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Consultation on the diagnosis, prevention, and treatment of HIV/AIDS and related conditions

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- - - If outside our region, please consult the national services below - - -

National Consultation Services

Clinician Consultation Center
Online Consultation: *nccc.ucsf.edu*

Pre-Exposure Prophylaxis 855.448.7737
Advice to clinicians on providing antiretroviral drug therapy to HIV uninfected persons to prevent HIV infection
Call 11 am - 6 pm EST, Monday - Friday

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Treatment of STDs in HIV-Infected Patients

August 2015

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This resource is intended to assist clinicians in managing STDs in HIV-infected patients (pts). This resource provides photographs, and recommended and alternative regimens for selected STDs. Please see the STD guidelines for additional information including diagnostic considerations and managing sex partners as well as other STDs.

Information adapted from:
Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2015. MMWR 2015; 64(No. RR-3):1-140. Available at *http://www.cdc.gov/std/tg2015/default.htm.* Accessed July 13, 2015.

This publication is made possible by AETC grant award H4AHA00049 from the HIV/AIDS Bureau (HAB) of the Health Resources Services Administration (HRSA), U.S. Department of Health and Human Services (HHS). The University of South Florida Center for HIV Education and Research operates an AIDS Education and Training Center (AETC) that strengthens the capacity of healthcare professionals to care for people living with HIV/AIDS through training and technical assistance. The information presented is the consensus of HIV/AIDS specialists within the Florida/Caribbean AETC and does not necessarily represent the official views of HRSA/HAB.

BACTERIAL VAGINOSIS

Recommended Treatment
Duration of therapy: 7 days (5 days for metronidazole gel)
- Metronidazole 500 mg po bid **or**
- Metronidazole 0.75% gel, one applicator full intravaginally once daily **or**
- Clindamycin 2% cream, one applicator full intravaginally once daily at bedtime

Comments
- Avoid consuming alcohol during metronidazole therapy and for 24 hours after complete
- Clindamycin cream may weaken latex condoms for 3 days after use

Alternative Treatment
- Tinidazole 2 g po once daily for 2 days **or**
- Tinidazole 1 g po once daily for 5 days **or**
- Clindamycin 300 mg po twice daily for 7 days **or**
- Clindamycin ovules 100 mg intravaginally once daily at bedtime for 3 days

Comments
- Avoid consuming alcohol during tinidazole therapy and for 72 hours after complete
- Clindamycin ovules may weaken latex condoms for 3 days after use

CHANCROID

Treatment
- Azithromycin 1 g po for 1 dose **or**
- Ceftriaxone 250 mg intramuscularly (IM) for 1 dose **or**
- Ciprofloxacin 500 mg po bid for 3 days **or**
- Erythromycin base 500 mg po tid for 7 days

Comments
- HIV-infected more likely to experience treatment failure and may need longer duration of therapy

CHLAMYDIA

Treatment
- Azithromycin 1 g po for 1 dose **or**
- Doxycycline 100 mg po bid for 7 days

Comments
- See *STD Guidelines* for alternative regimens

EPIDIDYMITIS

Treatment
- Ceftriaxone 250 mg IM for 1 dose **plus**
  - Doxycycline 100 mg po bid for 10 days **or**
  - Levofloxacin 500 mg po once daily for 10 days **or**
  - Ofloxacin 300 mg po bid for 10 days

Comments
- For men at risk for STDs and enteric organisms (MSM insertive anal intercourse) use fluoroquinolone with ceftriaxone

GENITAL HERPES

First Episode
Duration of therapy: 7-10 days
- Acyclovir 400 mg po tid **or**
- Valacyclovir 1 g po bid **or**
- Famciclovir 250 mg po tid

NOTE: extend treatment if incomplete healing at 10 days

Episodic Therapy for Recurrent Episodes
Duration of therapy: 5-10 days
- Acyclovir 400 mg po tid **or**
- Valacyclovir 1 g po bid **or**
- Famciclovir 500 mg po bid

