose<sup>6</sup></b></p>	<p><b>cefixime 400 mg orally PLUS azithromycin 1 g orally</b></p> <p>If cephalosporin allergy, limited data exist on alternatives.</p>	
Conjunctivitis	<p><b>ceftriaxone 1 gm IM in a single dose PLUS azithromycin 1 g orally in a single dose</b></p>	<p><b>ceftriaxone 1 gm IM in a single dose<sup>7</sup></b></p>		
Disseminated gonococcal infections (DGI)	<p><b>ceftriaxone 1 gm IM or by IV every 24 hours<sup>6</sup> PLUS azithromycin 1 g orally in a single dose</b></p>	<p><b>ceftriaxone 1 gm IM or by IV every 24 hours<sup>6,12</sup></b></p>	<p><b>cefotaxime OR ceftizoxime 1 gm by IV every 8 hours PLUS azithromycin 1 g orally in a single dose</b></p>	<p><b>cefotaxime 1 gm by IV every 8 hours</b></p> <p><b>OR-</b> ceftizoxime 1 gm every 8 hours</p>
Uncomplicated gonococcal vulvovaginitis, cervicitis, urethritis, pharyngitis, or proctitis: infants and children ≤45 kg	<p><b>ceftriaxone 25-50 mg/kg body weight by IV or IM in a single dose, not to exceed 125 mg</b></p>	<p><b>ceftriaxone 25-50 mg/kg body weight by IV or IM in a single dose, not to exceed 250 mg IM</b></p>		
Uncomplicated gonococcal vulvovaginitis, cervicitis, urethritis, pharyngitis, or proctitis: children >45 kg	<p><b>Treat with the regimen recommended for adults (see above)</b></p>	<p><b>Treat with the regimen recommended for adults (see above)</b></p>		
Ocular prophylaxis in neonates	<p><b>erythromycin (0.5%) ophthalmic ointment in each eye in a single application at birth</b></p>	<p><b>erythromycin (0.5%) ophthalmic ointment in each eye in a single application at birth</b></p>		
Ophthalmia in neonates and infants	<p><b>ceftriaxone 25-50 mg/kg body weight by IV or IM in a single dose, not to exceed 125 mg</b></p>	<p><b>ceftriaxone 25-50 mg/kg body weight by IV or IM in a single dose, not to exceed 250 mg</b></p>		<p>For neonates unable to receive ceftriaxone due to simultaneous administration of intravenous calcium:</p>

Disease	Recommended 2015	Recommended 2021	Alternative 2015	Alternative 2021
				cefotaxime 100 mg/kg body weight by IV or IM as a single dose
<b>LGV</b>	doxycycline 100 mg orally 2x/day for 21 days	doxycycline 100 mg orally 2x/day for 21 days	erythromycin base 500 mg orally 4x/day for 21 days	azithromycin 1 gm orally 1x/week for 3 weeks <sup>8</sup> OR- erythromycin base 500 mg orally 4x/day for 21 days
<b>Nongonococcal Urethritis (NGU)</b>	azithromycin 1 g orally in a single dose OR- doxycycline 100 mg orally 2x/day for 7 days	doxycycline 100 mg orally 2x/day for 7 days	erythromycin base 500 mg orally 4x/day for 21 days OR- erythromycin ethylsuccinate 800 mg orally 4x/day for 7 days OR- levofloxacin 500 mg orally 1x/day for 7 days OR- ofloxacin 300 mg orally 2x/day for 7 days	azithromycin 1 gm orally in a single dose OR- azithromycin 500 mg orally in a single dose, THEN 250 mg 1x/day for 4 days
<i>Persistent or Recurrent NGU: test for Mycoplasma genitalium:</i> If M. genitalium resistance testing is unavailable but M. genitalium is detected by an FDA-cleared NAAT  If resistance testing is available, use resistance-guided therapy		doxycycline 100 mg orally 2x/day for 7 days, <b>FOLLOWED BY moxifloxacin 400 mg 1x/day for 7 days</b>  <b>Macrolide sensitive</b> doxycycline 100 mg orally 2x/day for 7 days, <b>FOLLOWED BY</b> azithromycin 1 gm orally initial dose, <b>FOLLOWED BY</b> azithromycin 500 mg orally 1x/day for 3 additional days (2.5 gm total)  <b>Macrolide resistance</b> doxycycline 100 mg orally 2x/day for 7 days, <b>FOLLOWED BY</b> moxifloxacin 400 mg orally 1x/day for 7 days		<b>For settings without resistance testing and when moxifloxacin cannot be used:</b> doxycycline 100 mg orally 2x/day for 7 days, <b>FOLLOWED BY</b> azithromycin 1 gm orally on first day, <b>FOLLOWED BY</b> azithromycin 500 mg orally 1x/day for 3 days and a test-of-cure 21 days after completion of therapy
