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 (triability) 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 the vaginal 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: Vaginal swab is the preferred specimen collection method when and where available.

   1. Collect vaginal swab if product is available. Refer to vaginal swab specimen collection procedure for instructions. If vaginal swab testing is not available, collect urine specimen as mentioned under #2 laboratory options.

   2. Collect urine for C. trachomatis and N. gonorrhoeae. Ensure client waits 1 hour after last voiding before giving urine sample.

   3. Blood tests for HIV and Syphilis are recommended

C. Criteria to Treat:

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

D. Treatment:
(These treatment options cover gonorrhea and chlamydia)

Option #1 Ceftriaxone® 250 mg IM in a single dose
   Given with Azithromycin 1 G orally in a single dose
Option #2  When client reports allergy to azithromycin, erythromycin or any macrolide antibiotic:

Ceftriaxone 250 mg IM in a single dose
Given with
Doxycycline 100 mg orally twice a day for 7 days

(Doxycycline cannot be given to pregnant clients) (See treatment note # 7)

Option #3  When Client reports true hypersensitivity to cephalosporins, ceftriaxone, or penicillin:

Gentamicin 240 mg IM in a single dose
Given with
Azithromycin 2 G orally in a single dose

(Gentamicin is contraindicated during pregnancy. See treatment note # 2&3) (Gentamicin in breastfeeding clients, see treatment note # 8).

Option #4  Pregnant clients Mucopurulent or purulent endocervical exudate visible in the endocervical canal or on the vaginal swab who report an allergy to cephalosporins (see treatment note # 3):

Azithromycin 2 G orally in a single dose

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, 2, or 3). 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. Treatment with gentamicin must be withheld until pregnancy is ruled out in clients of childbearing age or who think they may be pregnant.

3. Treatment in Pregnancy: Diagnosis and treatment of cervicitis in pregnant women does not differ from that in women that are not pregnant with the exception of not administering Doxycycline and Gentamicin. Pregnant women with a confirmed cephalosporin allergy who are presumptively treated with Azithromycin 2 gram monotherapy must return to the clinic in 14 days for a test-of-cure.

Pregnant clients with an allergy to azithromycin, erythromycin, or any macrolide antibiotics must be referred to their PCP or OB/GYN for treatment because both alternative treatment options (Doxycycline and Gentamicin) are contraindicated during pregnancy.
4. To maximize adherence for multi-dose regimens, the first dose should be dispensed on site and directly observed.

5. Ceftriaxone is contraindicated in clients who report true hypersensitivity to other cephalosporins or penicillin. Clients (+GC, cervicitis, or contact) with well-documented penicillin allergy, (including documentation of patient stated adverse effects of penicillin, cephalosporins, or ceftriaxone) are to be referred to their private physician for evaluation and treatment.

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

7. Doxycycline is contraindicated in clients who report a known hypersensitivity to doxycycline, minocycline, or tetracycline. **Doxycycline is contraindicated for pregnant clients.**

8. Breastfeeding women who are treated with Gentamicin should be encouraged to pump their breast and discard their breastmilk for the first 6 hours following treatment to reduce the risk of medication transmission to the infant.

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

E. Special Consideration:

The public health nurse must ensure that another competent employee who is CPR certified is present before any injection can be administered.

F. Client Education:

1. Take prescribed oral medication appropriately

2. All sex partner(s) from the past 60 days of women treated for cervicitis should be referred 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

G. 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.

H. Consultation/Referral:

Clients who report medication allergies which would prevent them from being able to take the medications (dual therapy) listed in the treatment options listed above must be referred to their PCP for evaluation and treatment.
Refer client to a private physician if symptoms persist or recur after completion of medication.

I. Management of Sex Partners:

All 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.

3. All sex partners in the past 60 days should be referred for evaluation, testing, and presumptive treatment if chlamydia, gonorrhea, or trichomoniasis was identified or suspected in the women with cervicitis.

4. Instruct the sex partners to abstain from sexual intercourse until both they and their partner(s) are adequately treated to avoid reinfection.

REFERENCES:


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