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## Staff Education to Nurse Practitioners on Proper STD Treatment

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# Walden University

College of Nursing

This is to certify that the doctoral study by

Jolanda M. Amey

has been found to be complete and satisfactory in all respects,  
and that any and all revisions required by  
the review committee have been made.

Review Committee

Dr. Melanie Braswell, Committee Chairperson, Nursing Faculty

Chief Academic Officer and Provost  
Sue Subocz, Ph.D.

Walden University  
2026

Executive Summary: Staff Education Project  
Staff Education to Nurse Practitioners on Proper STD Treatment

by

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MS, Walden University, 2016

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Executive Summary Submitted in Partial Fulfillment  
of the Requirements for the Degree of  
Doctor of Nursing Practice

Walden University

February 2026

## Summary

This Doctor of Nursing Practice project implemented a structured staff education project to strengthen nurse practitioner knowledge related to the diagnosis and treatment of sexually transmitted diseases in a public health setting. Nurse practitioners often serve as the primary providers of sexually transmitted disease care for underserved and uninsured populations. Maintaining current knowledge of Centers for Disease Control and Prevention (CDC) treatment guidelines is essential to reducing reinfection, limiting transmission, and promoting safe, evidence-based care. When guideline knowledge is inconsistent or outdated, opportunities for appropriate treatment may be missed. The practice-focused question guiding this project was “Among nurse practitioners in a public health primary care clinic, how effective is a structured educational session in increasing knowledge of CDC-recommended treatment for symptomatic STDs?” The purpose of the project was to increase knowledge related to sexually transmitted disease diagnosis and treatment through a focused educational intervention. Statistical Package for the Social Sciences Version 29.0 provided an analysis of pretest and posttests. Descriptive statistics were used to summarize participant performance. A paired sample *t*-test was conducted to compare pre-educational scores to post-educational scores. The total score on the pretest was 74, and the total score on the posttest was 138. This reflected a net gain of 64 correct responses. These results indicate that staff education projects can be an effective strategy for improving knowledge gaps in providers. Findings imply recommending future targeted staff educational interventions. Improving provider knowledge by delivering evidence-based education will support positive social change for patients with sexually transmitted diseases (STDs).

## **Background**

STDs remain a persistent public health concern, particularly among young adults and individuals who rely on public health clinics for care. Public health clinics often serve uninsured and underserved populations, making timely diagnosis, appropriate treatment, and patient education essential to reducing reinfection and preventing ongoing transmission. In these settings, nurse practitioners frequently function as the primary providers of STD screening, diagnosis, and treatment. Although the CDC provides clear, evidence-based treatment guidelines, variation in antibiotic selection, pregnancy-safe prescribing, and patient counseling continues to occur in public health clinic practice, revealing a gap between recommended care and consistent clinical implementation (CDC, 2023).

This Doctor of Nursing Practice project was guided by the question “Among nurse practitioners in a public health primary care clinic, how effective is a structured educational session in increasing knowledge of CDC-recommended treatment for symptomatic STDs?” The purpose of the project was to strengthen nurse practitioner knowledge through a focused staff education intervention and support consistent use of current CDC guidelines within a public health clinic setting.

The evidence supporting this practice change is strong and consistent. High-level evidence demonstrates that provider education and counseling reduce STD incidence and support evidence-based clinical decision making in public health populations (U.S. Preventive Services Task Force, 2020). Randomized and quasi-experimental studies conducted in primary care and public health settings show that structured educational interventions improve clinician knowledge, prescribing accuracy, guideline adherence,

and confidence (King et al., 2023; Voegeli et al., 2021; Weddle et al., 2016). Clinical guidelines and comprehensive reviews further emphasize the need for ongoing education to ensure appropriate STD diagnosis and treatment, particularly in high-risk populations commonly served in public health clinics (CDC, 2023; Kissinger et al., 2022).

Additional evidence highlighted persistent educational gaps, particularly among newly graduated nurse practitioners who report feeling underprepared to manage sexual and reproductive health concerns (Cappiello & Boardman, 2022; Simmonds et al., 2020). Educational effectiveness has been demonstrated across multiple delivery formats, including in-person sessions, online modules, and asynchronous learning, supporting feasibility and sustainability within busy public health clinic environments (Bos-Bonnie et al., 2017; Ramchandani et al., 2024; Wang & Luque, 2016).