Test for Trichomonas vaginalis in heterosexual men in areas where infection is prevalent	metronidazole 2 gm orally in a single dose OR- tinidazole 2 gm orally in a single dose	metronidazole 2 gm orally in a single dose OR- tinidazole 2 gm orally in a single dose	metronidazole 500 mg 2x/day for 7 days	
<b>Pediculosis Pubis</b>	permethrin 1% cream rinse applied to affected areas, wash after 10 minutes OR- pyrethrin with piperonyl butoxide applied to affected areas, wash after 10 minutes	permethrin 1% cream rinse applied to affected areas, wash after 10 minutes OR- pyrethrin with piperonyl butoxide applied to affected areas, wash after 10 minutes	malathion 0.5% lotion applied to affected areas, wash after 8–12 hours OR- ivermectin 250 µg/kg body weight repeated in 2 weeks	malathion 0.5% lotion applied to affected areas, wash after 8–12 hours OR- ivermectin 250 µg/kg body weight repeated in 7–14 days
<b>PID</b> Parenteral treatment	cefotetan 2 gm by IV every 12 hours <b>PLUS</b> doxycycline 100 mg orally or by IV every 12 hours OR- cefoxitin 2 gm by IV every 6 hours <b>PLUS</b> doxycycline 100 mg orally or by IV every 12 hours OR- clindamycin 900 mg by IV every 8 hours <b>PLUS</b> gentamicin 2 mg/kg by IV or IM <b>FOLLOWED BY</b> 1.5 mg/kg body weight every 8 hours	ceftriaxone 1 gm by IV every 24 hours <b>PLUS</b> doxycycline 100 mg orally or by IV every 12 hours <b>PLUS</b> metronidazole 500 mg orally or by IV every 12 hours OR- cefotetan 2 gm by IV every 12 hours <b>PLUS</b> doxycycline 100 mg orally or by IV every 12 hours OR- cefoxitin 2 gm by IV every 6 hours <b>PLUS</b> doxycycline 100 mg orally or by IV every 12 hours	ampicillin-sulbactam 3 gm by IV every 6 hours <b>PLUS</b> doxycycline 100 mg orally or by IV every 12 hours	ampicillin-sulbactam 3 gm by IV every 6 hours <b>PLUS</b> doxycycline 100 mg orally or by IV every 12 hours OR- clindamycin 900 mg by IV every 8 hours <b>PLUS</b> gentamicin 2 mg/kg body weight by IV or IM <b>FOLLOWED BY</b> 1.5 mg/kg body weight every 8 hours. Can substitute with 3–5 mg/kg body weight 1x/day
Intramuscular or oral treatment	ceftriaxone 250 mg IM in a single dose <b>PLUS</b> probenecid 1 gm orally, administered concurrently in a single dose <b>PLUS</b> doxycycline 100 mg orally 2x/day for 14 days <b>WITH</b> metronidazole 500 mg orally 2x/day for 14 days OR- cefoxitin 2 gm IM in a single dose <b>AND</b> probenecid 1 gm orally, administered concurrently in a single dose <b>PLUS</b> doxycycline 100 mg orally 2x/day for 14 days <b>WITH</b> metronidazole 500 mg orally 2x/day for 14 days	ceftriaxone 500 mg IM in a single dose <sup>1</sup> <b>PLUS</b> doxycycline 100 mg orally 2x/day for 14 days <b>WITH</b> metronidazole 500 mg orally 2x/day for 14 days OR- cefoxitin 2 gm IM in a single dose <b>AND</b> probenecid 1 gm orally, administered concurrently in a single dose <b>PLUS</b> doxycycline 100 mg orally 2x/day for 14 days <b>WITH</b> metronidazole 500 mg orally 2x/day for 14 days OR- Other parenteral third-generation cephalosporin (e.g., ceftizoxime or cefotaxime) <b>PLUS</b> doxycycline 100 mg orally 2x/day for 14 days <b>WITH</b> metronidazole 500 mg orally 2x/day for 14 days		
<i>The complete list of recommended regimens can be found in Sexually Transmitted Infections Treatment Guidelines, 2021</i>			<i>See full guidelines for recommendations for pregnant women.</i>	
<b>Scabies</b>	permethrin 5% cream applied to all areas of the body (from neck down), wash after 8–14 hours <sup>7</sup> OR- ivermectin 200ug/kg body weight orally, repeated in 14 days <sup>10</sup>	permethrin 5% cream applied to all areas of the body (from neck down), wash after 8–14 hours <sup>7</sup> OR- ivermectin 200ug/kg body weight orally, repeated in 14 days <sup>10</sup> OR- ivermectin 1% lotion applied to all areas of the body (from neck down), wash after 8–14 hours;	lindane 1% 1 oz of lotion or 30 gm of cream applied thinly to all areas of the body (from neck down), wash after 8 hours''	lindane 1% 1 oz of lotion or 30 gm of cream applied thinly to all areas of the body (from neck down), wash after 8 hours''

Disease	Recommended 2015	Recommended 2021	Alternative 2015	Alternative 2021
