



Bulletin No. 8

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Pneumococcal Vaccine - New 23-Valent Vaccine Now Available

## RECOMMENDED TREATMENT SCHEDULES

Reporting of gonococcal pelvic inflammatory disease (GPID) has increased dramatically since our March bulletin (Communicable Disease Bulletin, Week Ending March 27, 1981, No. 6) which reviewed recommendations for diagnosis and management of GPID cases. We wish to emphasize treatment schedules recommended by the Centers for Disease Control, Atlanta, Georgia.

### ACUTE SALPINGITIS (PELVIC INFLAMMATORY DISEASE)

There are no reliable clinical criteria to distinguish gonococcal from nongonococcal salpingitis. Endocervical cultures for *N. gonorrhoeae* are essential. Therapy should be initiated immediately.

### HOSPITALIZATION

In the following situations, hospitalization should be strongly considered: uncertain diagnosis, in which surgical emergencies such as appendicitis and ectopic pregnancy must be excluded; suspicion of pelvic abscess; severe illness; pregnancy, inability of patient to follow or tolerate an outpatient regimen; or failure of patient to respond to outpatient therapy.

### ANTIMICROBIAL AGENTS

Outpatients: Tetracycline\*: 0.5g, taken orally 4 times a day for 10 days. This regimen should not be used for pregnant patients;  
OR

APPG: 4.8 million units intramuscularly, ampicillin, 3.5 g, or amoxicillin, 3.0 g, each with probenecid, 1.0 g. Either regimen is followed by ampicillin, 0.5 g, or amoxicillin, 0.5 g, orally 4 times a day for 10 days.

Hospitalized patients: Aqueous crystalline penicillin G; 20 million units given intravenously each day until improvement occurs, followed by ampicillin, 0.5 g, orally 4 times a day to complete 10 days of therapy; OR

*Tetracycline\**: 0.25 g, given intravenously 4 times a day until improvement occurs, followed by 0.5 g orally 4 times a day to complete 10 days therapy. This regimen should not be used for pregnant women. The dosage may have to be adjusted if renal function is depressed.

Since optimal therapy for hospitalized patients has not been established, other antibiotics in addition to penicillin are frequently used.

### SPECIAL CONSIDERATIONS

Failure of the patient to improve on the recommended regimens does not indicate the need for stepwise additional antibiotics, but requires clinical reassessment.

The intrauterine device is a risk factor for the development of pelvic inflammatory disease. The effect of removing an intrauterine device on the response of acute salpingitis to antimicrobial therapy and on the risk of recurrent salpingitis is unknown.

Adequate treatment of women with acute salpingitis must include examination and appropriate treatment of their sex partners because of their high prevalence of nonsymptomatic urethral infection. Failure to treat sex partners is a major cause of recurrent gonococcal salpingitis.

Follow-up of patients with acute salpingitis is essential during and after treatment. All patients should be recultured for *N. Gonorrhoeae* after treatment.

Thanks for the increased reporting of GPID!! We hope you will continue to immediately report to the Section of Communicable Disease Control all cases of gonorrhea (and other reportable diseases), and to continue to differentiate GPID from uncomplicated gonorrhea. Diseases can be reported on our Rapid Telephonic Reporting System by dialing 279-5535 in the Anchorage area or by calling the long distance operator and asking for Zenith 1700.