Overall, the evidence demonstrated a consistent pattern showing that structured, guideline-based education improves nurse practitioner knowledge and supports high-quality STD care in public health clinics. Translating this evidence into practice through staff education offers a practical strategy to improve treatment consistency, advance health equity, and promote positive social change within public health nursing. The evidence supporting this practice change includes two Level I studies, six Level II studies, three Level III studies, two Level IV clinical guideline sources, and two Level V sources. Most of the evidence comes from higher-level designs, including experimental, quasi-experimental, and national guideline sources, which consistently demonstrate improvements in nurse practitioner knowledge and use of CDC-recommended STD treatment guidelines following structured educational interventions. Overall, this

distribution reflects a strong and reliable evidence base that supports translation into clinical practice.

### **Staff Education Project Development**

Ten nurse practitioners employed at a public health clinic participated in this staff education project. All participants were actively involved in providing sexually transmitted disease testing and treatment services within the clinic. Participation was voluntary, and confidentiality was maintained throughout the project. To protect participant anonymity while allowing pretest and posttest matching, each nurse practitioner created a unique four-digit identifier known only to them. Data were reported and analyzed in aggregate form, with no individual identifiers collected.

A pretest–posttest design (see Appendix A) was used to evaluate changes in nurse practitioner knowledge related to sexually transmitted disease diagnosis and treatment. Before the educational intervention, participants completed a 14-item pretest designed to assess baseline knowledge. The assessment addressed common and atypical STD presentations, diagnostic considerations, guideline-based treatment recommendations, and pregnancy-safe antibiotic selection.

Following completion of the pretest, an instructor-led educational session was delivered using a PowerPoint presentation (see Appendix B) grounded in the CDC 2021–2025 Sexually Transmitted Infection Treatment Guidelines. Educational content emphasized correct antibiotic selection, evidence-based treatment regimens, and clinical decision-making in special populations, including pregnant patients. An educational handout was provided to participants detailing evidence-based treatment recommendations to guide Nurse Practitioners in their selection of appropriate therapies,

to reinforce patient education, and to promote safe practices (see Appendix C). After the educational session, participants completed the posttest to evaluate changes in knowledge and guideline application.

Pretest and posttest data were collected and analyzed using SPSS, Version 29.0. Descriptive statistics were used to summarize participant performance and identify changes in correct responses. A paired-sample *t* test was conducted to compare pre-intervention and post-intervention knowledge scores and assess the effectiveness of the educational intervention.

Evaluation focused on changes in knowledge scores. Results demonstrated improved knowledge scores. Participants expressed interest in ongoing educational opportunities and emphasized the importance of continued evidence-based practice to support high-quality sexually transmitted disease care in the public health clinic setting.

## **Results**

Post-implementation findings demonstrated a substantial improvement in nurse practitioner knowledge following the staff education intervention. All ten nurse practitioners completed both the pretest and posttest assessments. Pretest results revealed notable variability in baseline knowledge related to appropriate antibiotic selection and the application of CDC–recommended treatment regimens for STDs. Variability in baseline adherence to evidence-based STD treatment guidelines has been documented in outpatient and public health settings, particularly when guideline updates are frequent or complex (Workowski et al., 2021).

As summarized in Table 1, pretest performance was concentrated in the low and moderate accuracy categories. Similar gaps in baseline clinician knowledge related to

STD management and pregnancy-safe prescribing have been reported in prior studies evaluating guideline adherence among advanced practice providers (Van Gerwen et al., 2022). In contrast, posttest results showed a marked shift toward high-accuracy performance.

**Table 1**

*Summary of Pretest and Posttest Knowledge Performance by Accuracy Category*

Knowledge Performance Category	Pretest: # of Questions (%)	Posttest: # of Questions (%)
Low accuracy ( $\leq 20\%$ )	6 (43%)	0 (0%)
Moderate accuracy (30–40%)	8 (57%)	1 (7%)
High accuracy ( $\geq 80\%$ )	0 (0%)	13 (93%)

*Note.* Percentages reflect the proportion of assessment questions ( $N = 14$ ) within each performance category.