Comments
- For severe disease, treat with acyclovir 5 mg/kg IV every 8 hours initially and then switch to oral therapy (as listed above) when lesions begin to regress
- Perform culture and sensitivity testing if lesions do not begin to resolve within 7-10 days after treatment initiation
- See *STD Guidelines* for management of treatment failure or acyclovir-resistant HSV

Suppressive Therapy Treatment
Duration of therapy: Indefinitely
- Acyclovir 400 mg to 800 mg po bid or tid **or**
- Famciclovir 500 mg po bid **or**
- Valacyclovir 500 mg po bid

Suppressive for Pregnant Women
- Acyclovir 400 mg po tid **or**
- Valacyclovir 500 mg po bid

Comments
- Suppressive therapy recommended for severe recurrences or to minimize frequency of recurrences. Suppressive therapy should be continued indefinitely without regards to CD4 improvement.

GONORRHEA

Combination therapy with azithromycin (preferred) or doxycycline is recommended to hinder the development of antimicrobial-resistant N. gonorrhoeae and treat for presumed chlamydia coinfection.

Cervix, Urethra, Rectum Treatment
Recommended:
- Ceftriaxone 250 mg IM for 1 dose **plus**
  - Azithromycin 1 g po for 1 dose

Alternative:
- Cefixime 400 mg po for one dose **plus**
  - Azithromycin 1 g po for 1 dose

Comments
- Doxycycline 100 mg po bid for 7 days may replace azithromycin in either regimen above if pt is azithromycin allergic

Pharynx Treatment
Recommended:
- Ceftriaxone 250 mg IM for 1 dose **plus**
  - Azithromycin 1 g po for 1 dose

Comments
- Doxycycline 100 mg po bid for 7 days may replace azithromycin if pt is azithromycin allergic
- If alternative regimen is used (e.g., doxycycline in place of azithromycin), pt should return in 2 weeks for a test of cure using nucleic acid amplification test (NAAT) or culture
- Pts with pharyngeal infections are usually asymptomatic
- Pharyngeal infections are more difficult to eradicate and oral cefixime is not recommended as an alternative treatment option

Disseminated Treatment for Arthritis ± Dermatitis Syndrome
Duration of therapy (recommended/alternative): ≥ 7 days
Recommended:
- Ceftriaxone 1 g IM or IV every 24 hours **plus**
  - Azithromycin 1 g po for 1 dose

Alternative:
- (Cefotaxime 1 g IV every 8 hrs **or** Ceftizoxime 1 g IV every 8 hrs) **plus**
  - Azithromycin 1 g po for 1 dose

Comments (for recommended and alternative)
- Doxycycline 100 mg po bid may replace azithromycin if the pt is azithromycin allergic
- Can switch to oral therapy guided by antimicrobial susceptibility testing 24-48 hours after clinical improvement seen, for completion of at least 7 days of antimicrobial therapy
- See guidelines for management of other disseminated gonococcal infections (e.g. meningitis and endocarditis)

HUMAN PAPILLOMAVIRUS - CONDYLOMA ACUMINATUM (EXTERNAL ANOGENITAL WARTS)

Patient-administered Treatment
- Podofilox 0.5% solution or gel applied bid (3 days on 4 days off) for up to 4 cycles **or**
- (Imiquimod 5% cream applied 3 times **or** imiquimod 3.75% cream applied daily) per week at bedtime and washed off after 6-10 hours for up to 16 weeks

Comments
- Podofilox contraindicated in pregnancy
- Imiquimod may weaken condoms and vaginal diaphragms.
- Safety not established in pregnancy

Provider-administered Treatment
- Cryotherapy with liquid nitrogen or cryoprobe once weekly; repeat every 1-2 weeks (repeat every 1-2 weeks for up to 4 weeks) **or**
- Trichloroacetic or Bichloroacetic acid 80-90%, apply small amount to warts and allow to air dry (repeat weekly for up to 6 weeks) **or**
- Surgical removal (as needed)

Comments
- See STD guidelines for management of urethral meatus, vaginal or intra-anal warts