		repeat treatment in 1 week if symptoms persist		
<b>Syphilis</b>				
Primary, secondary, and early latent: adults (including pregnant women and people with HIV infection)	<b>benzathine penicillin G 2.4 million units IM in a single dose</b>	<b>benzathine penicillin G 2.4 million units IM in a single dose</b>	<b>doxycycline 100 mg orally 2x/day for 14 days</b> OR- tetracycline 500mg orally 4x/day for 14 days	<b>Only recommended for people with a penicillin allergy: doxycycline 100 mg orally 2x/day for 14 days</b>
Late latent adults (including pregnant women and people with HIV infection)	<b>benzathine penicillin G 7.2 million units total, administered as 3 doses of 2.4 million units IM each at 1-week intervals</b>	<b>benzathine penicillin G 7.2 million units total, administered as 3 doses of 2.4 million units IM each at 1-week intervals</b>	<b>doxycycline 100 mg orally 2x/day for 28 days</b> OR- tetracycline 500mg orally 4x/day for 28 days	<b>Only recommended for people with a penicillin allergy: doxycycline 100 mg orally 2x/day for 28 days</b>
Neurosyphilis, ocular syphilis, and otosyphilis	<b>aqueous crystalline penicillin G 18–24 million units per day, administered as 3–4 million units by IV every 4 hours or continuous infusion, for 10–14 days</b>	<b>aqueous crystalline penicillin G 18–24 million units per day, administered as 3–4 million units by IV every 4 hours or continuous infusion, for 10–14 days</b>	<b>procaine penicillin G 2.4 million units IM 1x daily PLUS probenecid 500 mg orally 4x/day, both for 10–14 days</b>	<b>procaine penicillin G 2.4 million units IM 1x/day PLUS probenecid 500 mg orally 4x/day, both for 10–14 days</b>
For children or infants		<b>benzathine penicillin G 50,000 units/kg body weight IM, up to the adult dose of 2.4 million units in a single dose</b> <i>See full 2021 STI Treatment Guidelines for more details on congenital syphilis.</i>		
Pregnancy	<b>benzathine penicillin G (dosing as above per stage of syphilis)</b>		<b>None (neurosyphilis and ocular syphilis can use procaine penicillin G, 2.4 million units IM 1x/day)</b>	<b>None</b>
<b>Trichomoniasis</b>	<b>metronidazole 2 g orally in a single dose</b> OR- tinidazole 2 g orally in a single dose		<b>metronidazole 500 mg 2x/day for 7 days</b>	
Women		<b>metronidazole 500 mg orally 2x/day for 7 days</b>		<b>tinidazole 2 gm orally in a single dose</b>
Men		<b>metronidazole 2 gm orally in a single dose</b>		<b>tinidazole 2 gm orally in a single dose</b>

**Footnotes**

- For persons weighing  $\geq 150$  kg, 1 gm ceftriaxone should be administered
- Treatment can be extended if healing is incomplete after 10 days of therapy
- Acyclovir 200 mg orally five times/day is also effective but is not recommended because of the frequency of dosing
- Valacyclovir 500 mg once a day might be less effective than other valacyclovir or acyclovir dosing regimens for persons who have frequent recurrences (i.e.,  $\geq 10$  episodes/year)
- Might weaken condoms and vaginal diaphragms.
- If chlamydial infection has not been excluded, treat for chlamydia with doxycycline 100 mg orally two times/day for 7 days (if pregnant, treat with azithromycin 1 gm orally in a single dose).
- Providers should consider one-time lavage of the infected eye with saline solution
- Because this regimen has not been validated rigorously, a test-of-cure with Chlamydia trachomatis nucleic acid amplification test (NAAT) 4 weeks after completion of treatment can be considered.
- Infants and young children (aged <5 years) should be treated with permethrin.
- Oral ivermectin has limited ovicidal activity; a second dose is required for cure.
- Infants and children aged <10 years should not be treated with lindane.
- When treating for the arthritis-dermatitis syndrome, the provider can switch to an oral agent guided by antimicrobial susceptibility testing (AST) 24–48 hours after substantial clinical improvement, for a total treatment course of at least 7 days.