

STI Treatment Reference Guide*
Preferred Treatment – Treatment Conditions

STI	Recommended Regimens	During Pregnancy	Cephalosporin Allergy or Severe Penicillin Allergy
Chlamydia (uncomplicated)	<ul style="list-style-type: none"> Azithromycin 1 g orally in a single dose OR <ul style="list-style-type: none"> Doxycycline 100 mg orally bid x 7 days 	<ul style="list-style-type: none"> Azithromycin 1 g orally in a single dose OR <ul style="list-style-type: none"> Amoxicillin 500 mg orally tid x 7 days OR <ul style="list-style-type: none"> Erythromycin 2 g/day orally in divided doses x 7 days 	Same as recommended treatment regimen.
Gonorrhea** (uncomplicated)	<ul style="list-style-type: none"> Ceftriaxone 250 mg IM in a single dose PLUS Azithromycin 1 g orally in a single dose. First line treatment for all patients 	<ul style="list-style-type: none"> Ceftriaxone 250 mg IM in a single dose PLUS Azithromycin 1 g orally in a single dose. First line treatment for all patients 	<ul style="list-style-type: none"> Gentamicin is available from your local public health unit. Please visit the link below for recommended treatment options. <p style="text-align: center;">https://www.canada.ca/en/public-health/services/publications/diseases-conditions/gonorrhea-alternate-treatment.html</p>
Pelvic Inflammatory Disease (recommended outpatient treatment regimen)	<ul style="list-style-type: none"> 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 	Refer to Canadian Guidelines on STIs or call local Health Department.	<ul style="list-style-type: none"> Spectinomycin is no longer available. Please contact your local public health unit to discuss alternative options or consult an infectious diseases specialist.

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

** **NOTE:** Ensure test of cure for all patients treated with second line or alternative therapy.

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 in *N. gonorrhoeae*.

<http://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/Pages/Gonorrhea-Guideline.aspx>

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Syphilis	<p>Primary, secondary, early latent less than 1 year duration:</p> <ul style="list-style-type: none"> • Benzathine penicillin G 2.4 million U IM in a single session <p>Additional doses have not been shown to be more effective for HIV+ individuals</p> <p>Late latent (more than 1 year or of indeterminate duration):</p> <ul style="list-style-type: none"> • Benzathine penicillin G 2.4 million U IM once a week for 3 successive weeks (total dose 7.2 million U) 	<p>Same as recommended treatment regimen.</p> <p>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.</p>	<p>Desensitization and use of penicillin preferred.</p> <p>Primary, secondary, early latent</p> <ul style="list-style-type: none"> • Doxycycline 100 mg orally bid x 14 days <p>Late latent</p> <ul style="list-style-type: none"> • Doxycycline 100 mg orally bid x 28 days <p>OR</p> <p>Refer to Canadian Guidelines on STIs or call local Health Department.</p>

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 contacts 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 with contact 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**