Detailed item-level results are presented in Table 2. Pretest scores ranged from four to seven correct responses per question, indicating variability across individual content areas. Lower baseline accuracy was observed in areas related to pregnancy-safe prescribing, management of recurrent infections, suppressive therapy, and recognition of outdated or non-guideline-based treatment practices. Following the educational session, posttest results demonstrated improvement across all assessment items. Thirteen of the 14 questions achieved universal mastery, with all ten participants answering correctly. One question related to standard gonorrhea therapy demonstrated improvement but did not reach complete mastery, with eight participants responding correctly. Overall, total correct responses increased from 74 on the pretest to 138 on the posttest, reflecting a net gain of 64 correct responses. These findings are consistent with prior evidence

demonstrating that targeted educational interventions improve clinician knowledge and guideline concordance in STD care.

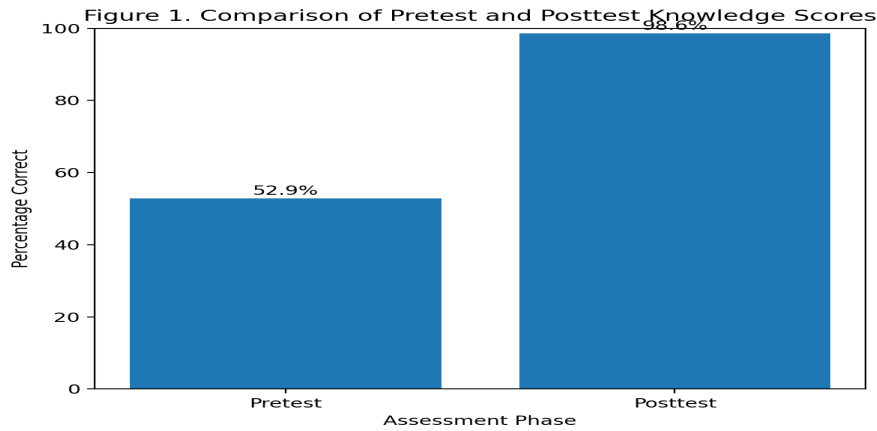
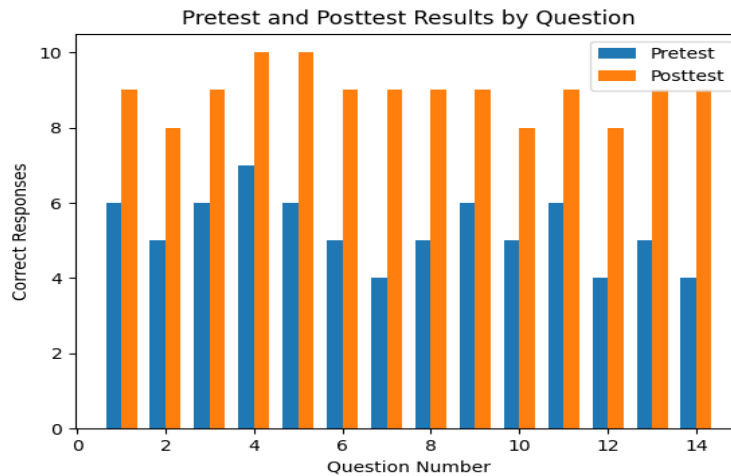
**Table 2**

*Pretest and Posttest Results by Question (N = 10)*

Question	Total # of Correct Pretest	Total # of Correct Posttest	Difference
1. Chlamydia treatment (nonpregnant adult)	6	10	+4
2. Chlamydia treatment (pregnant patient)	5	10	+5
3. Gonorrhea standard therapy	6	8	+2
4. Gonorrhea and chlamydia coinfection	7	10	+3
5. Trichomoniasis treatment in women	6	10	+4
6. Trichomoniasis treatment in men	5	10	+5
7. Recurrent trichomoniasis management	4	10	+6
8. Primary syphilis treatment	5	10	+5
9. Syphilis treatment with penicillin allergy	6	10	+4
10. Syphilis treatment in pregnancy	5	10	+5
11. Primary HSV outbreak treatment	6	10	+4
12. Recurrent HSV episodic treatment	4	10	+6
13. Chlamydia retesting interval	5	10	+4
14 HSV suppressive therapy	4	10	+6
<b>Total Correct Responses</b>	<b>74</b>	<b>138</b>	<b>+64</b>

*Note.* Pretest and posttest assessments consisted of 14 knowledge-based questions aligned with the CDC STD treatment guidelines.

