Table 10. Prophylaxis and Treatment for Sexually Transmitted Disease[52,54]

NEISSERIA GONORRHOEAE

Prophylaxis: Ceftriaxone 125 mg IM

Treatment:

- Child < 45 kg: Ceftriaxone 125 mg IM *or* spectinomycin 40 mg/kg (max 2 g) IM
- Child > 45 kg: Ceftriaxone 125 mg IM *or* cefixime 400 mg po x 1 *or* ciprofloxacin 500 mg po *or* ofloxacin 400 mg po x 1 *or* spectinomycin 2 g IM
- Adolescents: Ceftriaxone 125 mg IM x 1 *or* cefixime 400 mg po x 1 or ciprofloxacin 500 mg po x 1 *or* ofloxacin 400 mg po x 1 plus azithromycin 1 g po x 1 *or* doxycycline 100 mg po bid x 7 days

CHLAMYDIA

Prophylaxis: Child < 9 years: Erythromycin 50 mg/kg/d divided qid x 7 days (max dose 500 mg qid)

- Child > 9 years or > 100 lbs: Tetracycline 50 mg/kg/d divided qid x 7 days (max dose = 500 mg qid) *or* doxycycline 4 mg/kg/d divided bid x 7 days (max dose 100 mg bid) *or* azithromycin 1 g po

Treatment:

Infants < 6 months: Erythromycin 50 mg/kg/d divided qid 10-14 days

Child < 45 kg: Erythromycin 50 mg/kg/d divided qid x 10-14 days

Child > 45 kg but < 8 years of age: Azithromycin 1 g po x 1

Child ≥ to 8 years of age: Azithromycin 1 g po x 1 *or* doxycycline 100 mg po bid x 7 days

SYPHILLIS

Treatment: Benzathine penicillin 50,000 U/kg IM (max. 2.4 million U)

HERPES SIMPLEX VIRUS

Treatment: Children: Acyclovir 80 mg/kg/d divided qid x 7-10 days

- Adolescents: Acyclovir 400 mg po tid x 7-10 days *or* acyclovir 200 mg po 5 times per day for 7-10 days *or* famciclovir 250 mg po tid x 7-10 days *or* valacyclovir 1 g po bid x 7-10 days

TRICHOMONAS

Treatment: Children: Metronidazole 15 mg/kg/d (max 250 mg) divided tid x 7 days *or* metronidazole 40 mg/kg (max 2 g) po x 1

- Adolescents: Metronidazole 2 g po x 1 *or* metronidazole 500 mg po bid x 7 days

HUMAN PAPILLOMA VIRUS

Referral to dermatology should be considered. Treatment dependent on age of child and location/number of lesions.

Treatment: Podophyllin 10-25% topically followed in 1-4 hours by bathing every week x 4 weeks.

- Trichloroacetic acid (TCA) or bichloroacetic acid (BCA) 80-90% applied topically and repeated weekly if necessary.
- Imiquimod 5% cream applied at bedtime 3 times per week for up to 16 weeks.
- Podofilox 5% solution *or* gel atopically bid x 3 days followed by 4 days of no therapy.
- Laser or cryotherapy

BACTERIAL VAGINOSIS

Treatment: Children: Metronidazole 15 mg/kg/d divided tid x 7 days

- Adolescents: Metronidazole 500 mg po bid x 7 days

HEPATITIS B

Prophylaxis: Fully vaccinated patient should not be revaccinated.

If not vaccinated: Hepatitis B immune globulin (0.06 mL/kg IM) within 14 days of exposure and Hep. B vaccine.

If vaccination status unclear, send hepatitis serology.

HIV

Consider consultation of infectious disease specialist. Indications for prophylaxis are unclear and/or controversial.

Prophylaxis: Option: Zidovudine (AZT) 200 mg po tid *or* 160-180 mg/m^2/dose tid x 4 weeks plus lamivudine 150 mg dose tid, 150 mg dose bid *or* 8 mg/kg/dose bid x 4 weeks.

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