STI Treatment Reference Guide

Preferred Treatment – Treatment Conditions*

STI	Recommended Regimens	During Pregnancy	Penicillin Allergy
Chlamydia (uncomplicated)	• Azithromycin 1 g orally in a single dose **OR** • Doxycycline 100 mg orally bid x 7 days	• Azithromycin 1 g orally in a single dose **OR** • Amoxicillin 500 mg orally tid x 7 days **OR** • Erythromycin 2 g/day orally in divided doses x 7 days	Same as recommended treatment regimen.
Gonorrhea (uncomplicated)**	• Ceftriaxone 250 mg IM in a single dose PLUS Azithromycin 1 g orally in a single dose. First line treatment for all patients **OR** • Cefixime 400 mg orally in a single dose PLUS Azithromycin 1 g orally in a single dose. Second line treatment for all patients	• Ceftriaxone 250 mg IM in a single dose PLUS Azithromycin 1 g in a single dose. First line treatment for all patients **OR** • Cefixime 400mg orally in a single dose PLUS Azithromycin 1 g orally in a single dose. Second line treatment for all patients	• Azithromycin 2 g orally in a single dose **OR** • Spectinomycin* 2 g IM in a single dose (available through Special Access Program) plus Azithromycin 1 g orally in a single dose (*SAP Drugs Email: sapdrugs@hc-sc.gc.ca Phone: (613) 941-2108)
Pelvic Inflammatory Disease (recommended outpatient treatment regimens)	• Ceftriaxone 250 mg IM in a single dose PLUS doxycycline 100 mg orally bid for 14 days ± metronidazole 500 mg orally bid for 14 days **OR** • Cefoxitin 2 g IM PLUS probenecid 1 g orally in a single dose concurrently once PLUS doxycycline 100 mg orally bid for 14 days ± metronidazole 500 mg orally bid for 14 days	**Refer to Canadian Guidelines on STIs - or call local Health Department.**	• Spectinomycin 2 g IM in a single dose (available through Special Access Program) PLUS doxycycline 100 mg orally bid for 14 days ± metronidazole 500 mg orally bid for 14 days

*** NOTE**: Due to quinolone resistance in Ontario, we are not recommending treatment regimens which include quinolones.

****Ensure test of cure for all patients treated with second line or alternative therapy. Treatment of **gonorrhea** with two antimicrobials at the same time is recommended on the theoretical basis that this may offer synergistic therapy, potentially improving treatment efficacy and delaying the emergence and spread of resistance in N. gonorrhoeae.
http://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/Pages/Gonorrhea-Gudeline.aspx

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Preferred Treatment – Treatment Conditions*

STI	Recommended Regimens	During Pregnancy	Penicillin Allergy
Syphilis	Primary, secondary, early latent (less than 1 year duration): • Benzathine penicillin G 2.4 million U IM in a single session **Additional doses have not been shown to be more effective for HIV+ individuals** Late latent (more than 1 year or of indeterminate duration): • Benzathine penicillin G 2.4 million U IM once a week for 3 successive weeks (total dose 7.2 million U)	Same as recommended treatment regimen. If a pregnant woman diagnosed with infectious syphilis is treated with anything other than Benzathine penicillin G or is treated in the last month of pregnancy, the baby must be treated after birth.	Desensitization and use of penicillin preferred. Primary, secondary, early latent • Doxycycline 100 mg orally bid x 14 days Late latent • Doxycycline 100 mg orally bid x 28 days **OR** Refer to Canadian Guidelines on STIs or call local Health Department.

*__NOTE__: Due to quinolone resistance in Ontario, we are not recommending treatment regimens which include quinolones.

Common Signs and Symptoms of STIs

Asymptomatic • Discharge • Dysuria • Itchiness and redness • Abnormal vaginal bleeding • Lower abdominal discomfort or pain

- Free medication for reportable STIs and condoms are available from Toronto Public Health. To order search **medication order toronto** on the web.
- All recent sexual partners must be tested and treated. For Chlamydia and Gonorrhea, trace back 60 days and for Syphilis, refer to Canadian Guidelines on STIs.
- Toronto Public Health STI program can assist in partner notification.
- If considering UTI and client is sexually active, test for STIs. All clients should be offered Hepatitis B vaccine.
- For situations not listed above (e.g. congenital infections, infections in children, HIV infections or co-infections) please contact Toronto Public Health STI Program at 416-338-2373.