Aggregate improvement in knowledge is illustrated in Figure 1, which compares overall pretest and posttest performance and demonstrates a substantial increase in total correct responses following the education session. Further analysis by individual assessment item is presented in Figure 2, which compares pretest and posttest results by question. This figure demonstrates consistent improvement across all 14 questions, with the greatest gains observed in areas related to correct antibiotic selection, pregnancy-safe treatment options, management of recurrent infections, and identification of inappropriate or outdated treatment practices.

**Figure 1***Pretest and Posttest Scores***Figure 2***Pretest and Posttest Scores by Question*

Collectively, the findings indicate that the structured staff education intervention effectively addressed identified knowledge gaps and promoted more consistent, evidence-based STD treatment practices, positively impacting the public health clinic. Several limitations should be considered. The project was conducted at a single site with a small

sample size, limiting generalizability. Additionally, posttest data were collected shortly after the intervention, preventing assessment of long-term retention. Despite these limitations, results are consistent with findings from similar educational interventions.

The significance of this project extends beyond the local site. Inconsistent STD treatment remains a widespread challenge. This project demonstrates that brief, guideline-focused education can improve provider knowledge and standardize care delivery, supporting equitable access to evidence-based STD care across diverse healthcare settings

Following the educational session, posttest results demonstrated a marked improvement in overall knowledge and greater consistency across assessment items. Thirteen of the 14 questions achieved universal mastery, with all ten participants responding correctly. One assessment item related to standard gonorrhea therapy did not reach complete mastery but still demonstrated meaningful improvement, with 80% of participants answering correctly. Overall, there was a clear shift from low and moderate pretest accuracy to predominantly high posttest accuracy, highlighting the effectiveness of the structured staff education intervention in addressing identified knowledge gaps

### **Conclusions**

This Doctor of Nursing Practice project demonstrated that a structured staff education intervention improved nurse practitioner knowledge related to the diagnosis and evidence-based treatment of STDs in a public health setting. Education grounded in current CDC guidelines supported greater consistency in clinical decision making and safer antibiotic prescribing practices (CDC, 2023). The project positively impacted the organization by promoting standardized, guideline-concordant STD treatment, reducing

variability in care, and strengthening the quality and safety of services provided to underserved and uninsured populations. Improved provider knowledge supports more efficient use of resources, reinforces antibiotic stewardship, and enhances the organization's ability to meet public health goals related to infection control and disease prevention.

Major project products included an evidence-based educational presentation, pre- and post-knowledge assessments, and visual summaries of outcome data. Findings support staff education as a feasible and effective strategy to address practice gaps and improve guideline adherence, consistent with prior evidence on educational interventions in clinical practice (King et al., 2023; Weddle et al., 2016). Further recommendations include implementing routine refresher education, integrating CDC treatment guidance into clinical workflows or electronic health record prompts, and expanding evaluation efforts to include patient-level outcomes such as reinfection rates. These steps may support sustainability and continuous quality improvement.

The project has important implications for nursing practice by reinforcing the leadership role of nurse practitioners in delivering equitable, evidence-based care. By improving treatment accuracy and consistency, this project supports positive social change, advances diversity, equity, and inclusion, and promotes improved health outcomes for populations disproportionately affected by sexually transmitted diseases (CDC, 2023).

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## Appendix A: Pretest-Posttest on the STD Treatment

What is your 4-digit de-identifying number? \_\_\_\_\_

### 1. Chlamydia (nonpregnant adult)

What is the CDC-recommended first-line oral treatment for uncomplicated chlamydia in nonpregnant adults?

- A. Azithromycin 1 g PO single dose
- B. Doxycycline 100 mg PO twice daily for 7 days
- C. Levofloxacin 500 mg PO once daily for 7 days
- D. Metronidazole 500 mg PO twice daily for 7 days

### 2. Chlamydia (pregnant patient)

A 22-year-old pregnant woman is diagnosed with chlamydia. Which treatment is CDC recommended?

- A. Doxycycline 100 mg PO twice daily for 7 days
- B. Azithromycin 1 g PO single dose
- C. Levofloxacin 500 mg PO once daily for 7 days
- D. Metronidazole 500 mg PO twice daily for 7 days

### 3. Gonorrhea – Standard Therapy

What is the CDC-recommended treatment for uncomplicated gonorrhea in adults?

