

# SEXUALLY TRANSMITTED INFECTIONS (STIs) TREATMENT REFERENCE

Medications in pink can be ordered from York Region Public Health.

Chlamydia and Gonorrhoea reporting form is available at: <https://www.york.ca/media/110461>

February 2025

STI	RECOMMENDED TREATMENT (ADULTS)	SPECIAL CONDITIONS		FOLLOW-UP								
		Pregnant and Breastfeeding Individuals	Allergy									
CHLAMYDIA	<p><b>Preferred*</b>  <b>Doxycycline</b> 100 mg PO BID x 7 days  <b>OR</b>  <b>Azithromycin</b> 1 g PO in a single dose                      NOTE: Azithromycin may be preferred when poor compliance is anticipated</p> <p><b>Alternative*</b>                      Levofloxacin 500 mg PO once a day x 7 days                      *See Canadian Guidelines for Sexually Transmitted Infections for recommended treatment for individuals under 18 years of age (weight-based dosing)</p>	<p><b>Azithromycin</b> 1 g PO in a single dose  <b>OR</b>  <b>Amoxicillin</b> 500 mg PO TID x 7 days  <b>OR</b>  <b>Erythromycin</b> 2 g/day PO in divided doses x 7 days  <b>OR</b>  <b>Erythromycin</b> 1 g/day PO in divided doses x 14 days</p>	<p><b>Penicillin allergy:</b>                      Same as recommended treatment regimen</p>	<p><b>Test of cure is not routinely indicated if recommended treatment is taken, symptoms resolve, and there is no risk of re-exposure, EXCEPT IN CASES OF:</b></p> <ul style="list-style-type: none"> <li>Uncertain compliance</li> <li>Alternative treatment is used</li> <li>Pregnancy</li> <li>Prepubertal children</li> <li>Suspected treatment failure</li> </ul> <p>Test of cure (NAAT) should be performed <b>≥ 4 weeks post-treatment completion</b></p>								
	<p><b>Preferred</b>  <b>Doxycycline</b> 100 mg PO bid x 21 days  <b>Alternative</b>  <b>Azithromycin</b> 1 g PO once weekly x 3 weeks</p>	<p><b>Erythromycin</b> 500 mg PO QID x 21 days</p>										
GONORRHEA	<p><b>Preferred**</b>  <b>Ceftriaxone</b> 500 mg IM as a single dose (monotherapy)</p> <p><b>Alternative**</b>  <b>For anogenital infections:</b>  <b>Cefixime</b> 800 mg PO in a single dose PLUS <b>Doxycycline</b> 100 mg PO BID x 7 days  <b>For pharyngeal infections:</b>  <b>Cefixime</b> 800 mg PO in a single dose PLUS <b>Azithromycin</b> 1 g PO in a single dose                      **See Canadian Guidelines for Sexually Transmitted infections for recommended treatment for individuals 9 years and under and those with complicated Gonorrhoea infections</p>	<p>Same as preferred treatment regimen.</p> <p>In cases of cephalosporin allergy or other contraindications, consult with an infectious disease specialist</p>	<p><b>Cephalosporin allergy or resistance or severe non-IgE-mediated reaction to penicillins:</b>  <b>Azithromycin</b> 2 g PO in a single dose PLUS <b>Gentamicin</b> 240 mg IM in a single dose</p> <p><b>Contraindication to macrolides and cephalosporins:</b>  <b>Gentamicin</b> 240 mg IM in a single dose PLUS <b>Doxycycline</b> 100 mg orally BID x 7 days</p>	<p><b>A test of cure (TOC) is recommended for ALL positive sites in ALL cases.</b> This is particularly important when regimens other than the preferred regimen are used. Refer to the following table for more information on the timing for TOC:</p> <table border="1"> <thead> <tr> <th>Situation</th> <th>Choice of test and timing for TOC:</th> </tr> </thead> <tbody> <tr> <td>Asymptomatic individuals</td> <td>Obtain NAAT 3-4 weeks after completion of treatment</td> </tr> <tr> <td>TOC is performed within 3 weeks after completion of treatment</td> <td>Obtain <b>culture</b> at least 3 days after completion of treatment</td> </tr> <tr> <td>Treatment failure is suspected more than 3 weeks after treatment (e.g., when symptoms persist or recur after treatment)</td> <td>Obtain both NAAT and culture</td> </tr> </tbody> </table>	Situation	Choice of test and timing for TOC:	Asymptomatic individuals	Obtain NAAT 3-4 weeks after completion of treatment	TOC is performed within 3 weeks after completion of treatment	Obtain <b>culture</b> at least 3 days after completion of treatment	Treatment failure is suspected more than 3 weeks after treatment (e.g., when symptoms persist or recur after treatment)	Obtain both NAAT and culture
