STI Treatment Reference Guide*

Preferred Treatment – Treatment Conditions

STI	Recommended Regimens	During Pregnancy	Cephalosporin Allergy or Severe Penicillin Allergy
Chlamydia (CT) (uncomplicated)	• Doxycycline 100 mg PO bid x 7 days **OR** • Azithromycin 1 g PO in a single dose	• Azithromycin 1 g PO in a single dose **OR** • Amoxicillin 500 mg PO tid x 7 days **OR** • Erythromycin 2 g/day PO in divided doses x 7 days **OR** • Erythromycin 1 g/day PO in divided doses x 14 days	Same as recommended treatment regimen.
Gonorrhea (GC) (uncomplicated)	• Ceftriaxone 500 mg IM in a single dose (monotherapy). **Preferred treatment** for all patients The 2021 CDC STI Treatment Guidelines recommend 1 g of ceftriaxone be administered for persons weighing ≥150 kg If C. trachomatis infection has not been excluded by a negative test, concurrent treatment for chlamydia is recommended.	• Ceftriaxone 500 mg IM in a single dose (monotherapy). **Preferred treatment** for all patients The 2021 CDC STI Treatment Guidelines recommend 1 g of ceftriaxone be administered for persons weighing ≥150 kg. If C. trachomatis infection has not been excluded by a negative test, concurrent treatment for chlamydia is recommended.	Gentamicin is available from your local public health unit. Please visit the link below for recommended treatment options. https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines/gonorrhea/treatment-follow-up.html#a3_2
Pelvic Inflammatory Disease (recommended outpatient treatment regimen)	• Ceftriaxone 500 mg IM in a single dose PLUS Doxycycline 100 mg orally bid for 14 days ± Metronidazole 500 mg orally bid for 14 days The 2021 CDC STI Treatment Guidelines recommend 1g of ceftriaxone be administered for persons weighing ≥150 kg. Note: The STBBI Guides~ state to add metronidazole to provide anaerobic coverage for people who are acutely ill (fever, chills and toxicity) or who have bacterial vaginosis. The 2021 CDC STI Treatment Guidelines recommend metronidazole for all PID cases.	Refer to STBBI Guides~ on STI associated syndromes: PID - or call your local public health unit. ~ The Public Health Agency of Canada's Sexually Transmitted and Blood-Borne Infections: Guides for Health Professionals	• 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:** Test of cure (TOC) is recommended for **ALL** positive cases of **N**. **gonorrhoeae at all positive sites.**

STI	Recommended Regimens	During Pregnancy	Cephalosporin Allergy or Severe Penicillin Allergy
Syphilis	Primary, secondary, early latent less than 1 year duration: • Benzathine penicillin G 2.4 million U IM in a single dose **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 evaluated and treated after birth due to high risk of congenital syphilis.	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 STBBI Syphilis Guide or call local Health Department.

Common Signs and Symptoms of STIs

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

- Free medication for reportable bacterial 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; for Primary Syphilis - 3 months, Secondary Syphilis - 6 months, Early Latent Syphilis - 1 year, Late Latent/Tertiary - assess long-term partners and children. Refer to STBBI Syphilis Guide for complete details
- 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 be offered Hepatitis B vaccine - order vaccine at www.toronto.ca/health/professionals
- 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	**NAAT (Nucleic Acid Amplification Test)** • 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 Chlamydia trachomatis, the Public Health Ontario laboratory (PHOL) will automatically forward in-house samples for lymphogranuloma venereum (LGV) testing • Other sites tested only if LGV testing is specifically requested by ordering provider **Culture** • 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 Chlamydia trachomatis, the PHOL will automatically forward in-house samples for LGV testing • Other sites tested only if LGV testing is specifically requested by ordering provider	Test of cure (TOC) by NAAT 3-4 weeks after treatment completion, is indicated when: • Treatment compliance is suboptimal or uncertain • Alternative treatment used • Pregnant • Prepubertal children • Persistent signs or symptoms post-treatment Chlamydia genetic material may persist for longer than 4 weeks and therefore must be considered when interpreting positive TOC results. • LGV: TOC is recommended 3-4 weeks post treatment. Follow up with individuals until CT is negative and symptoms have resolved Repeat testing in all individuals with chlamydia infection is recommended 3 months post-treatment, as re-infection is high. Rectal CT infections have been associated with increased risk of HIV infection in gay, bisexual, and other men who have sex with men, and transgender women. Screening for HIV is highly recommended in these individuals. Consider Pre-Exposure Prophylaxis (PrEP) initiation for HIV negative individuals.

STI	Testing Recommendations*	Follow-Up
Gonorrhea	For all patients with suspected GC infection: Collect swabs for N. gonorrhoeae culture (charcoal medium) **AND** specimens for NAAT for N. gonorrhoeae from all potentially exposed sites (e.g. urethral/cervical, pharyngeal, rectal) • NAAT is more sensitive • Culture allows assessment for drug sensitivity Swabs should be received within 48 hours, if possible, but will be accepted by PHOL up to 72 hours after collection. For urine, collect a 20 - 30 mL first-void sample. At minimum, N. gonorrhoeae culture is recommended plus NAAT for the following scenarios: • Symtomatic patients when antimicrobial resistance is suspected • Test of cure • PID • Pregnancy • Sexual abuse or sexual assault See Public Health Ontario's Test Information Index	Test of cure is currently recommended for ALL positive cases of N. gonorrhoeae at all positive sites. Culture is the preferred method for test of cure and should be performed 3-7 days after completion of treatment. If culture is not available, test of cure by NAAT will also be accepted and should be performed 3–4 weeks after treatment completion. Repeat testing in all individuals with gonorrhea infection is recommended 6 months post-treatment, as re-infection is high. Rectal GC infections have been associated with increased risk of HIV infection in gay, bisexual, and other men who have sex with men, and transgender women. Screening for HIV is highly recommended in these individuals. Consider PrEP initiation for HIV negative individuals.
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	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, RPR will automatically be completed • TPPA is completed on non-reactive RPR when there is no previous TPPA result • 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 6 weeks • This test detects both HIV p24 antigen (Ag)* and antibodies to HIV type-1 and type-2 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.	**If HIV positive:** • Consult with colleagues experienced in this area or refer to an HIV specialist **For HIV negative result following a high-risk:** • Repeat screen at 3 weeks and again at 6 weeks using laboratory-based serology. Refer to Ontario HIV Testing Guidelines • Discuss risk reduction strategies and assess for PrEP - Canadian Guideline on HIV Pre-Exposure Prophylaxis and nonoccupational Post-Exposure Prophylaxis

***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 (2019)
https://files.ontario.ca/moh-sexual-health-blood-born-infections-prevention-control-protocol-en-2019.pdf

Chlamydia trachomatis/Neisseria gonorrhoeae (CT/NG) - Nucleic Acid Amplification Testing (NAAT)
https://www.publichealthontario.ca/en/Laboratory-Services/Test-Information-Index/Chlamydia-trachomatis-NAAT-Swabs

~PHAC - Sexually transmitted and blood-borne infections: Guides for health professionals
https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines.html

Ontario HIV Testing Guidelines
https://hivtestingontario.ca/ontario-guidelines-for-providers-offering-hiv-testing/

Canadian Guideline on HIV Pre-Exposure Prophylaxis and nonoccupational Post-Exposure Prophylaxis
https://www.cmaj.ca/content/189/47/E1448

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Toronto Public Health STI Program 416-338-2373

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