STI	Testing Recommendations	Follow-up
Chlamydia	<p>NAAT (Nucleic Acid Amplification Test)</p> <ul style="list-style-type: none"> Increasingly preferred to culture due to increased sensitivity and specificity of the method. Test anytime following exposure. Sampling sites that are generally available include male urethral, cervical, and urine. For urine, collect a 20 - 30 ml first-void sample. For unprotected rectal and pharyngeal exposures, testing these sites is recommended for MSM, sex workers and their contacts, and known contacts of CT / GC cases only. If male rectal site is positive for <i>Chlamydia trachomatis</i>, the laboratory will automatically forward the sample for lymphogranuloma venereum (LGV) testing. Other sites tested only if LGV testing is specifically requested by ordering provider. <p>Culture</p> <ul style="list-style-type: none"> Recommended for pharyngeal, rectal sites in general population, outside of high risk groups noted above where NAAT testing is recommended, and ophthalmic sites. Recommended for potential legal investigations, however NAATs also accepted. Test at least 48 hours post exposure. If male rectal site is positive for <i>Chlamydia trachomatis</i>, the laboratory will automatically forward the sample for LGV testing. Other sites tested only if LGV testing is specifically requested by ordering provider. 	<p>Test of cure by culture, 1-2 weeks after completion of treatment, is indicated when:</p> <ul style="list-style-type: none"> Adherence uncertain Alternative treatment used Pregnant Prepubertal children <p>If culture is not available, test of cure by NAAT will also be accepted. Test of cure should be performed 3-4 weeks after completion of treatment.</p> <p>Chlamydia genetic material may persist for longer than 4 weeks and therefore must be considered when interpreting positive test of cure results.</p> <ul style="list-style-type: none"> LGV: follow up with rectal culture 3-4 weeks post treatment. <p>Repeat testing in all individuals with chlamydia infection is recommended 6 months post-treatment, as re-infection is high.</p>
Gonorrhea	<p>NAAT (Nucleic Acid Amplification Test)</p> <ul style="list-style-type: none"> Increasingly preferred to culture due to increased sensitivity and specificity of the method. Test anytime following exposure. Sampling sites that are generally available include male urethral, cervical, and urine. For urine, collect a 20 - 30 ml first-void sample. For unprotected rectal and pharyngeal exposures, testing these sites is recommended for MSM, sex workers and their contacts, and known contacts of CT / GC cases only. <p>Culture (charcoal medium)</p> <ul style="list-style-type: none"> Recommended for pharyngeal, rectal sites in general population, outside of high risk groups noted above where NAAT testing is recommended, and for ophthalmic sites. Recommended for potential legal investigations, however NAATs also accepted Test at least 48 hours post exposure 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. 	<p>Test of cure by culture, 1 – 2 weeks after completion of treatment, is indicated when:</p> <ul style="list-style-type: none"> Adherence uncertain Alternative treatment used Pregnant Prepubertal children Pharyngeal infection Suspected pharyngeal/rectal treatment failure <p>If culture is not available, test of cure by NAAT will also be accepted. Test of cure should be performed 2–3 weeks after completion of treatment.</p> <p>Repeat testing in all individuals with gonorrhea infection is recommended 6 months post-treatment, as re-infection is high.</p>

STI	Testing Recommendations*	Follow-up
Pelvic Inflammatory Disease	<ul style="list-style-type: none"> • Endocervical swab for diagnostic tests for <i>Neisseria gonorrhoeae</i> and <i>Chlamydia trachomatis</i> • Pelvic examination should include speculum and bimanual examinations • Serum beta HCG to rule out ectopic pregnancy, if applicable 	<p>Clinical re-evaluation of ambulatory clients treated for PID must be done 48-72 hours following initial assessment.</p> <p>If symptoms have not improved, client should be hospitalized for parenteral therapy and consider consultation with colleagues experienced in the care of these patients.</p>
Syphilis	<p>Syphilis Screen</p> <ul style="list-style-type: none"> • Window period can range from 4-12 weeks • This test detects both IgG and IgM antibodies • If screen is reactive or indeterminate, RPR & TP.PA will automatically be completed • Repeat blood work in 2-4 weeks to best stage diagnosis, or if uncertain of diagnosis <p>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.</p>	<p>For primary, secondary, early latent:</p> <ul style="list-style-type: none"> • Repeat serology 3, 6, 12 months after treatment <p>For late latent:</p> <ul style="list-style-type: none"> • Repeat serology 12 and 24 months after treatment
HIV	<p>HIV 1/2 Ag/Ab Combo Screen:</p> <ul style="list-style-type: none"> • Window period is 12 weeks • This test detects both HIV p24 antigen (Ag)* and antibodies to HIV type-1 and type-2 <p>When test is performed within the window period, a negative test does not rule out HIV infection. A 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.</p>	<p>If HIV positive:</p> <ul style="list-style-type: none"> • Consult with colleagues experienced in this area or refer to an HIV specialist <p>For HIV negative:</p> <ul style="list-style-type: none"> • Repeat screen 3 months following potential exposure • Discuss risk reduction strategies

***Consult your local testing laboratory for test availability and specific collection / sampling advice. Sexual Health and Sexually Transmitted/Blood-Borne Infections Prevention and Control Protocol (2018)**

www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Sexual_Health_STIBBI_Protocol_2018_en.pdf

Chlamydia trachomatis and Neisseria gonorrhoeae - Implementation of Nucleic Acid Amplification Testing (NAAT) for Rectal and Pharyngeal Sites (2018)

www.publichealthontario.ca/en/eRepository/LAB_SD_128_CT_GC_NAAT_Rectal_Pharyngeal_Implementation.pdf

***Canadian Guidelines on Sexually Transmitted Infections**

www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines.html

Adapted with permission of Peel Health and York Region Health Services

Toronto Public Health STI Program 416-338-2373

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