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Guideline

Guideline on Antimicrobial Therapy of Sexually Transmitted Diseases in Taiwan

The Infectious Diseases Society of Taiwan.
Taiwan AIDS Society, Taiwan Urological Association.
Taiwan Association of Obstetrics and Gynecology.
Medical Foundation in Memory of Dr. Deh-Lin Cheng.
Foundation of Professor Wei-Chuan Hsieh for Infectious Diseases Research and Education.
CY Lee's Research Foundation for Pediatric Infectious Diseases and Vaccines.

Sexually transmitted infections are important, but the diseases are easily neglected in daily clinical practice. Outcomes are heavily influenced by timely and accurate diagnoses as well as appropriate antimicrobial therapy. A series of symposia was held over the last year in order to develop suitable guidelines. Participants included experts in the fields of infectious diseases, urologist, AIDS caregiver, and the obstetrics and gynecology doctors. A consensus conference for establishing guidelines for treatment of sexually transmitted diseases in Taiwan was held on March 14, 2009 following a symposium on sexually transmitted infections held in conjunction with the Infections Diseases Society of Taiwan, Taiwan AIDS society, Taiwan Urological Association, Taiwan Association of Obstetrics and Gynecology, the Medical Foundation in Memory of Dr Deh-Lin Cheng, Foundation of Professor Wei-Chuan Hsieh for Infectious Diseases Research and Education, and CY Lee's Research Foundation for Pediatric Infectious Diseases and Vaccines. Many recommendations are still based on expert opinions, sexually transmitted diseases guideline abroad and unpublished data, due to a paucity of well-designed, randomized, controlled clinical trials in this region. The choice of treatment regimens were based on opinions of primary care physicians and availability of drugs in Taiwan. Single dosing regimen was considered first. The treatment regimens on pelvic inflammatory disease were not included because of a paucity of consensus. These guidelines are approved by the board of the Infectious Diseases Society of Taiwan, and a copy will be sent to physicians in all hospitals in Taiwan. These guidelines are published in the *Journal of Microbiology, Immunology and Infection*, and are also available at the Journal's website (www.e-jmii.com)

Consensus Conference Participants

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Table. Clinical practice guideline of sexually transmitted diseases in Taiwan

Specific therapy	Drug of choice	Alternatives	Comments
Syphilis[a]			
Primary/secondary/early latent sypilis (< 1 yr)	Benzathine penicillin G (2.4 MU IM in a single dose)	Doxycycline (100 mg po bid for 14 d) Minocycline (100 mg po bid for 14 d) Tetracycline (500 mg po qid for 14 d) Azithromycin (2 g po qw for 2 wk) Ceftriaxone (1 g IM/IV qd for 8–10 d)	
Late latent syphilis/syphilis of unknown duration/tertiary Syphilis	Benzathine penicillin G (2.4 MU IM qw for 3 dose)	Doxycycline (100 mg po bid for 28 d) Minocycline (100 mg po bid for 28 d) Tetracycline (500 mg po qid for 28 d)	
Neurosyphilis	Aqueous penicillin G (18–24 MU IV qd for 10–14 d)	Ceftriaxone (2 g IM/IV for10–14 d)	
Chancroid	Azithromycin (1 g po in a single dose) Ceftriaxone (250 mg IM in a single dose)	Erythromycin base (500 mg po tid for 7 d) Ciprofloxacin (500 mg po bid for 3 d)	
Genital herpes			
First episode	Acyclovir (400 mg po tid for 7–10 d) Famciclovir (250 mg po tid for 7–10 d) Valacyclovir (1 g po bid for 7–10 d)	Acyclovir (200 mg po 5 times a day for 5 d)	
Episodic therapy for recurrent genital herpes	Acyclovir (400 mg po tid for 5 d) Acyclovir (800 mg po bid for 5 d) Acyclovir (800 mg po tid for 2 d) Famciclovir (125 mg po bid for 5 d) Famciclovir (1000 mg po bid for 1 d) Valacyclovir (500 mg po bid for 3 d) Valacyclovir (1 g po qd for 5 d)		
Granuloma inguinale (donovanosis)	Doxycycline (100 mg po bid for ≥ 3 wk) Minocycline (100 mg po bid for ≥ 3 wk)	Azithromycin (1 g po qw for ≥ 3 wk) Erythromycin base (500 mg po qid for ≥ 3 wk) Ciprofloxacin (750 mg po bid for ≥ 3 wk) TMP-SMX(80/400) (2 tablets po bid for ≥ 3 wk)	
Lymphogranuloma venereum	Doxycycline (100 mg p.o. bid for 3 wk) Minocycline (100 mg po bid for 3 wk)	Erythromycin base (500 mg po qid for ≥ 3 wk) Azithromycin (1 g po qw for 3 wk)	

