

# Sexually Transmitted Infections (STI) Treatment Reference Guide

STI	Testing Recommendations	Recommended Treatment	Treatment During Pregnancy	Cephalosporin Allergy or Severe Penicillin Allergy	Follow -Up
<b>Chlamydia</b>  *Reportable to Public Health  Surveillance form will be faxed to you from Public Health for completion and return.	<b>NAAT (Nucleic Acid Amplification Test)</b> <ul style="list-style-type: none"> <li>NAATs are preferred to culture due to their increased sensitivity and specificity</li> <li>Test anytime following exposure</li> <li>Urine specimen (male or female) collect a 20-30 ml first-void sample</li> <li>Urethral swab (male)</li> <li>Endocervical/Vaginal swab</li> <li>Rectal and pharyngeal exposures, testing these sites is recommended for MSM, sex workers and their contacts and known contacts of those infected with CT/GC</li> </ul> <b>Culture</b> <ul style="list-style-type: none"> <li>Recommended for potential legal investigations</li> <li>Test at least 48 hours post exposure</li> </ul> <b>With NAAT and Culture</b> <ul style="list-style-type: none"> <li>If male rectal site is positive for Chlamydia trachomatis, the laboratory will automatically forward the sample for lymphogranuloma venereum (LGV) testing</li> </ul>	Azithromycin 1g PO in a single dose <b>OR</b> Doxycycline 100mg PO bid for 7 days <ul style="list-style-type: none"> <li>HPEPH will conduct contact tracing</li> <li>All sexual partners within the last 60 days prior to symptom onset or date of specimen collection (if asymptomatic) must be tested and treated</li> <li>Refer patients to HPEPH sexual health clinics for counselling and free treatment</li> </ul> Did you know....Health Care providers can order <b>Free</b> STI treatment kits (CT/GC) and condoms for their office? Go to <a href="#">Public Health Vaccine/STI Medication Order Form</a>	Azithromycin 1g PO in a single dose <b>OR</b> Amoxicillin 500mg PO tid for 7 days <b>OR</b> Erythromycin 2g/day PO in divided doses for 7 days <i>(DO NOT use estolate formulation in pregnancy)</i>	Same as recommended treatment regimen	Test of cure samples are NOT normally recommended as TX is very effective  Although test of cure by culture, 1-2 weeks after completion of treatment, is indicated when: <ul style="list-style-type: none"> <li>Adherence uncertain</li> <li>Continuing symptoms</li> <li>Alternative treatment given</li> <li>Pregnant</li> <li>Prepubertal children</li> </ul> If using a urine NAAT (male or female) or vaginal NAAT swab for retesting, perform 3-4 weeks post treatment  <b>Rescreening in 3-6 months</b> is recommended due to high rate of re-infection
<b>Gonorrhea</b>  *Reportable to Public Health	<b>NAAT (Nucleic Acid Amplification Test)</b> <ul style="list-style-type: none"> <li>Preferred to culture due to increased sensitivity and specificity. Test anytime following exposure</li> <li><b>Asymptomatic</b> persons should be screened using a cervical/vaginal NAAT (first line) or urine NAAT (males and</li> </ul>	<a href="#">Public Health Ontario</a> recommends 1 <sup>st</sup> Line TX for <b>all</b> patients:  Ceftriaxone 250mg IM in a single dose <b>WITH</b> Azithromycin 1g PO single dose	Public Health Ontario recommends 1 <sup>st</sup> Line TX for <b>all</b> patients	<b>For alternate treatment see Public Health Ontario's <a href="#">Guidelines for Testing and Treatment in Ontario, 2<sup>nd</sup> edition 2018</a></b>	Test of Cure by <b>Culture (preferred)</b> , 3-7 days post treatment is indicated IF: <ul style="list-style-type: none"> <li>1<sup>st</sup> Line TX not used</li> <li>Antimicrobial resistance</li> <li>Compliance uncertain</li> <li>Re-exposure</li> <li>Pregnant</li> </ul>

