|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Table I. Treatment for conditions caused by *Chlamydia trachomatis* | | | | |
| Condition |  | Treatment | Alternatives | Notes |
|  |  |  |  |  |
| Uncomplicated Genital infections |  | Azithromycin 1 gram PO x 1  OR  Doxycycline 100mg PO BID x 7 days | Ofloxacin 400mg PO bid x 7 days  OR  Levofloxacin 500mg PO qd x 7days  OR  Erythromycin base 500mg PO qid x 7 days  OR Erythromycin ethylsuccinate 800mg PO qid x 7 days | In pregnancy, use azithromycin, erythromycin or amoxicillin 500mg tid x 7 days  Male sex partners of women with chlamydia ( sex in 60 days prior to diagnosis) should also be treated |
| cervicitis |  | Azithromycin 1 gram PO x 1  OR  Doxycycline 100mg PO BID x 7 days |  | Co-treat for Neisseria gonorrhea if local prevalence is >5%  Male sex partners of women with chlamydia ( sex in 60 days prior to diagnosis) should also be treated |
| Nongonococcal urethritis |  | Azithromycin 1 gram PO x 1  OR  Doxycycline 100mg PO BID x 7 days | Ofloxacin 400mg PO bid x 7 days  OR  Levofloxacin 500mg PO qd x 7days  OR  Erythromycin base 500mg PO qid x 7 days  OR Erythromycin ethylsuccinate 800mg PO qid x 7 days |  |
| Pelvic inflammatory Disease | In patient | 1) Cefotetan 2gram IV q 12 hours  OR  Cefoxitin 2 gram IV q6 hours  PLUS  Doxycycline 100mg IV or PO q 12 hours  2) Clindamycin 900mg IV q 6 hours  PLUS  Gentamicin 2mg/kg IV or IM x 1, then 1.5mg/kg q 8 hours | Ampicillin/Sulbactam 3 grams IV q 6 hours  PLUS  Doxycycline 100mg IV or PO q 12 hours |  |
|  | Outpatient | 1) Ceftriaxone 250mg IM x 1  PLUS  Doxycycline 100mg po bid x 14 days  WITH OR WITHOUT  Metronidazole 500mg po bid x 14 days  2) Cefoxitin 2 grams IM x 1 and concurrent probenecid 1 gram PO x 1  PLUS  Doxycycline 100mg po bid x 14 days  WITH OR WITHOUT  Metronidazole 500mg po bid x 14 days  3) Other third generation cephalosporin (IM)  PLUS  Doxycycline 100mg po bid x 14 days  WITH OR WITHOUT  Metronidazole 500mg po bid x 14 days | Ceftriaxone 250mg IM x 1  PLUS  Azithromycin 1 gram PO q week x 2 weeks WITH OR WITHOUT  Metronidazole 500mg po bid x 14 days | Less evidence to support alternative regimens  Outpatient treatment should be reserved for well appearing patients who will return for follow up in 2-3 days. |
| Epididymitis |  | Ceftriaxone 250mg IM x 1  PLUS  Doxycycline 100mg po bid x 10 days |  | Treat with a fluoroquinolone for acute epididymitis believed to be due to enteric organisms rather than chlamydia or gonorrhea |
| Proctitis |  | Ceftriaxone 250 mg IM x 1  PLUS  Doxycycline 100mg PO bid x 7 days |  |  |
| Lymphogranuloma venereum |  | Doxycycline 100mg PO bid x 21 days | Erythromycin 500mg PO qid x 21 days |  |
| Trachoma |  | 20mg/kg single dose x 1 – given as mass community treatment in affected areas | Topical tetracycline eye ointment bid x 6 weeks - given as mass community treatment in affected areas |  |
| Reactive Arthritis |  | Azithromycin 1 gram PO x 1  OR  Doxycycline 100mg PO BID x 7 days | Ofloxacin 400mg PO bid x 7 days  OR  Levofloxacin 500mg PO qd x 7days  OR  Erythromycin base 500mg PO qid x 7 days  OR Erythromycin ethylsuccinate 800mg PO qid x 7 days | Test for genital infection with C. trachomatis and treat if positive |