LYMPHOGRANULOMA VENEREUM

Recommended Treatment
Duration of therapy: 21 days
- Doxycycline 100 mg po bid

Alternative Treatment
Duration of therapy: 21 days
- Erythromycin base 500 mg po 4 times per day

Comments (for recommended and alternative)
- Delay in resolution of symptoms may occur and prolonged therapy might be required in HIV-infected

Clinician Consultation Center
HIV/AIDS Management Consultation
800.933.3413
National HIV/AIDS Telephone Consultation Service

PELVIC INFLAMMATORY DISEASE (PID)

Inpatient Treatment
Duration of therapy: 14 days
- Cefotetan 2 g IV q12h **or** Cefoxitin 2 g IV every 6 hours **plus**
  - Doxycycline 100 mg IV or po every 12 hours

---------- **OR** ----------

- Clindamycin 900 mg IV every 8 hours **plus**
  - Gentamicin 2 mg/kg loading dose IV or IM followed by 1.5 mg/kg IV every 8 hours as maintenance dose (single daily dosing [3-5 mg/kg] may be used)

Comments
- Can switch to oral therapy 24 hours after pt clinically improving: doxycycline 100 mg po bid to complete 14 day course
- See *STD Guidelines* for alternative parenteral regimens

Outpatient Treatment
- Ceftriaxone 250 mg IM for 1 dose **plus**
  - Doxycycline 100 mg po bid for 14 days with or without
  - Metronidazole 500 mg po bid for 14 days

Comments
- Addition of metronidazole should be considered since 3rd generation cephalosporins have limited anaerobic coverage
- See *STD Guidelines* for other recommended and alternative regimens

Clinical Consultation
To request clinical consultation, visit:
www.FCAETC.org/consultation
Serving clinicians in Florida, Puerto Rico, and the U.S. Virgin Islands.

Clinician Consultation Center Post Exposure Prophylaxis Consultation (PEPline)
888.HIV.4911 (448.4911)

SYPHILIS

See STD Guidelines for treatment of penicillin-allergic pts as the efficacy of non-penicillin regimens has not been well evaluated in HIV-infected pts.

Primary, Secondary, Early Latent Infection Treatment
Duration of therapy: 1 dose
- Benzathine penicillin G 2.4 million units IM

Comments
- Rule out neurosyphilis; early latent infection defined as < 1 year

Tertiary, Late Latent Infection Treatment
Duration of therapy: 3 weeks
- Benzathine penicillin G 2.4 million units IM once weekly

Comments
- Rule out neurosyphilis; late latent infection defined as > 1 year or of unknown duration

Neurosyphilis, Otic, or Ocular Disease Treatment
Duration of therapy: 10-14 days
Recommended:
- Aqueous crystalline penicillin G 3-4 million units IV every 4 hrs or 18-24 million units per day given as continuous infusion

Alternative:
- Procaine penicillin 2.4 million units IM once daily plus probenecid 500 mg po 4 times a day

Comments (for recommended and alternative)
- Consider benzathine penicillin G 2.4 million units IM once weekly for 3 weeks after completion of IV therapy (CIII)
- Procaine penicillin regimen is not recommend in sulfa allergic pts since probenecid cannot be used with sulfa allergy

TRICHOMONIASIS

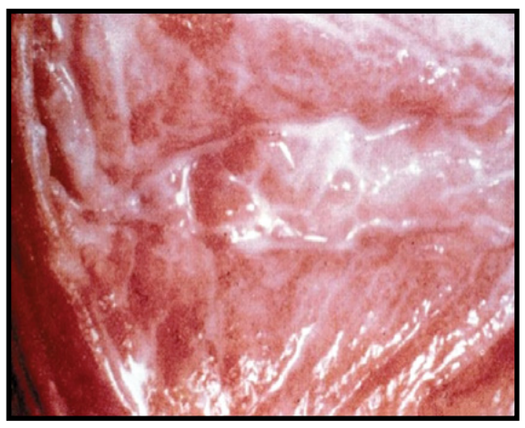
Recommended Treatment
Duration of therapy: 7 days
- Metronidazole 500 mg po bid

