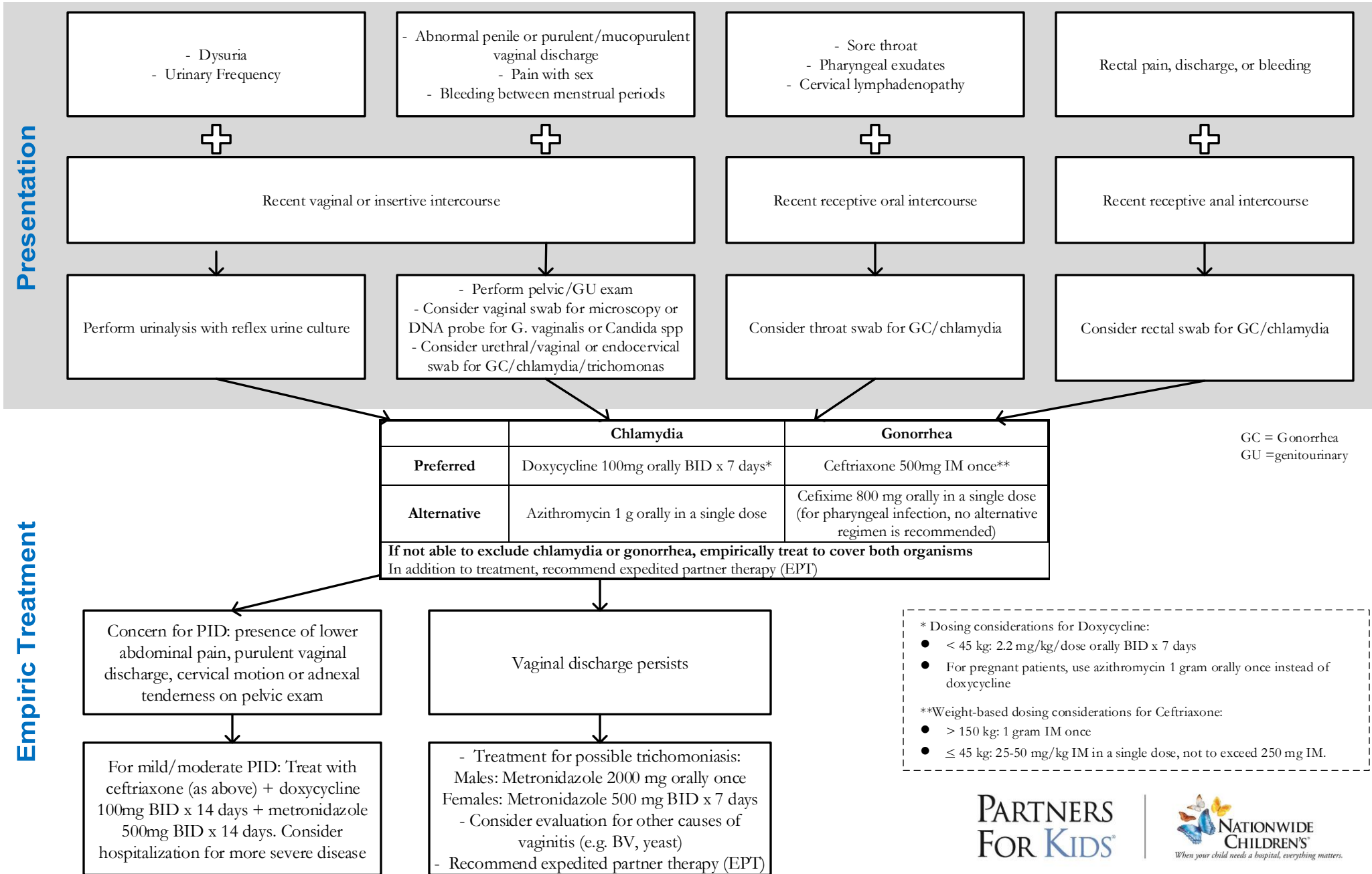


Empiric Treatment for Sexually Transmitted Infections

Need for high levels of SARS CoV-2 testing resulted in global shortages of Aptima urine transport kits, unisex swabs and other laboratory testing supplies routinely used for the diagnosis of common sexually transmitted infections (STIs). Although many of these shortages have since resolved, this resource provides an algorithm for when to consider empiric treatment for an STI and recommended treatment regimens if and when new supply challenges arise. Clinical pearls for patient counseling and medication administration are also provided.

**** 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).**

Information reflected here are drawn from the 2021 STI Treatment Guidelines released by the CDC in July 2021.



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

Given risk of recurrent infection, recommend repeat testing in 3 months after treatment

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:

2021 STD Treatment Guidelines: <https://www.cdc.gov/std/treatment-guidelines/toc.htm>
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 07/30/2021

PARTNERS
FOR KIDS®

NATIONWIDE
CHILDREN'S
When your child needs a hospital, everything matters.