- A. Ceftriaxone 500 mg IM single dose
- B. Cefixime 400 mg PO single dose
- C. Azithromycin 1 g PO single dose
- D. Doxycycline 100 mg PO twice daily for 7 days

### 4. Gonorrhea + Chlamydia Coinfection

When treating gonorrhea, if chlamydia has **not been excluded**, which additional oral therapy is recommended?

- A. Metronidazole 500 mg PO twice daily for 7 days
- B. Azithromycin 1 g PO single dose
- C. Doxycycline 100 mg PO twice daily for 7 days
- D. D. Levofloxacin 500 mg PO once daily for 7 days

### 5. Trichomoniasis – Women

Which regimen is preferred for treating trichomoniasis in **women** per CDC?

- A. Metronidazole 2 g PO single dose

- B. Metronidazole 500 mg PO twice daily for 7 days
- C. Tinidazole 2 g PO single dose
- D. Clindamycin 300 mg PO twice daily for 7 days

#### 6. Trichomoniasis – Men

For **men** with trichomoniasis, what is the CDC-recommended regimen?

- A. Metronidazole 500 mg PO twice daily for 7 days
- B. Metronidazole 2 g PO single dose
- C. Tinidazole 2 g PO single dose
- D. Doxycycline 100 mg PO twice daily for 7 days

#### 7. Recurrent Trichomoniasis

A woman treated with single-dose metronidazole now has **recurrent** symptoms and a positive wet prep. What is the most appropriate regimen?

- A. Repeat metronidazole 2 g PO single dose
- B. Metronidazole 500 mg PO twice daily for 7 days
- C. Tinidazole 500 mg PO twice daily for 5 days
- D. Clindamycin 300 mg PO twice daily for 7 days

#### 8. Syphilis – Primary

What is the CDC's first-line therapy for **primary syphilis**?

- A. Penicillin G benzathine IM single dose
- B. Doxycycline 100 mg PO BID for 14 days
- C. Azithromycin 1 g PO single dose
- D. Ceftriaxone 500 mg IM single dose

#### 9. Syphilis – Penicillin Allergy (nonpregnant)

If a nonpregnant patient **allergic to penicillin** needs oral treatment for syphilis, which is recommended?

- A. Azithromycin 1 g PO single dose
- B. Doxycycline 100 mg PO BID for 14 days
- C. Erythromycin 500 mg PO QID for 14 days
- D. Ceftriaxone 500 mg IM single dose

#### 10. Syphilis – Pregnancy

Which treatment is essential for syphilis in a pregnant woman to prevent vertical transmission?

- A. Doxycycline 100 mg PO BID for 14 days
- B. Azithromycin 1 g PO single dose
- C. Penicillin G benzathine IM single dose
- D. Ceftriaxone 500 mg IM single dose

#### 11. HSV – Primary Outbreak

For a first clinical episode of genital HSV, which oral regimen is appropriate per CDC?

- A. Valacyclovir 500 mg PO BID for 3 days
- B. Valacyclovir 1 g PO BID for 7–10 days
- C. C. Acyclovir 200 mg PO TID for 3 days
- D. Famciclovir 250 mg PO BID for 3 days

#### 12. HSV – Recurrent Episode

For episodic treatment of recurrent genital herpes, which regimen is correct?

- A. Valacyclovir 1 g PO BID for 7 days
- B. Valacyclovir 500 mg PO BID for 3 days
- C. Acyclovir 400 mg PO TID for 10 days
- D. Famciclovir 250 mg PO BID for 7 days

#### 13. Chlamydia – Retesting After Treatment

After treating chlamydia, when should **retesting** for reinfection be performed?

- A. Immediately after therapy
- B. 1 month
- C. 3 months
- D. 1 year

#### 14. HSV Suppressive Therapy

Which of the following regimens is a recognized daily suppressive therapy for HSV-2?

- A. Valacyclovir 500 mg PO daily
- B. Acyclovir 400 mg PO once daily
- C. Doxycycline 100 mg PO daily
- D. Metronidazole 500 mg PO daily

## Post-Test on the STD Treatment

What is your 4-digit de-identifying number? \_\_\_\_\_

### 1. Chlamydia (nonpregnant adult)

What is the CDC-recommended first-line oral treatment for uncomplicated chlamydia in nonpregnant adults?