Comments
- Avoid consuming alcohol during metronidazole therapy and for 24 hrs after complete
- Single dose metronidazole or tinidazole regimens are no longer recommended in HIV-infected
- Retest HIV-infected women within 3 months of treatment utilizing NAAT

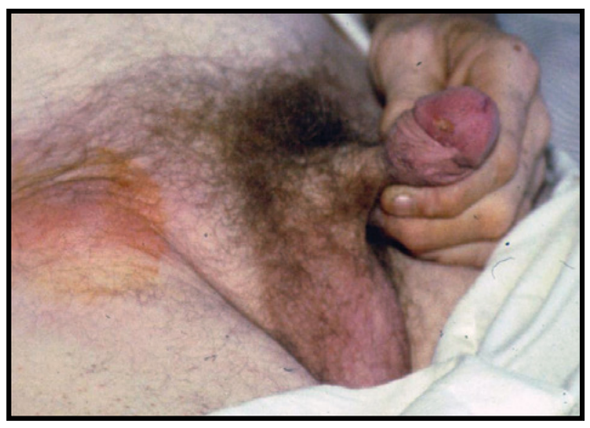
VULVOVAGINAL CANDIDIASIS

Treatment
- Multiple OTC products as directed (see *STD Guidelines*) **or**
- Fluconazole 150 mg po for 1 dose

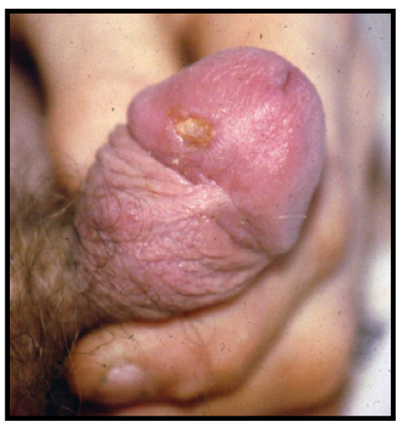
TREATMENT OF STDs IN HIV-INFECTED PATIENTS
AUGUST 2015



BACTERIAL VAGINOSIS



CHANCROID



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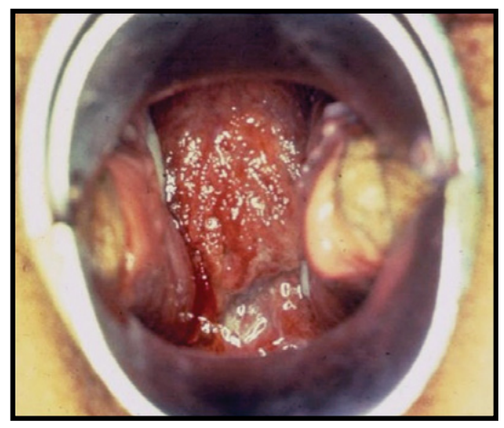

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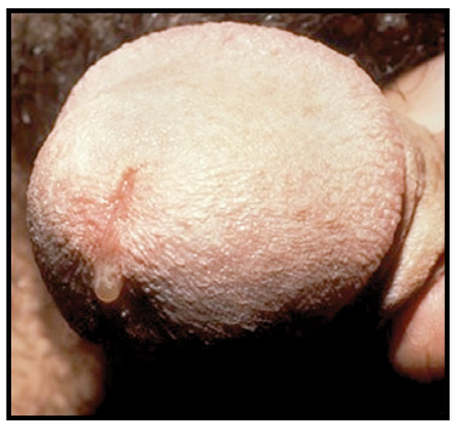

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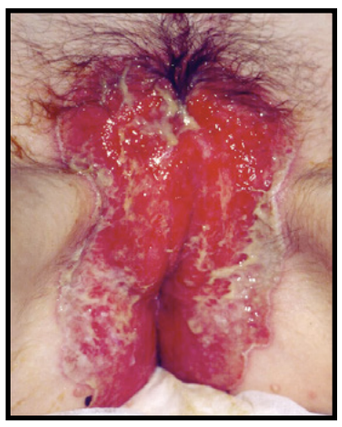
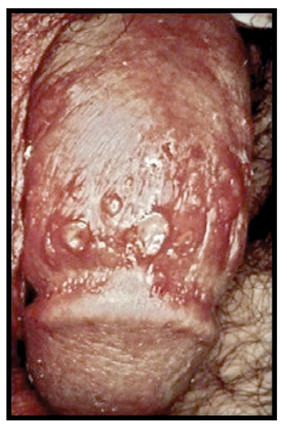
EPIDIDYMITIS



