Syphilis Treatment

**RECOMMENDED**

For primary, secondary, and early latent: adults and adolescents
Benzathine penicillin G 2.4 million units IM in a single dose
Recommendation includes pregnant people and people with HIV

For late latent (> 1 year or of unknown duration): adults and adolescents
Benzathine penicillin G 7.2 million units total, administered as 3 doses of 2.4 million units IM each at 1 week intervals
Recommendation includes pregnant people and people with HIV

For Neurosyphilis, ocular syphilis, and otosyphilis: adults and adolescents
Aqueous crystalline penicillin G 10-20 million units per day administered as 3-4 million units IV every 4 hours or continuous infusion for 10-14 days
Consider infectious disease consultation

For children or congenital syphilis
See the CDC 2021 STI Treatment Guidelines

*See the CDC 2021 STI Treatment Guidelines for details on treating syphilis in penicillin allergic patients. The guidelines also include recommendations for treating syphilis in people living with HIV and pregnant people.

**ALTERNATIVES**

For true penicillin allergy: doxycycline 100 mg orally 2x/day for 28 days*
Do not use in pregnancy: see the CDC 2021 STI Treatment Guidelines

For true penicillin allergy: doxycycline 100 mg orally 2x/day for 28 days*
Do not use in pregnancy: see the CDC 2021 STI Treatment Guidelines

Benzathine penicillin G 7.2 million units total, administered as 3 doses of 2.4 million units IM each at 1 week intervals
Recommendation includes pregnant people and people with HIV

Late latent (1 year or of unknown duration): adults and adolescents

Gonorrhea (GC) Treatment

**RECOMMENDED**

Uncomplicated infections of the cervix, urethra, or rectum: adults and adolescents <150 kg
Ceftriaxone 500 mg IM in a single dose**
For persons weighing ≥150 kg, administer ceftriaxone 1 g in a single dose

For cephalosporin allergy: gentamicin 240 mg IM in a single dose, PLUS azithromycin 2 g orally in a single dose

If cephalosporin administration is not available or not feasible: cefixime 800 mg orally in a single dose

For cephalosporin allergy: Consult with infectious disease specialist

For treatment of chlamydia and gonorrhea in children, see the CDC 2021 STI Treatment Guidelines

**ALTERNATIVES**

Uncomplicated infections of the pharynx: adults and adolescents <150 kg
Amoxicillin 500 mg orally 3x/day for 7 days (test of cure 4 weeks after treatment and retest 3 mos after treatment)
Azithromycin 1 g orally in a single dose**
For persons weighing ≥150 kg, administer azithromycin 1 g in a single dose

For cephalosporin allergy: Consult with infectious disease specialist

Chlamydia (CT) Treatment

**RECOMMENDED**

Adults and adolescents
Doxycycline 100 mg orally 2x/day for 7 days

For treatment of chlamydia and gonorrhea in children, see the CDC 2021 STI Treatment Guidelines

**ALTERNATIVES**

Pregnancy
Azithromycin 1 g orally in a single dose**
Levofoxacin 500 mg orally 1x/day for 7 days

Aqueous crystalline penicillin G 10-20 million units per day administered as 3-4 million units IV every 4 hours or continuous infusion for 10-14 days
Consider infectious disease consultation

Gonorrhea (GC) Treatment

Uncomplicated infections of the cervix, urethra, or rectum: adults and adolescents <150 kg
Cefixime 800 mg orally in a single dose

For persons weighing ≥150 kg, administer cefixime 1 g in a single dose

If cefixime administration is not available or not feasible: cefixime 800 mg orally in a single dose

For cefixime allergy: Consult with infectious disease specialist

For treatment of chlamydia and gonorrhea in children, see the CDC 2021 STI Treatment Guidelines

**ALTERNATIVES**

Pregnancy
Cefixime 100 mg IM in a single dose**
Azithromycin 1 g orally in a single dose

For treatment of chlamydia and gonorrhea in children, see the CDC 2021 STI Treatment Guidelines

**If chlamydial infection has not been excluded, also treat for chlamydia with doxycycline 100 mg orally 2x/day for 7 days in pregnancy; treat with azithromycin 1 g orally in a single dose.**

For additional resources or Oregon AETC clinical training requests, visit oraetc.org
Expedited Partner Therapy (EPT)

EPT is legal in the state of Oregon and is the clinical practice of treating the sex partner(s) of patients diagnosed with chlamydia or gonorrhea without a health care provider first examining the partner.

Why EPT?

EPT is a useful option to facilitate partner treatment in individuals who are unlikely or unable to seek timely treatment themselves, thus reducing opportunities for reinfection and further spread of infection to others. If EPT is provided, partners should still be encouraged to see a medical provider for complete evaluation, testing, and treatment.

How to Provide EPT

EPT medications may be dispensed or prescribed. Best practice is to dispense a pre-packaged partner pack to the index patient to take to their partner(s). If partner packs are not available, prescriptions can be provided. Providers may e-prescribe, write a paper prescription, or call the pharmacy, and they must indicate the prescription is for EPT. If EPT is indicated, the name of the partner(s) is not required.

EPT for GONORRHEA

- Cefixime 800 mg orally in a single dose

EPT for CHLAMYDIA

- Doxycycline 100 mg orally 2x/day for 7 days**
- Azithromycin 1 g orally in a single dose

**For non-pregnant partner(s) of persons with both gonorrhea and chlamydia, cefixime and doxycycline are recommended for EPT. If there are pregnancy or adherence concerns, azithromycin 1 g orally in a single dose is recommended instead of doxycycline.

What Else Should Clinicians Know about EPT?

- Offer EPT to all partners from the previous 60 days or to the patient's most recent sex partner if the patient has not had sex during the previous 60 days.
- Provide informational materials with the medication that include clear instructions, warnings, and referrals. Partner information sheets are available to print on the Oregon Health Authority website at tinyurl.com/2p9cr9a2.
- Counsel patients to abstain from condomless sexual intercourse until seven days after they and their partners have been treated.
- Retest patients and their partners for gonorrhea and chlamydia three months after treatment.
- Inform individuals filling EPT prescriptions they may have to pay co-pays/ deductibles depending on their insurance coverage. If an individual does not have insurance, they may be required to pay the out-of-pocket cost.
- Encourage Men who Have Sex with Men (MSM) to be seen for evaluation, testing, and treatment, but EPT is permitted and should be a shared decision making process between the patient and provider. All persons diagnosed with a bacterial STI and their sex partners, particularly MSM, should be tested for HIV, and those at risk for HIV infection should be offered HIV Pre-Exposure Prophylaxis (PrEP).

Sources: CDC 2021 Sexually Transmitted Infections Treatment Guidelines and Oregon Health Authority EPT for Chlamydia and Gonorrhea: Guidance for Health Care Professionals in Oregon, 2022