

SEXUALLY TRANSMITTED DISEASES & VAGINITIS\* (*continued*)

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| <b>Trichomoniasis</b> | Metronidazole or tinidazole 2 g PO single dose. Use metronidazole if pregnant. <u>Persistent/recurrent</u> : metronidazole 500 mg PO two times per day for 7 days. <u>Treatment-failure</u> : metronidazole or tinidazole 2 g PO two times per day for 7 days. <u>HIV-infected women</u> : metronidazole 500 mg PO two times per day for 7 days. |
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\*MMWR 2015;64(No. RR-3): 1-137 or [www.cdc.gov/std/tg2015/default.htm](http://www.cdc.gov/std/tg2015/default.htm). Treat sexual partners for all except herpes, *Candida*, and bacterial vaginosis. Refer to the STD guideline for additional alternative regimens.

<sup>a</sup> For suspected cephalosporin treatment failure, consult infectious disease specialist, an STD/HIV Prevention Training Center clinical expert ([www.nnptc.org](http://www.nnptc.org)), or local/state health department STD program or CDC (phone 404-639-8659). Report suspected treatment failure to health department within 24 hours of diagnosis. When reinfection is likely, retreat with ceftriaxone 250 mg IM + azithromycin 1 g PO. For suspected treatment failure after cefixime-azithromycin regimen: Treat with ceftriaxone 250 mg IM single dose + azithromycin 2 g PO single dose. Obtain test-of-cure 7 to 14 days later, preferably with culture (and susceptibility testing of *N. gonorrhoeae* if isolated) and simultaneous NAAT.

NAAT = nucleic acid amplification test.

**Aminoglycosides**

*NOTE: See also Dermatology and Ophthalmology. Can cause nephrotoxicity, ototoxicity.*

**AMIKACIN** Adults: 15 mg/kg/day (up to 1500 mg/day) IM/IV divided q 8 to 12 h or 15 mg/kg IV q 24 h. Peds, age 1 mo and older: 15 to 22.5 mg/kg/day divided q 8 to 12 h or 15 to 20 mg/kg IV q 24 h. Multiple-daily dosing: Peak 20 to 35 mcg/mL, trough less than 5 mcg/mL. Once daily dosing: Peak 35 to 60 mcg/mL (if obtained), trough less than 4 mcg/mL. ▶K ☉ Ⓞ ▶+ \$\$\$\$ ■

**GENTAMICIN** Adults: 3 to 5 mg/kg/day IM/IV divided q 8 h or 5 to 7 mg/kg IV q 24 h. Peds, age 1 mo and older: 2 to 2.5 mg/kg IM/IV q 8 h or 5 to 7.5 mg/kg IV q 24 h. Multiple-daily dosing: Peak 5 to 10 mcg/mL, trough less than 2 mcg/mL. Once daily dosing: Peak 15 to 20 mcg/mL (if obtained), trough less than 1 mcg/mL. ▶K ☉ Ⓞ ▶+ \$\$ ■

**PLAZOMICIN (Zemdr)** **Drug-resistant complicated UTI including pyelonephritis:** Infuse IV over 30 min at dose of 15 mg/kg q 24 h for CrCl ≥60 mL/min; 10 mg/kg q 24 h for CrCl 30 to <60 mL/min; 10 mg/kg q 48 h for CrCl 15 to <30 mL/min. Base dose on total body weight (TBW); use adjusted body weight if TBW exceeds ideal body weight (IBW) by 25% or more. Adjusted body weight = ideal body weight + 0.4 × [TBW – IBW]. Treat for up to 7 days. Get trough level within 30 min before 2nd dose if CrCl <90 mL/min. If trough >3 mcg/mL, increase dosing interval by 1.5-fold (ie, from 24 h to 36 h or from 48 h to 72 h) to maintain trough <3 mcg/mL. ▶♀ X/X; risk of congenital deafness ▶? \$\$\$\$ ■

**STREPTOMYCIN** **Combination therapy for TB:** 15 mg/kg (up to 1 g) IM daily; 10 mg/kg (up to 750 mg) for age 60 yo or older. Peds: 20 to 40 mg/kg (up to 1 g) IM daily; ATS recommends 15 to 20 mg/kg IM once daily. ▶K ☉ Ⓞ ▶+ \$\$\$\$ ■