- A. Azithromycin 1 g PO single dose
- B. Doxycycline 100 mg PO twice daily for 7 days
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- D. Metronidazole 500 mg PO daily

## Appendix B: PowerPoint Slides

# Enhancing Nurse Practitioner Competency in STD Treatment

Jolanda M. Amey  
Walden University  
Staff Education Program

## Learning Objectives

After completing this session, participants will be able to:

- Identify CDC-recommended STD treatment regimens.
- Apply oral and single-dose antibiotic therapy when indicated.
- Manage treatment during pregnancy and recurrent infections.

## Trichomoniasis Treatment

Causative Organism: *Trichomonas vaginalis*

Diagnosis: Wet prep shows motile trichomonads.

Treatment per CDC (2021):

- **Women:** Metronidazole 500 mg PO twice daily for 7 days.
- **Men:** Metronidazole 2 g PO single dose.
- **Recurrent** infection: 500 mg PO BID ×7 days.

Pregnancy: Metronidazole is safe.

Patient education: Avoid alcohol during and 24–72 hours after therapy.

## Chlamydia Treatment

Organism: *Chlamydia trachomatis*

Often asymptomatic; causes cervicitis or urethritis

Adults (**nonpregnant**) **1st line treatment:** Doxycycline 100 mg PO BID ×7 days.

**Pregnancy:** Azithromycin 1 g PO single dose.

**Retesting:** 3 months after treatment

Patient education: Abstain from sex for 7 days after therapy.

## Gonorrhea Treatment

- Organism: *Neisseria gonorrhoeae*
- Symptoms: Purulent discharge, dysuria.

Treatment per CDC (2021):

- Ceftriaxone 500 mg IM single dose if <150 kg.
- If  $\geq$ 150 kg: Ceftriaxone 1 g IM single dose.
- If Chlamydia **NOT EXCLUDED**, Add Doxycycline 100 mg PO BID  $\times$ 7 days.

Recommendation: Retest in 3 months.

## Syphilis Treatment

Organism: *Treponema pallidum*

Symptom: Painless chancre (primary syphilis).

- **Primary/Secondary/Early Latent:** Benzathine Penicillin G 2.4 million units IM single dose.
- **Late Latent:** 2.4 million units IM weekly  $\times$ 3 weeks.
- **Penicillin allergy (nonpregnant):** Doxycycline 100 mg PO BID  $\times$ 14 days.

**Pregnancy:** Penicillin is the only effective treatment.

# HSV Treatment

Organism: HSV-1 or HSV-2  
Symptoms: Painful vesicles or ulcers.

Treatment per CDC (2021):

- **Primary outbreak:** Valacyclovir 1 g PO BID ×7–10 days.
- **Recurrent outbreak:** Valacyclovir 500 mg PO BID ×3 days.
- **Suppressive therapy:** Valacyclovir 500 mg PO daily.

Patient education: Counsel about viral shedding and safe practices.

## Pregnancy Considerations

**Avoid doxycycline and fluoroquinolones.**

• Safe options:

- **Chlamydia:** Azithromycin 1 g PO single dose.
- **Gonorrhea:** Ceftriaxone IM single dose.
- **Trichomoniasis:** Metronidazole 500 mg PO BID ×7 days.
- **Syphilis:** Benzathine Penicillin G IM single dose.

## Knowledge Check Examples

1. What is the first-line treatment for chlamydia?

**\*\* Doxycycline 100 mg PO BID x7 days.\*\***

2. Which medication is safe in pregnancy for trichomoniasis?

**\*\*Metronidazole 500 mg PO BID x7 days.\*\***

3. What is the treatment for primary syphilis?

**\*\*Benzathine Penicillin G 2.4 million units IM single dose.\*\***

4. What is the preferred regimen for recurrent HSV?

**\*\* Valacyclovir 500 mg PO BID x3 days.\*\***

5. When should patients be retested for chlamydia?

**\*\*3 months\*\***

## References (APA 7)

- Centers for Disease Control and Prevention. (2021). Sexually transmitted infections treatment guidelines, 2021. MMWR Recommendations and Reports, 70(4), 1–187. <https://www.cdc.gov/std/treatment-guidelines/default.htm>
- U.S. Department of Health and Human Services. (2023). STI Treatment Table Summary.

