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patients with documented latent syphilis or those who are seronegative but are symptomatic or who are being treated for another sti should have follow-up monitoring of treatment efficacy and antimicrobial susceptibility (3.7), 3.8, 3.9, 3.10, 3.11). these patients should be followed more frequently if they have more than one sex partner (1.5). clinicians should educate patients to use barrier methods of prevention and to avoid partners with ulcerative lesions (2), people with a history of treated, but not cured, syphilis should also be followed because they might be at increased risk for relapse (1.2). anal, oral, and rectal cultures should be obtained at the first visit, at least 714 days after treatment, and at episodes of contact with a sex partner (3.8). clostridial or mycobacterial infections, which have also been associated with syphilis, should be treated appropriately (2.4,2.10,2. in patients who remain untreated or who relapse after therapy, empiric antibiotic treatment should be prescribed at the time of exposure (2.8,2.9,2.10). patients who have untreated primary syphilis, whose partners are at high risk for reinfection (3.1), or whose partners have untreated secondary syphilis (3.2) should also receive antibiotic therapy. effective treatment should be provided for patients with an infection that has not been treated previously (2. treatment of syphilis in pregnancy, which occurs almost exclusively during the second trimester, is controversial. treatment in pregnancy is less expensive than treatment for patients not pregnant, but the potential benefits and risks of treatment of syphilis in pregnancy have not been conclusively demonstrated (1.4,1.5), the optimal treatment regimen has not been established, treatment with penicillin antibiotics (erythromycin may be used for treatment failures) administered intramuscularly should be initiated in the first trimester (1.4). the optimal dose of penicillin and duration of therapy have not been established. single-dose therapy is recommended in the second trimester (1.



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a single dose of hepatitis b vaccine (1297,1297).). orilix sol) or a single dose of vargta) inactivated hqv can be administered through the vfc program (). schedule administration (third dose at 12 year 12),12 and sixth dose at 12 year 12,12) can improve immunogenicity and persistence of antibody (1296,1297,1301).1297 and 1300). injection drug users are a major cause of hiv infection in the united states, and these individuals continue to be involved in transmission of the virus. however, the mortality rate among injection drug users has declined by almost 80%, and a dramatic reduction in the number of persons with aids has occurred. injecting drug users are increasingly recognized as a key population for screening, testing, and treatment of hiv infection. idus are more likely than individuals of other risk groups to have hiv and know that they have hiv; this difference might explain some of the increased hiv risk among idus 15. with human immunodeficiency virus type 1 (hiv-1) infection, there is a complex interaction between cell-mediated and humoral immune responses in which a major effector mechanism is mediated by cytotoxic t lymphocytes (ctls). in the late phase of primary hiv-1 infection (phi), ctls may control infection in the absence of significant antibody responses (16); however, chronic hiv-1 infection is often associated with reduced ctl activity (17). studies suggest that ctl activity may be essential for controlling hiv-1 replication and disease progression among persons with hiv-1 infection (18, 19, 20, 21, 22, 23). recent advances in hiv-1 vaccine development are based on evidence that broad, vigorous, and long-lasting ctl responses are more effective at controlling hiv-1 than neutralizing antibodies (24, 25). given the importance of ctls in controlling hiv-1 infection, efforts are ongoing to develop hiv-1 vaccines that elicit ctl responses. nonetheless, until the development of a safe and effective hiv-1 vaccine, vaccine development for hiv-1 should be conducted in conjunction with the development of immunotherapeutic strategies that should elicit ctl responses. ctl-based vaccines might be of particular benefit in the developing world, where hepatitis b virus is still endemic, with high rates of hiv-1 infection. 5ec8ef588b

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