# Sexually Transmitted Infections (STI) Treatment Reference Guide

STI	Testing Recommendations	Recommended Treatment	Treatment During Pregnancy	Cephalosporin Allergy or Severe Penicillin Allergy	Follow -Up
Surveillance form will be faxed to you from Public Health for completion and return.	<p>females). For urine, collect a 20-30 ml first-void sample</p> <ul style="list-style-type: none"> <li>Recommended for rectal and pharyngeal exposures, in MSM, sex workers and their contacts and known sexual contacts of those infected with GC</li> </ul> <p><b>Culture</b></p> <ul style="list-style-type: none"> <li><b>Symptomatic</b> persons should be tested using cervical (female) or urethral (male) culture <u>as well as</u> NAAT (first line- cervical/vaginal or urine) Always perform culture before NAAT specimen collected</li> <li>Recommended for potential legal investigations</li> <li>Test at least 48 hours post exposure</li> </ul> <p><b>Note:</b> If resistance suspected report case to the local public health office</p> <p><b>Note:</b> Gonorrhea culture is sensitive to transport time and should arrive at lab within 48 hours of collection</p>	<ul style="list-style-type: none"> <li>All sexual partners within the last 60 days prior to symptom onset or date of specimen collection (if asymptomatic) must be tested and treated.</li> <li>HPEPH sexual health provides counselling and free treatment</li> </ul> <p><b>Note:</b> Due to quinolone resistance in Ontario, PHO is not recommending treatment regimens which include quinolones</p> <p>Treatment of gonorrhea with two antimicrobials is recommended on the theoretical basis that this may offer synergistic therapy, potentially improving treatment efficacy and delaying the emergence and spread of resistance</p>	Ceftriaxone 250mg IM in a single dose <b>WITH</b> Azithromycin 1g PO single dose	<p><b>*PHO's guidelines precede Canadian guidelines.</b></p> <p><b>Or</b></p> <p><a href="#">Canadian Guidelines on Sexually Transmitted Infections, 2017</a></p> <p>Ensure test of cure for all patients treated with second line or alternative therapy</p>	<ul style="list-style-type: none"> <li>Suspected treatment failure or contact of suspected or confirmed TX failure</li> <li>Pharyngeal infection</li> <li>Women having a therapeutic abortion and are GC+ (Increased PID risk)</li> <li>PID or disseminated GC infection</li> <li>≤12 yrs of age</li> </ul> <p>If culture is <b>not</b> available, test of cure by NAAT (urine or swab) 2-3 weeks post treatment will be accepted</p> <p><b>Rescreening in 3- 6 months</b> is recommended due to high rate of re-infection</p>
<b>Trichomoniasis</b>	<b>NAAT (Nucleic Acid Amplification Test)</b>	Metronidazole 2g PO in a single dose			