Nongonococcal urethritis (chlamydial)	Azithromycin (1 g po in a single dose) Doxycycline (100 mg po bid for 7 d)	Erythromycin base (500 mg po qid for 3 wk) Levofloxacin (500 mg po qd for 7 d)	
Recurrent and persistent urethritis	Metronidazole (2 g po in a single dose) +Azithromycin (1 g po in a single dose)		
Gonococcal urethritis, cervix, rectum[b]	Ceftriaxone (125–250 mg IM in a single dose) Cefixime (400 mg po in a single dose)	Ciprofloxacin (500 mg po in a single dose) Levofloxacin (250 mg po in a single dose)	Treatment for chlamydia if chlamydial infection is not ruled out
Gonococcal conjunctivitis	Ceftriaxone (1 g IM in a single dose)		
Disseminated gonococcal infection	Ceftriaxone (1 g IM/IV qd for ≥1 wk)	Cefotaxime (1 g IV q8h for ≥1 wk) Spectinomycin (2 g IM q12h for ≥1 wk)	Patients should be treated presumptively for concurrent *C. trachomatis* infection, unless appropriate testing excludes this infection
Gonococcal meningitis and *endocarditis*	Ceftriaxone (1–2 g IV q12h for 10–14 d) in cases of meningitisor ≥4 wk for endocarditis		
Bacterial Vaginosis	Metronidazole (500 mg po bid for 7 d) Metronidazole gel, 0.75%, one full applicator, [(5 g) intravaginally, qd for 5 d] Clindamycin cream, 2%, one full applicator [(5 g) intravaginally at bedtime for 7d]	Clindamycin (300 mg po bid for 7 d)	
Trichomoniasis	Metronidazole (2 g po in a single dose) Tinidazole (2 g po in a single dose)	Metronidazole (500 mg po bid for 7 d)	
Genital warts	Imiquimod 5% cream Podophyllin resin, 10–25% BCA/TCA, 80–90%. Podofilox 0.5%, solution or gel Intralesional interferon	Cryotherapy with liquid nitrogen or cryoprobe. (Repeat applications every 1–2 wk) Laser surgery/vaporization Surgical removal Electrocauterization	
Anal warts	Cryotherapy with liquid nitrogen TCA/BCA, 80–90% Surgical removal	Cryotherapy with liquid nitrogen or cryoprobe. (Repeat applications every 1–2 wk) Laser surgery/vaporization Surgical removal Electrocauterization	

[a]Oral form penicillin is not effective. Pregnant patients who are allergic to penicillin should be desensitized and treated with penicillin. The use of doxycycline, minocycline, ceftriaxone, and azithromycin in HIV-infected persons has not been well-studied and must be undertaken with caution; [b]Treatment of gonorrhea with quinolones is not recommended in many areas because Quinolone-resistant *N. gonorrhoeae* continues to spread. The use of ciprofloxacin/levofloxacin must be undertaken with caution. MU=million unit; IM=intramuscular; IV=intravenous; po=orally; bid=twice daily; tid=three times daily; qid=four times daily; qd=daily; qw=every week; d=day; wk=week; BCA=Bichloroacetic acid; TCA=Trichloroacetic acid.