

A Quick Guide to: Sexually Transmitted Infections

Routine Testing: Who

Risk factors for sexually transmitted infections (STI) include:

- Sexually active adolescents and individuals up to age 25
- History of previous STI
- Sexual contact of a person with an STI
- Any unprotected vaginal/oral/anal intercourse
- New sexual partner
- Multiple sexual partners
- Sex workers and their clients
- Infection drug use or shared drug equipment
- Men who have sex with men
- Anonymous sexual partnering (ie: bath house, internet)
- Victims of sexual assault

Routine Testing: What

We recommend all clients with one or more risk factors to be tested for:

- Chlamydia and/or gonorrhoea with a cervical/urethral swab or urine
- Syphilis with a blood test
- HIV, Hepatitis B and C with blood tests
- Pap tests as per Ontario Cervical Screening Program
- Offer free Hepatitis B vaccination and encourage HPV vaccination

Testing for men who have sex with men (MSM) or individuals practicing oral/anal sex would also include:

- Rectal swabs for chlamydia and gonorrhoea
- Throat swabs for gonorrhoea/chlamydia
- Offer free hepatitis A vaccine to MSM and injection drug users

Chlamydia & Gonorrhea

Symptoms

- Often asymptomatic
- Discharge
- Dysuria
- Abnormal vaginal bleeding
- Lower abdominal pain
- Dyspareunia
- Genital pain
- Itchiness and redness
- Gonorrhoea can also cause symptomatic proctitis or pharyngitis
- Both can cause pelvic inflammatory disease (PID)

Syphilis Symptoms

Primary Syphilis

- Painless sore (chancre) on genitalia, anus, rectum, lips or mouth

Secondary Syphilis

- Non-pruritic maculopapular rash (trunk, palm, soles)
- Mucous patches on mouth and genitalia
- Fever, weight loss, lymphadenopathy, hair loss

Latent Syphilis

- Asymptomatic

Tertiary Syphilis

- Gumma (granulomatous tumors) in brain, testes, heart, skin, bones
- Cardiac, ophthalmic and central nervous system involvement

Pelvic Inflammatory Disease (PID)

Symptoms & Signs

Symptoms

- See chlamydia and gonorrhoea symptoms
- One-third also report fever, malaise, or other systemic symptom

Signs

- Lower abdominal tenderness
- Adnexal tenderness
- Cervical motion tenderness
- One-third of women with acute PID have a temperature above 38°C

Condoms, testing and treatment of STI's are available FREE at all offices of Hastings Prince Edward Public Health.
For more information on these or other STI's, consult the Canadian Guidelines on Sexually Transmitted Infections on-line,
and Public Health Ontario's Guidelines for Testing and Treatment in Ontario on-line.

Adapted with permission from the Middlesex-London Health Unit & the Canadian Guidelines on STI's 2006.