# Sexually Transmitted Infections (STI) Treatment Reference Guide

STI	Testing Recommendations	Recommended Treatment	Treatment During Pregnancy	Cephalosporin Allergy or Severe Penicillin Allergy	Follow -Up
	<ul style="list-style-type: none"> <li>Urine specimen for male or female. For urine, collect a 20-60 ml first-void sample</li> <li>Vaginal swabs</li> <li>Clients should be treated if partner tests positive</li> </ul> <p>Other STI's must be considered and tested for</p>	<p>Or Metronidazole 500mg PO bid x 7 days</p> <p><b>Note:</b> Patients should not drink alcohol during or for 24 hours after oral therapy due to possible disulfiram (antabuse) reaction</p> <p>Current partners should be treated for Trich regardless of symptoms</p>	Same as recommended treatment regimen		No follow up is necessary unless symptoms recur which is usually due to reinfection
<b>Syphilis</b>	<a href="#">Refer to Syphilis resource for Lab interpretation and staging information</a>				
*Reportable to Public Health	Surveillance form will be faxed to you from Public Health for completion and return.				
<b>Pelvic Inflammatory Disease (PID)</b>	<p>Stat serum beta HCG to rule out ectopic pregnancy</p> <p>Endocervical NAAT swab for GC and CT</p> <p>CBC,ESR, C-reactive protein</p> <p>Ultrasound</p>	<p>Outpatient treatment Ceftriaxone 250 mg IM in a single dose <b>PLUS</b> Doxycycline 100mg PO bid for 14 days ± Metronidazole 500 mg PO bid for 14 days</p> <p><b>Note:</b> If Metronidazole is given, patients should not drink alcohol during or for 24 hours after oral therapy due to possible disulfiram (antabuse) reaction</p> <p>For alternate treatment options refer to the <a href="#">Canadian Guidelines on Sexually Transmitted Infections, 2017.</a></p>	<p>PID is uncommon in pregnancy, especially after the first trimester</p> <p>Hospitalization for evaluation and treatment recommended</p> <p>Consultation with an expert should be sought</p>	<p>Spectinomycin is no longer available. Please contact your local public health office to discuss alternative options or consult an infectious diseases specialist</p>	<p>Outpatients need careful follow-up and should be evaluated in 2-3 days after therapy is initiated</p> <p>If symptoms not improved, client should be hospitalized for parenteral therapy and consider consultation with colleagues experienced in the care of these patients</p>

## Sexually Transmitted Infections (STI) Treatment Reference Guide

STI	Testing Recommendations	Recommended Treatment	Treatment During Pregnancy	Cephalosporin Allergy or Severe Penicillin Allergy	Follow -Up
<b>Epididymitis</b>	<p><b>Include all testing listed below:</b></p> <ol style="list-style-type: none"> <li><b>If urethral discharge present:</b> GC culture taken first, <b>plus:</b></li> <li><b>NAAT (Nucleic Acid Amplification Test)</b> <ul style="list-style-type: none"> <li>Urine specimen: collect a 20-30 ml first-void sample</li> <li>NAATs are preferred to culture due to their increased sensitivity and specificity</li> <li>Test anytime following exposure</li> </ul> </li> <li>Culture of Mid-stream Urine.</li> <li>Doppler Ultrasound may be helpful to differentiate epididymitis from testicular torsion.</li> </ol>	<p>For acute epididymitis most likely caused by CT/GC (men &lt; 35 years):</p> <ul style="list-style-type: none"> <li>Doxycycline 100mg PO bid x 10-14 days <b>WITH</b> Ceftriaxone 250 mg IM in a single dose</li> </ul> <p>For epididymitis most likely caused by enteric organisms (men &gt; 35 years):</p> <ul style="list-style-type: none"> <li>Ofloxacin 200 mg PO bid x 14 days</li> </ul> <p><b>Note:</b> Due to quinolone resistance in Ontario, we are not recommending treatment regimens which include quinolones.</p>		<p><b>Note:</b> Consultation with an infection control specialist is recommended for patients with a documented gonococcal epididymitis who have contraindications to treatment with cephalosporins and quinolones</p>	<p>If diagnosis is questionable, a specialist should be consulted immediately, because in the case of testicular torsion, testicular viability may be compromised.</p> <p>Evaluate response to treatment through a follow-up appointment.</p> <p>Ensure partner testing and treatment for +CT, +GC.</p>

Revised March 2019

**Sexual Health Program**  
**613-966-5500 ext. 243** [www.hpePublicHealth.ca](http://www.hpePublicHealth.ca)

We are committed to providing accessible publications, programs and services to all.  
For assistance, please call 613-966-5500; TTY: 711 or email [accessibility@hpeph.ca](mailto:accessibility@hpeph.ca).  
For more information, please visit [www.hpePublicHealth.ca](http://www.hpePublicHealth.ca).