

STI treatment

	1 st line Treatment	Alternative Treatment
Genital Ulcer		
Syphilis - first infection, early infection (<2 yr ¹) or presumptive infection	Benzathine Penicillin 2.4 IM x1 (+ lidocaine 1%) Children > 1mth: Benzathine penicillin G 50,000 unit/kg	Doxycycline ² 200 mg OD x 14days or Azithromycin 2 gm stat ³ Erythromycin ⁴ 1gm BID x14days
Syphilis (Late or unknown duration)	Benzathine Penicillin 2.4 IM weekly x 3 weeks (+ lidocaine 1%)	Doxycycline ² 200 mg OD x 28days or Erythromycin ^{3, 4} 1G BD x 28days
Congenital syphilis ⁵	Aqueous Pen G 50,000 units/kg/dose IV QID x 10 days	Ceftriaxone Injection for 10-14 days • Infants age ≥ 30 days: 75mg/kg IV/IM daily • Children > 1 year: 100 mg/kg IV/IM daily
Neurosyphilis	Aqueous crystalline penicillin G, 3 - 4 units, IM, daily x 10 – 14 days million units IV every 4 hours x 10- 14 day	Procaine penicillin G 2.4 million PLUS Probenecid 500 mg, orally, QID x 10 - 14 days

¹ Estimation

² Ciprofloxacin, Fluconazole and Podophyllin should not be used for pregnant or lactating women.

Ciprofloxacin should not be used in children < 16yrs. Doxycycline not for children < 8yrs.

³ For SW in situations where Benz. Penicillin can't be given. (approval of doctor in charge)

⁴ If syphilis is treated with erythromycin in pregnant women, the baby should receive Ben Pen as erythromycin does not pass placenta.

⁵ Syphilis in older infant and children may be congenital or acquired. Congenital syphilis should be suspected if the child with abnormal physical exam consistent with congenital syphilis or Laboratory evidence of syphilis in infant (A serum quantitative non treponema serologic titre (RPR) that is fourfold higher than the mother's titre) OR

if the mother not treated / inadequate / not documented or treated with non-penicillin regimen or treated less than 4 weeks before delivery

Chancroid	Azithromycin 1gm x1 or Ceftriaxone 250mg IM x1	Ciprofloxacin ² 500mg BID x3days or Erythromycin 1 gm BID x7days
Granuloma Inguinale (Donovanosis)	• Azithromycin 500mg OD > 3wks (or) • Azithromycin 1G wkly > 3wks (or) • Doxycycline ² 100mg BD > 3wks • Until the lesions resolved.	• Erythromycin 500mg QID > 3 wks (or) • Trimethoprim-sulfamethoxazole one double-strength (160 mg/800 mg) BD > 3weeks
LGV suspected (rare)	Doxycycline ² 200 mg OD ² x 14days	Azithromycin 1gm weekly x3 weeks
Genital Herpes ⁶	<u>First Episode</u> Acyclovir 400mg TDS x 10 days <u>Episodic</u> Acyclovir 800mg BID x 5 days + give 1 treatment (strip) for next episode	
Granuloma inguinale	Doxycycline ² 200 mg OD x14 days or Cotrimoxazole 960mg BID x21 days	Ciprofloxacin ² 750mg BID x21days or Erythromycin 1gm BID x 21days
<u>Cervicitis / Urethritis or Vaginitis</u>		
Gonorrhoea/Chlamydia ⁷	Ceftriaxone 500 mg IM x 1 (or Cefixim 800 mg) plus Azithromycin 1gm x1	

⁶ Herpes Management: clean the ulcers with saline and apply gentian violet. Acyclovir tablets should only be given when the patient is still in the prodromal phase, or has closed blisters, which is likely to be an exception. If the lesions are ulcers, apply gentian violet. If HSV is confirmed, Acyclovir (1 episodic treatment) can be provided for the next episode (only if the patient is a regular visitor) to be taken as soon as the prodromal symptoms appear. The patient should visit the clinic during that episode in order to get a physical exam to confirm Herpes and be eligible for the next course. Used and unused medicine strips should be brought to the clinic, to prevent misuse. For patients who come irregularly, the patient can be advised to buy Acyclovir at the market (provide a prescription) or visit regular

⁷ GC and CT always to be treated together

TV and / or BV	Tinidazole 2gm x1 ⁸ Metronidazole 2gm x 1 ⁸ (pregnant women)	Tinidazole 2gm OD x 2days or Tinidazole 1gm OD x 5 days ⁹
Candidiasis (Women)	Clotrimazole ¹⁰ vag 500mg x1 (before sleeping) OR Fluconazole ² 150mg x1	Clotrimazole ¹⁰ vag 200mg OD x 3days or Ketoconazole 200mg OD x7days
Candida Balanitis (Men)	Clotrimazole cream BID x5days.	
High-risk presumptive Tx		
Outreach Tx	Azithromycin 2gm ³ + Cefixime 800mg + Tinidazole 2gm ⁹ (+/- Fluconazole ² 150-200mg)	
At clinic	Azithromycin 1gm + Cefixime 800mg	
Other common STI		
PID	Ceftriaxone 500mg IM x1 + Doxycycline 200mg OD ² x 14days + Metronidazole 400mg BID x 14 days. Hospitalization for pregnancy or severe clinical signs.	
Epididymitis	Ceftriaxone 500 mg IM x1 + Doxycycline 200mg OD ² x 14 days.	
Genital Warts	Podophyllin ² 0.5% solution, BIDx3 days. Then 4 days no therapy. Repeat 4 cycles.	

References:

- MAM STI guideline 2023

⁸ High relapse rates reported. Inform the patient that this is a good drug, but that the complaints might return. If the patient is informed, she can accept it better. In case of relapse try 7 days, 500mg bid.

⁹ For pregnant women use preferably the lower dose + longer duration

¹⁰ Clotrimazole is oil based and might increase condom accidents. Therefore, Fluconazole is preferred for SWs.