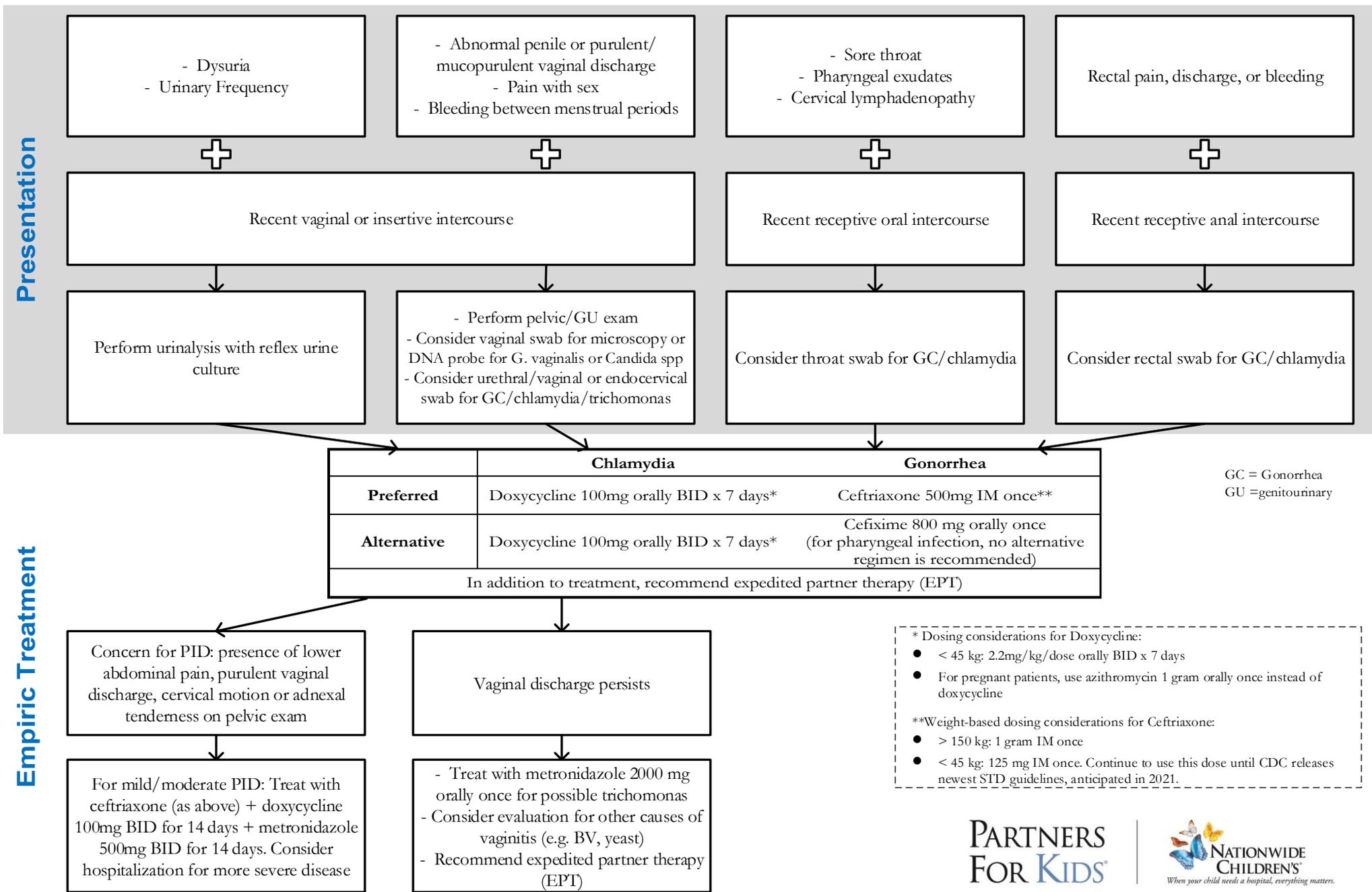


Empiric Treatment for Sexually Transmitted Infections

Increases in testing needs for SARS-CoV-2 cases has resulted in a global shortage of Aptima® urine transport kits, unisex swabs and other laboratory testing supplies used for diagnosis of common sexually transmitted infections (STIs). This resource provides an algorithm for when to consider treating for an STI, recommended empiric treatment regimens and clinical pearls for patient counseling and medication administration.

**** The CDC released updated treatment guidelines for gonorrhea in December 2020 that recommends monotherapy using a higher dose of ceftriaxone instead of dual therapy (ceftriaxone plus azithromycin).*



Empiric Treatment for Sexually Transmitted Infections

Patient Counseling

Medications

Doxycycline

- Take on an empty stomach 1 hour before or 2 hours after a meal
- Sit upright for at least 30 minutes after a dose to avoid throat irritation
- Can cause skin photosensitivity; protect skin from sunlight while on medication

Metronidazole

- Take single dose with food to reduce symptoms of nausea and upset stomach
- Do not drink alcohol during therapy and for 3 days after last dose to avoid severe vomiting reaction

Sexual activity

- Avoid sex (oral, vaginal, or insertive) for 7 days after treatment
- Recommend partner be evaluated and treated; consider expedited partner therapy (EPT) for oral medications

Clinical Pearls

Penicillin allergy

- Cross reactivity of penicillin and cephalosporin antibiotics is less than 2%
- If a true IgE-mediated allergy exists to penicillin
 - Monitor patient for 1 hour after ceftriaxone administration
 - If no allergic reaction, patient can leave and self-monitor for additional 5 hours

Preparation and administration of ceftriaxone

- Most common diluents for reconstitution are sterile water for injection, normal saline, or 1% lidocaine
- Do NOT use diluents containing calcium because precipitate can form
- Inject deep into large muscle using a 1-inch needle held perpendicular to skin
- Monitor patient for 20 minutes after injection for any adverse reaction

Expedited Partner Therapy

Providers may prescribe or personally furnish a drug for a sexual partner of a patient diagnosed with chlamydia, gonorrhea, or trichomoniasis, without examining the sexual partner if the following 3 criteria are met:

1. The intended recipient is a sexual partner of the prescriber's patient
2. The patient has been diagnosed with chlamydia, gonorrhea, or trichomoniasis
3. The patient reports to the prescriber that the sexual partner is unable or unlikely to be evaluated or treated by a health professional

To provide EPT:

- Provide a paper prescription written for an anonymous partner (e.g., expedited partner therapy as patient name)
- EPT prescriptions may be presented to the pharmacy by the patient or the partner
- If partner wants to use insurance for the drug coverage, the pharmacist may contact the prescriber to get authorization for name change

References:

2015 STD Treatment Guidelines: <https://www.cdc.gov/std/tg2015/default.htm>

Update to CDC's Treatment Guidelines for Gonococcal Infection, 2020: https://www.cdc.gov/mmwr/volumes/69/wr/mm6950a6.htm?s_cid=mm6950a6_w

NYCHealth: <https://www1.nyc.gov/assets/doh/downloads/pdf/imm/ept-partner-guidance.pdf>

Lexicomp Online

Ohio Revised Code 4731.93. Expedited Partner Therapy

Last updated by PFK Pharmacy 4/28/2021

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