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STI	Laboratory Testing	Recommended Treatment	Treatment during Pregnancy	Follow-Up
Chlamydia	<ul style="list-style-type: none"> Urine specimen male or female-NAAT Endocervical/Vaginal swab-NAAT (Lifelabs) Urethral swab male-NAAT Pharyngeal swab-culture Rectal swab if indicated as site of contact-culture Conjunctival-culture <p>Note: non-invasive urine testing is ideal for asymptomatic persons</p>	<p>Azithromycin 1g PO in a single dose** OR Doxycycline 100mg PO bid for 7 days</p>	<p>Amoxicillin 500mg PO tid for 7 days OR Erythromycin 2g/day PO in divided doses for 7 days OR Erythromycin 1g/day PO in divided doses for 14 days <i>(DO NOT use estolate formulation in pregnancy)</i> OR Azithromycin 1g PO in a single dose</p>	<p>Retest with vaginal swab (female) NAAT, or urine NAAT (male or female) 4-6 weeks post treatment if:</p> <ul style="list-style-type: none"> Compliance uncertain Re-exposure Pregnant <p>Rescreening in 6 months recommended due to high rate of re-infection</p>
Gonorrhea	<p>Asymptomatic Clients:</p> <ul style="list-style-type: none"> Urine specimen male or female-NAAT Endocervical/Vaginal swab-NAAT (Lifelabs) Pharyngeal/Rectal sites for unprotected MSM exposure-culture <p>Symptomatic Clients</p> <ul style="list-style-type: none"> Cervical swab-culture & sensitivity Urethral swab male-culture & sensitivity NAAT urine or swabs only if no other option Pharyngeal/Rectal sites-culture 	<p>Follow Public Health Ontario recommendations. 1st Line Tx: <ul style="list-style-type: none"> Ceftriaxone 250mg IM plus Azithromycin 1g PO single dose For alternate treatment see Public Health Ontario's Guidelines for Testing and Treatment in Ontario, 2013</p>	<p>If no allergies, follow 1st Line Tx recommendation.</p>	<p>Test of Cure with:</p> <ul style="list-style-type: none"> C&S swab ≥4 days post tx (preferred) NAAT (urine or swab) ≥2 wks post tx (alternative) <p>IF:</p> <ul style="list-style-type: none"> 1st Line Tx not used Antimicrobial resistance Compliance uncertain Re-exposure Pregnant Suspected or confirmed treatment failure or contact of suspected or confirmed tx failure Pharyngeal or rectal infection Possible false positive test result PID or disseminated GC infection ≤12 yrs of age <p>Rescreen 6 months post Tx (preferable) or within 12 months (alternative)</p>
Syphilis	<p>If the CLIA is reactive, the RPR and TP.PA confirmatory tests will be done automatically. If the TP.PA result is non reactive or indeterminate, the FTA-Abs test will be done.</p>	<p><u>Primary, secondary, early latent (≤ 1 year duration):</u> Benzathine penicillin G 2.4 million units IM as a single dose If co-infected with HIV, treat as for late latent</p> <p><u>Late Latent (≥ 1 year or unknown duration):</u> Benzathine penicillin G 2.4 million units IM once a week for 3 successive weeks (total dose 7.2 million U)</p> <p>Benzathine penicillin G is available through Public Health – Call 613-966-5500 ext. 243 for details</p>	<p>All women newly diagnosed with syphilis during pregnancy should receive treatment appropriate to their stage of disease.</p> <p>*Refer to Canadian STI Guidelines for additional information.</p>	<p><u>For primary, secondary, and early latent:</u> Repeat serology 1,3,5 and 12 months after treatment.</p> <p><u>For late latent:</u> Repeat serology 12 and 24 months after treatment.</p>
PID	<ul style="list-style-type: none"> Stat serum beta HCG to rule out ectopic pregnancy Endocervical swab for GC and CT-culture + NAAT CBC, ESR, C-reactive protein Ultrasound 	<p>Outpatient treatment</p> <p>Ceftriazone 250 mg IM in a single dose PLUS Doxycycline 100mg PO bid for 14 days ± Metronidazole 500 mg PO bid for 14 days.</p> <p>OR Cefoxitim 2g IM plus Probenicid 1g orally in a single dose concurrently plus Doxycycline 100mg orally bid for 14 days ± Metronidazole 500 mg orally for 14 days.</p>	<ul style="list-style-type: none"> PID is uncommon in pregnancy, especially after the first trimester Hospitalization for evaluation and treatment recommended Consultation with an expert should be sought 	<p>Clinical evaluation of ambulatory clients treated for PID must be done in 48-72 hours. If symptoms not improved, client should be hospitalized for parenteral therapy and consider consultation with colleagues experienced in the care of these patients.</p>

First line treatments should be adhered to if possible. ** Azithromycin is recommended if poor compliance is expected. HPEPH provides counselling for all STI's. For detailed treatment recommendations (except for gonorrhoea), refer to the Canadian Guidelines on Sexually Transmitted Infections on-line.