

Recommended Treatments for Reportable Sexually Transmitted Infections (STIs)

The following treatment recommendations are based on the Centers for Disease Control and Prevention's (CDC) [Sexually Transmitted Infections Treatment Guidelines, 2021](#). It is intended to support evidence-based decision-making for the treatment of common STIs.

Chlamydia (CT)	Recommended Treatment	Alternative Treatment
Adults and adolescents	Doxycycline 100 mg orally 2x/day for 7 days	1. Azithromycin 1 g orally in a single dose Or 2. Levofloxacin 500 mg orally 1x/day for 7 days
Pregnancy	Azithromycin 1 g orally in a single dose	Amoxicillin 500 mg orally 3x/day for 7 days
Infants, children, neonates	See Sexually Transmitted Infections Treatment Guidelines, 2021 .	

Gonorrhea (GC)	Recommended Treatment	Alternative Treatment
Uncomplicated infections of the cervix, urethra, rectum, and pharynx: adults and adolescents	Less than 150 kg (330 lbs.): Ceftriaxone 500 mg IM in a single dose Greater than or equal to 150 kg (330 lbs.): Ceftriaxone 1 g IM in a single dose	1. Gentamicin 240 mg IM in a single dose plus 1. Azithromycin 2 g orally in a single dose Or 2. Cefixime 800 mg orally in a single dose
Pregnancy	Ceftriaxone 500 mg IM in a single dose	
Infants, children, neonates	See Sexually Transmitted Infections Treatment Guidelines, 2021 .	
Other gonorrhea related complications	See Sexually Transmitted Infections Treatment Guidelines, 2021 .	

Syphilis	Recommended Treatment	Alternative Treatment
Adults (including pregnant women and people with HIV infection) *Stage diagnosis dependent on syphilis symptoms and history	Primary, secondary, and early latent*: Benzathine penicillin G 2.4 million units IM in a single dose Late latent*: Benzathine penicillin G 7.2 million units total, administered as 3 doses of 2.4 million units IM each at 1-week intervals	Primary, secondary, and early latent*: Doxycycline 100 mg orally 2x/day for 14 days^ Late latent*: Doxycycline 100 mg orally 2x/day for 28 days^ ^Not to be used for pregnant people
Neurosyphilis, ocular syphilis, and otosyphilis	See Sexually Transmitted Infections Treatment Guidelines, 2021 .	
Children or congenital syphilis	See Sexually Transmitted Infections Treatment Guidelines, 2021 .	



Pelvic Inflammatory Disease (PID)	Recommended Treatment	Alternative Treatment
Parenteral treatment	<div>1. Ceftriaxone 1 g by IV every 24 hours plus</div> <div>1. Doxycycline 100 mg orally or by IV every 12 hours plus</div> <div>1. Metronidazole 500 mg orally or by IV every 12 hours</div> <div>Or</div> <div>2. Cefotetan 2 g by IV every 12 hours plus</div> <div>2. Doxycycline 100 mg orally or by IV every 12 hours</div> <div>Or</div> <div>3. Cefoxitin 2 g by IV every 6 hours plus</div> <div>3. Doxycycline 100 mg orally or by IV every 12 hours</div>	<div>1. Ampicillin-sulbactam 3 g by IV every 6 hours plus</div> <div>1. Doxycycline 100 mg orally or by IV every 12 hours</div> <div>Or</div> <div>2. Clindamycin 900 mg by IV every 8 hours plus</div> <div>2. Gentamicin 2 mg/kg body weight by IV or IM followed by a maintenance dose (1.5 mg/kg body weight) every 8 hours. Single daily dosing (3–5 mg/kg body weight) can be substituted</div>
Intramuscular or oral treatment	<div>1. Ceftriaxone 500 mg* IM in a single dose plus</div> <div>1. Doxycycline 100 mg orally 2x/day for 14 days with</div> <div>1. Metronidazole 500 mg orally 2x/day for 14 days</div> <div> * For people weighing ≥150 kg, 1 g ceftriaxone should be administered.</div> <div>Or</div> <div>2. Cefoxitin 2 g IM in a single dose and</div> <div>2. Probenecid 1 g orally, administered concurrently in a single dose plus</div> <div>2. Doxycycline 100 mg orally 2x/day for 14 days with</div> <div>2. Metronidazole 500 mg orally 2x/day for 14 days</div>	
The complete list of recommended regimens can be found in Sexually Transmitted Infections Treatment Guidelines, 2021 .		

For more information, please contact the Wisconsin Department of Health Services STI Unit at 608-266-7365 or the Bureau of Communicable Diseases at 608-267-9003.