## Appendix C: Handout

HANDOUT:

### Enhancing Nurse Practitioner Competency in STD Treatment

This educational handout provides evidence-based, CDC 2021–2025 treatment recommendations for common sexually transmitted diseases (STDs). It is designed to guide Nurse Practitioners in selecting the most appropriate therapy, reinforcing patient education, and promoting safe practices.

#### Chlamydia

 Treatment Summary:

- First-line: Doxycycline 100 mg PO twice daily ×7 days.
- Alternative (pregnancy): Azithromycin 1 g PO single dose.
- Avoid doxycycline in pregnancy.
- Retest 3 months post-treatment.

 **Did You Know?:**

Doxycycline clears >95% of urogenital and rectal infections and remains CDC's preferred regimen.

 Patient Education:


Advise patients to abstain from sexual activity for 7 days post-treatment and ensure all partners are tested and treated.

#### Gonorrhea

 Treatment Summary:

- First-line: Ceftriaxone 500 mg IM single dose (<150 kg); 1 g IM if ≥150 kg.
- If chlamydia not excluded: Add Doxycycline 100 mg PO BID ×7 days.
- Retest in 3 months.

 **Did You Know?:**

Ceftriaxone remains the only reliably effective treatment for resistant *Neisseria gonorrhoeae* strains.  Patient Education:


Encourage patients to complete partner notification and testing. Reinforce condom use and abstinence during treatment.

## Trichomoniasis

### Treatment Summary:

- Women: Metronidazole 500 mg PO BID ×7 days.
- Men: Metronidazole 2 g PO single dose.
- Pregnancy: Metronidazole is safe.
- Avoid alcohol during and 72 hours after therapy.

#### Did You Know?:

Women have a 50% lower recurrence rate with a 7-day course compared to single-dose therapy.  Patient Education:

Advise avoiding alcohol during and for at least 72 hours after treatment. Encourage partner treatment and 3-month retesting.

## Syphilis

### Treatment Summary:

- Primary/Secondary: Benzathine Penicillin G 2.4 million units IM single dose.
- Late Latent: 2.4 million units IM weekly ×3 weeks.
- Penicillin allergy (nonpregnant): Doxycycline 100 mg PO BID ×14 days.
- Pregnancy: Penicillin G benzathine is the only effective treatment.

#### Did You Know?:

Penicillin remains the gold standard for syphilis therapy, preventing congenital infection during pregnancy.

 Patient Education:


Advise patients to abstain from sexual contact until lesions heal. Perform serologic follow-up at 6 and 12 months post-treatment.

## Herpes Simplex Virus (HSV)

### Treatment Summary:

- Primary outbreak: Valacyclovir 1 g PO BID ×7–10 days.
- Recurrent: Valacyclovir 500 mg PO BID ×3 days.
- Suppressive therapy: Valacyclovir 500 mg PO daily.
- Safe in pregnancy.

#### Did You Know?:

Suppressive therapy reduces HSV transmission by 70% and decreases recurrence frequency.  Patient Education:

Educate patients on recognizing early symptoms and initiating treatment promptly. Emphasize condom use and avoidance of sexual activity during outbreaks.

<b>Infection</b>	<b>First-Line Treatment</b>	<b>Alternative</b>	<b>Pregnancy-Safe Option</b>	<b>Retesting Interval</b>
<b>Chlamydia</b>	Doxycycline 100 mg PO BID ×7d	Azithromycin 1 g PO ×1	Azithromycin	3 months
<b>Gonorrhea</b>	Ceftriaxone 500 mg IM ×1	Add Doxycycline 100 mg BID ×7d	Ceftriaxone	3 months
<b>Trichomoniasis</b>	Metronidazole 500 mg PO BID ×7d	Tinidazole 2 g PO ×1	Metronidazole	3 months
<b>Syphilis</b>	Penicillin G benzathine 2.4 MU IM ×1	Doxycycline 100 mg BID ×14d	Penicillin G	6–12 months
<b>HSV</b>	Valacyclovir 1 g PO BID ×7– 10d	-	Valacyclovir	Ongoing if suppressive