

## CERVICITIS

### I. DEFINITION:

Cervicitis is inflammation of the cervix characterized by visualization of purulent or mucopurulent exudates in the endocervical canal or on an endocervical swab. Easily induced endocervical bleeding (friability) is another characterization of cervicitis. One or both signs may be present.

### II. CLINICAL FEATURES:

#### A. Subjective

1. Many females are not aware of or do not have symptoms
2. If symptomatic
  - a. Abnormal vaginal discharge
  - b. Abnormal vaginal bleeding (e.g., following intercourse)

#### B. Objective

1. Mucopurulent or purulent endocervical exudate visible in the endocervical canal or on an endocervical swab.
2. Easily induced cervical bleeding (Friability)

### III. MANAGEMENT PLAN:

A. A physical exam is required to determine presence of cervical discharge or bleeding

B. Laboratory Studies – collect specimens for appropriate testing:

1. Collect urine for *C. trachomatis* and *N. gonorrhoeae*. Ensure client waits 1 hour after last voiding to give sample.
2. Blood test for HIV and Syphilis are recommended
3. Gonorrhea culture via culturette swab – Only if antibiotic resistance/treatment failure is suspected. Contact STD/HIV Nurse Consultant at the Central Office (405) 271-9444, ext 56606, or 405-271-4636 for lab requisition and culturette.

C. Criteria to Treat:

1. Mucopurulent or purulent endocervical exudate visible in the endocervical canal or on an endocervical swab.
2. Easily induced cervical bleeding (friability)

D. Treatment options-choose only **ONE** of the following  
(These treatment options cover gonorrhea and chlamydia)

**Option #1** Ceftriaxone<sup>#†</sup> 250 mg IM in a single dose  
Given with  
Azithromycin 1 G orally in a single dose  
**OR**

**Option #2** Ceftriaxone<sup>#†</sup> 250 mg IM in a single dose  
Given with  
Doxycycline 100mg orally twice a day for 7 days  
(Doxycycline cannot be given to pregnant clients)

Treatment Notes:

1. †Ceftriaxone:

Must be given with 1% lidocaine solution as a diluent to lessen injection pain unless the client reports hypersensitivity or allergic reaction to local anesthetic agents or severe liver disease. See package insert for amounts and a complete discussion of lidocaine.

2. Dual therapy is the recommended treatment (option 1 or 2). Ceftriaxone must be administered with either azithromycin or doxycycline. Ceftriaxone works by keeping bacteria from making and maintaining their cell walls while azithromycin and doxycycline prevent protein production and replication. **They must be administered at the same time to achieve the desired effect.** The use of azithromycin as the second antimicrobial is preferred to doxycycline because of the convenience and compliance advantages of single-dose therapy.

#Ceftriaxone is contraindicated in clients who report true **hypersensitivity to other cephalosporins or penicillin**. Clients (+GC or contact) with well-documented penicillin allergy, (including documentation of patient stated adverse effects of penicillin or ceftriaxone) are to be treated with Option 3 below.

**Option #3** \*Azithromycin 2 grams orally in a single dose

\*This is an alternative treatment option to be used only when necessary!

\*Azithromycin is contraindicated in clients with known hypersensitivity to azithromycin, erythromycin, or any macrolide antibiotic such as clarithromycin (Biaxin).

Clients allergic to both ceftriaxone and azithromycin must be referred to a private physician for treatment using ODH 399 Referral Form.

E. Client Education

1. Take prescribed oral medication appropriately
2. Refer sex partner(s) of women treated for cervicitis for testing and treatment of the identified or suspected STD
3. Abstain from sex until client and partner(s)
  - a. have completed a 7-day regimen or
  - b. 7 days after a single dose regimen
4. Return for evaluation should symptoms persist or recur
5. Prevention measures (e.g., condoms) to prevent future infections
6. Refer sex partner(s) of women treated for cervicitis for testing and treatment of the identified or suspected STD

F. Follow up

After the possibilities of relapse and reinfection have been excluded, refer to private physician for management of persistent cervicitis. For such cases, additional antimicrobial therapy may be of little benefit.

G. Consultation/Referral

Refer client to a private physician if symptoms persist or recur after completion of medication. Notify HIV/STD Nurse if resistant gonorrhea is suspected.

H. Management of Sex Partners

Sex partner(s) of women treated for cervicitis should be notified, examined, and treated as follows:

1. Partners of clients treated presumptively should receive testing and the treatment visit.
2. If client's test results are known, partner(s) should be tested and treated for STD(s) identified.

REFERENCES:

Centers for Disease Control and Prevention(2010), *2010 Guidelines for Treatment of Sexually Transmitted Diseases*. MMWR Recommendations and Reports December 17, 2010 / Vol. 59 / No. RR-12.

Sexually Transmitted Infections and HIV. Clutterbuck, Dan.

STD Counseling and Treatment Guide: American Social Health Association.

STD/HIV Prevention Training Center of New England, Boston University School of Medicine.  
[WWW.bu.edu/cme/std/CDC.gov](http://WWW.bu.edu/cme/std/CDC.gov)

Centers for Disease Control and Prevention (2012) *Update to CDC's Sexually Transmitted Diseases Treatment Guidelines, 2010: Oral Cephalosporins No Longer a Recommended Treatment for Gonococcal Infections*, Morbidity and Mortality Weekly Report (MMWR) August 10, 2012 / 61(31);590-594.