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STI	Testing Recommendations	Follow-up
Chlamydia	**Culture** • Test 48 hours or more post exposure • If rectal site is positive, the lab will automatically test for lymphogranuloma venereum (LGV) • Required for sites: pharyngeal, rectal and eye • Required for medico-legal purposes **NAAT (Nucleic Acid Amplification Test)** • No window period. Test anytime following exposure • Urethral or cervical swab • Collect 20 – 30 ml first-void urine (excess can produce false negative result), preferably with individual not having voided for at least 2 hours	Follow up with NAAT 3 – 4 weeks post treatment or earlier with culture if: • Adherence uncertain • Alternative treatment used • Re-exposure • Pregnant • Prepubertal children • Persistent signs and symptoms post treatment Repeat testing in all individuals with chlamydia infection is recommended 6 months post-treatment, as re-infection is high. • LGV: follow up with rectal culture 3-4 weeks post treatment
Gonorrhea	**Culture (charcoal medium)** • Test 48 hours or more post exposure • If urethral, cervical or rectal discharge present • Required for sites: pharyngeal, rectal and eye • Required for medico-legal purposes • If resistance suspected report case to the local public health unit Gonorrhea culture is sensitive to transport time and should arrive at lab within 48 hours of collection. **NAAT (Nucleic Acid Amplification Test)** • No window period. Test anytime following exposure • Urethral or cervical swab • Collect 20 – 30 ml first-void urine (excess can produce false negative result), preferably with individual not having voided for at least 2 hours	Culture > 4 days (preferred) or NAAT testing > 2 weeks post treatment (alternative) if: • Second line or alternative treatment used • Antimicrobial resistance • Adherence uncertain • Re-exposure • Pregnant • Pharyngeal/rectal infection • Prepubertal children • Persistent signs and symptoms post treatment • Suspected or confirmed clinical treatment failure • Pelvic Inflammatory Disease (PID) Repeat testing in all individuals with gonorrhea infection is recommended 6 months post-treatment, as re-infection is high.
Pelvic Inflammatory Disease	• Endocervical swab for diagnostic tests for Neisseria gonorrhoeae and Chlamydia trachomatis • Pelvic examination should include speculum and bimanual examinations • Serum beta HCG to rule out ectopic pregnancy, if applicable	Clinical re-evaluation of ambulatory clients treated for PID must be done 48 – 72 hours following initial assessment. If symptoms have not improved, client should be hospitalized for parenteral therapy and consider consultation with colleagues experienced in the care of these patients.

STI Treatment Reference Guide

STI	Testing Recommendations	Follow-up
Syphilis	**Syphilis Screen:** • Window period can range from 4-12 weeks • This test detects both IgG and IgM antibodies • If screen is reactive or indeterminate, confirmatory test (RPR, TP.PA, +/- FTA.ABS) will automatically be completed • Repeat blood work in 2 – 4 weeks to best stage diagnosis, or if uncertain of diagnosis When test is performed within the window period, a negative test does not rule out syphilis infection. A syphilis test should be repeated outside of the window period to completely rule out infection.	**For primary, secondary, early latent:** • Repeat serology 3, 6, 12 months after treatment **For late latent:** • Repeat serology 12 and 24 months after treatment
HIV	**HIV 1/2 Ag/Ab Combo Screen:** • Window period is 12 weeks • This test detects both HIV p24 antigen (Ag)* and antibodies (Ab) to HIV type-1 and type-2 When test is performed within the window period, a negative test does not rule out HIV infection. An HIV test should be repeated outside of the window period to completely rule out infection. *p24 antigen is most accurate 2-4 weeks post exposure.	**If HIV positive:** • Consult with colleagues experienced in this area or refer to an HIV specialist **If HIV negative:** • Repeat screen 3 months following potential exposure • Discuss risk reduction strategies

Toronto Public Health STI Program 416-338-2373
Sexual Health and Sexually Transmitted Infections Prevention and Control Protocol, 2013 (Revised) http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/sexual_health_sti.pdf
*Canadian Guidelines on Sexually Transmitted Infections-Update January 2010 http://www.phac-aspc.gc.ca/std-mts/sti-its/

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