

Table 2
Randomized Controlled Trials in the United States: Persistent/Recurrent Infection

Trial	Setting and Study Population	Study Design	Intervention and Control	Persistent/Recurrent Infection Rate
<p>CDC Project 455, B2</p> <p>Schillinger et al. <i>Sex Transm Dis</i> 2003;30:49-56</p>	<ul style="list-style-type: none"> • Multi-center (6 cities) • 1996- 2000 • N=1,787, 81% followed • Women age 14-34 • Primary care, FP, teen, STD, ED 	<ul style="list-style-type: none"> • Uncomplicated CT (without GC) • 1.0g azithromycin DOT • 21 days – 3 months • Urine PCR/LCR 	<ul style="list-style-type: none"> • PDPT to maximum 4 partners • Control = patient-referral (verbal and written) 	<ul style="list-style-type: none"> • Control 108/726 (14.9%) • EPT 87/728 (12.0%) <p>OR = 0.80 (0.62 – 1.05) ² = 2.67, p = .102</p>
<p>Seattle</p> <p>Golden et al. <i>NEJM</i> 2005;352:676-685.</p>	<ul style="list-style-type: none"> • Seattle-King Co., WA • 1998 - 2003 • N=2,751, 68% follow-up • Male 23%, Female 77%, age ≥14 yr (mean 23 yr) • All reporting sites: STD, FP, private, ED 	<ul style="list-style-type: none"> • Uncomplicated CT (N=2162), GC (450), or both (139) • AZM 1.0 g ± CFX 400 mg for CT, GC • Follow-up 3-19 wk • Urine NAAT (LCR or TMA) 	<ul style="list-style-type: none"> • Patient or partner pick-up of drug at 1 of 12 pharmacies • Control = patient-referral • DIS assistance (both arms) if patient unable/unwilling to contact partner 	<ul style="list-style-type: none"> • Control 121/931 (13.0%) • EPT 92/929 (9.9%) <p>RR = 0.76 (0.59 – 0.98) ² = 4.39, p = .04</p> <p>See supplemental tables for separate CT/GC outcomes</p>
<p>New Orleans Urethritis Trial</p> <p>Kissinger et al. <i>Clin Inf Dis</i> 2005;41:623-9.</p>	<ul style="list-style-type: none"> • New Orleans, LA • 2002 - 2004 • N=629, 80% behavioral FU, 30% biological FU • Male age ≥16, median 24 yr • STD clinic 	<ul style="list-style-type: none"> • Symptomatic urethritis (61% GC, 21% CT, 6% both) • AZM 1.0 g ± CFX 400mg or cipro 500 mg • GenProbe(enrollment) Urine PCR (follow-up) 	<ul style="list-style-type: none"> • PDPT • Control = patient-referral with brief counseling • Third arm “Booklet Referral” 	<ul style="list-style-type: none"> • Control 35/82 (43%) • EPT 20/87 (23%) • Booklet 16/112 (14%) <p>EPT v control: OR = 0.38 (0.19 – 0.74) BEPR v control: OR = 0.22 (0.11 – 0.44)</p>

<p>New Orleans Trichomoniasis Trial</p> <p>Kissinger et al. <i>Sex Transm Dis</i> In press.</p>	<ul style="list-style-type: none"> • New Orleans, LA • 2001 – 2004 • N=282, 87% behavioral FU, 80% biological • Women age 16-44 yr • STD clinic 	<ul style="list-style-type: none"> • Trichomonal vaginitis • Metronidazole 2.0 g • Follow-up 21-56 d • Wet mount at enrollment, culture (InPouch) at follow-up 	<ul style="list-style-type: none"> • PDPT to maximum 4 partners • Control = patient-referral with brief counseling • Third arm “Booklet Referral” 	<ul style="list-style-type: none"> • Control = 7/111 = 6.3% • EPT = 11/114 = 9.6% • Booklet = 11/122 (9.0%) <p>EPT v control: OR = 1.58 (0.61 – 4.12)</p> <p>BEPR v control: OR = 1.47 (0.57 – 3.82)</p>
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