GENITAL HERPES



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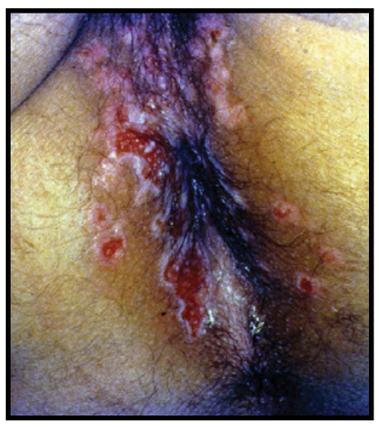

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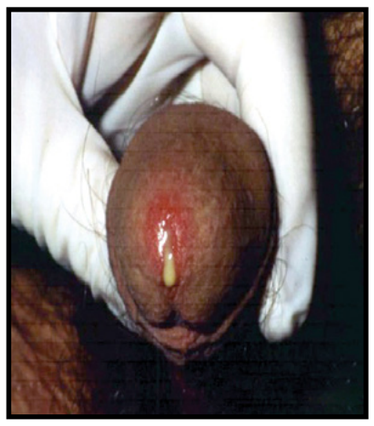

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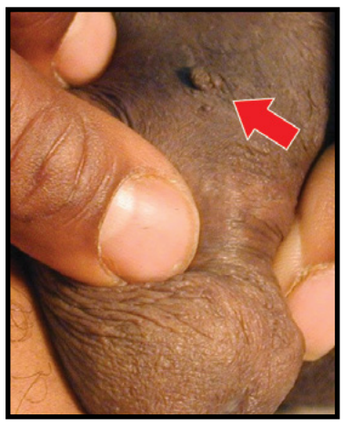
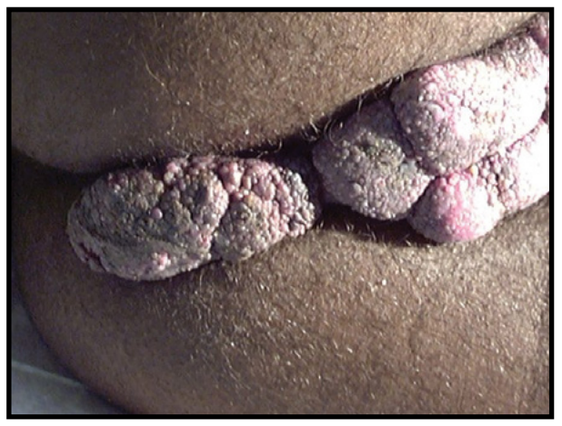


HUMAN PAPILLOMAVIRUS



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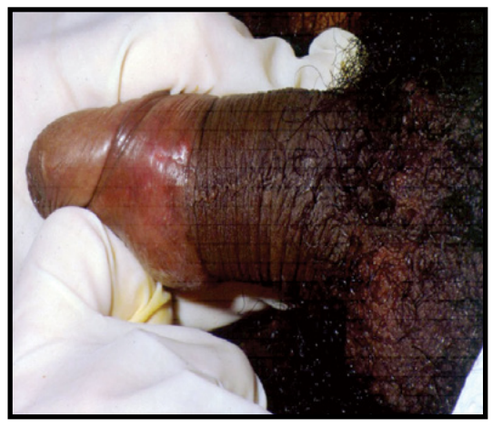
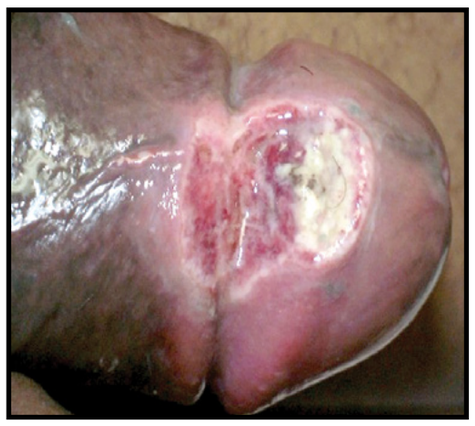


