

STI Treatment Reference Guide*

STI	Preferred Treatment - Treatment Conditions			Follow-up
	Recommended Regimens	During Pregnancy	Penicillin Allergy	
Chlamydia (uncomplicated)	<ul style="list-style-type: none"> Azithromycin 1 g orally in a single dose OR Doxycycline 100 mg orally bid x 7 days 	<ul style="list-style-type: none"> Amoxicillin 500 mg orally tid x 7 days OR Erythromycin 2 g/day orally in divided doses x 7 days OR Azithromycin 1 g orally in a single dose 	Same as recommended treatment regimen.	Retest 3-4 weeks post treatment if: <ul style="list-style-type: none"> compliance uncertain alternative treatment used re-exposure pregnant prepubertal children
Gonorrhea (uncomplicated)	<ul style="list-style-type: none"> 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 in a single dose. Second line treatment for all patients <p>* NOTE: Due to quinolone resistance in Ontario, we are not recommending treatment regimens which include quinolones. Treatment of gonorrhoea 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 <i>N. gonorrhoeae</i>. http://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/Pages/Gonorrhea-Guideline.aspx</p>	<ul style="list-style-type: none"> 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 in a single dose. Second line Treatment for all patients 	<ul style="list-style-type: none"> 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 in a single dose 	Culture 3-4 days post treatment or NAAT testing to be completed 2 weeks post treatment if: <ul style="list-style-type: none"> Second line treatment or alternative treatment used antimicrobial resistance compliance uncertain re-exposure pregnant previous treatment failure pharyngeal/rectal prepubertal children persistent signs & symptoms post treatment
Pelvic Inflammatory Disease (recommended outpatient treatment regimens)	<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 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 for 14 days <p>* NOTE: Due to quinolone resistance in Ontario, we are not recommending treatment regimens which include quinolones.</p>	Refer to Canadian Guidelines on STIs - 2006 edition or call local Health Department.	<ul style="list-style-type: none"> 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 	Clinical re-evaluation of ambulatory clients treated for PID must be done in 48-72 hours. If symptoms have not improved client should be hospitalized for parenteral therapy and consider consultation with colleagues experienced in the care of these patients.
Syphilis	Primary, secondary, early latent less than 1 year duration: <ul style="list-style-type: none"> Benzathine penicillin G 2.4 million U IM in a single session If co-infected with HIV treat as for late latent Late latent more than 1 year or of indeterminate duration: <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) 	Same as recommended treatment regimen. If a pregnant woman 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 <ul style="list-style-type: none"> Doxycycline 100 mg orally bid x 14 days Late latent <ul style="list-style-type: none"> Doxycycline 100 mg orally bid x 28 days OR Refer to Canadian Guidelines on STIs or call local Health Department.	For primary, secondary, early latent; repeat serology 1, 3, 6, 12 months after treatment. For late latent; repeat serology 12 and 24 months after treatment.

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 Algoma Public Health.
- 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.
- Algoma Public Health Sexual Health 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 Algoma Public Health at the number below.

Algoma Public Health Sexual Health Program 705-541-7100

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>

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

Adapted with permission: Toronto Public Health, Peel Health and York Region Health Services

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