LYMPHOGRANULOMA VENEREUM



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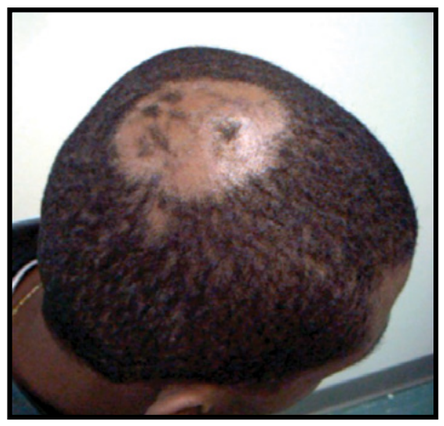

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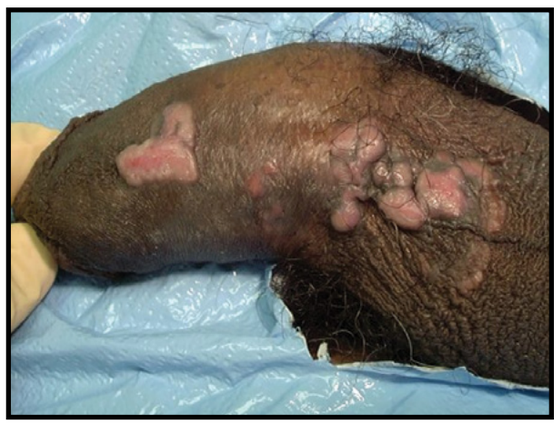

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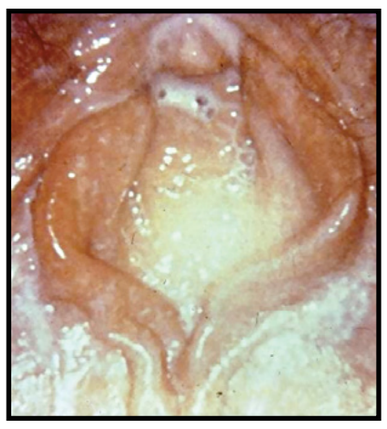
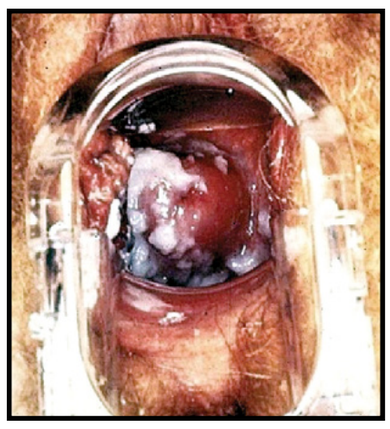
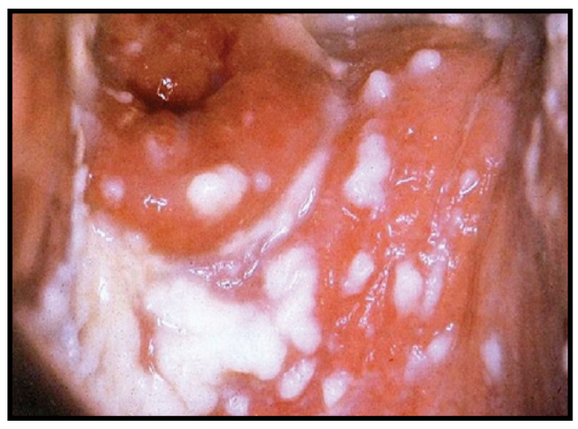


TRICHOMONIASIS



VULVOVAGINAL CANDIDIASIS



VULVOVAGINAL CANDIDIASIS

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