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<p><b>Primary, Secondary, Early latent (less than one year duration)**</b>  <b>Benzathine penicillin G-LA</b> 2.4 million units IM as a single dose</p> <p><b>Late latent, cardiovascular syphilis and gumma</b>  <b>Benzathine penicillin G- LA</b> 2.4 million units IM weekly for three (3) doses</p> <p><b>Neurosyphilis</b>                      Refer to a neurologist or infectious disease specialist</p> <p>**NOTE: For HIV co-infection, some experts recommend three weekly doses of benzathine penicillin G-LA.</p>	<p>Refer to <b>Syphilis (in Pregnancy)</b> section</p>	<p><b>Penicillin allergy:</b>                      Consider penicillin desensitization</p> <p><b>Primary, Secondary, Early latent (less than one year duration)</b>  <b>Doxycycline</b> 100 mg PO bid x 14 days</p> <p><b>Late latent, cardiovascular syphilis and gumma</b>  <b>Doxycycline</b> 100 mg PO bid x 28 days</p> <p>NOTE: Only in exceptional circumstances and when close follow-up is assured; Ceftriaxone 1 g IV or IM for 10 days can be considered for all stages of syphilis</p>	<p><b>Recommended post treatment serology:</b>  <b>Primary, Secondary and Early latent</b> 3, 6, and 12 months  <b>Late latent and tertiary (except neurosyphilis)</b> 12 and 24 months  <b>Neurosyphilis</b> 6, 12 and 24 months  <b>Co-infected with HIV</b> 3, 6, 12, and 24 months and yearly thereafter regardless of stage</p>									
SYPHILIS (IN PREGNANCY)	<p><b>Manage syphilis during pregnancy in consultation with:</b></p> <ul style="list-style-type: none"> <li>obstetric/maternal-fetal specialist</li> <li>adult infectious disease specialist</li> <li>pediatric infectious disease specialist</li> </ul> <p><b>Referrals should NOT delay treatment</b></p> <p><b>Preferred</b>                      Primary, Secondary, Early latent (less than one year duration)  <b>Benzathine penicillin G-LA</b> 2.4 million units IM as a single dose                      NOTE: Some experts recommend that primary, secondary and early latent cases be treated with two (2) doses of benzathine penicillin G- LA 2.4 million units one (1) week apart, particularly in the third trimester</p> <p><b>Late latent, cardiovascular syphilis and gumma</b>  <b>Benzathine penicillin G- LA</b> 2.4 million units IM weekly for three (3) doses</p> <p><b>Neurosyphilis</b>                      Refer to a neurologist or infectious disease specialist</p> <p><b>Congenital syphilis</b>                      Refer to an infectious disease specialist</p>		<p><b>Penicillin allergy:</b>                      Consider penicillin desensitization</p> <p><b>NOTE: There is no satisfactory alternative to penicillin for the treatment of syphilis in pregnancy</b></p>	<p><b>Primary, Secondary and Early latent</b> monthly until delivery if at high risk of re-infection, and 1, 3, 6 and 12 months</p> <p><b>Late latent</b> at time of delivery and 12 and 24 months</p> <p><b>Congenital</b> refer to Canadian Guidelines for Sexually Transmitted infections for timelines</p>								

<p><b>5 P's of sexual health assessment *</b></p> <p><b>Partners:</b> Number and gender  <b>Practices:</b> Types – oral, vaginal, anal  <b>Protection:</b> Use of condoms and other methods  <b>Past history of STIs:</b> Risk of repeat infections, HIV status and hepatitis risk  <b>Pregnancy:</b> Desire of pregnancy and use of prevention methods</p> <p>* from ontarioprep.ca</p>	<p><b>Routine testing</b></p> <p>Routine STI testing is recommended for all sexually active individuals every <b>6 months to 1 year.</b>                      For those at greater risk of infection, routine testing is recommended every <b>3 months.</b></p>	<p><b>Health teaching</b></p> <p>Should include: transmission risks and reinforcing measures for protection from future STIs (condom use, testing prior to sex), and advising client and partner(s) to <b>abstain from sexual activity for 7 days after treatment completion and after symptoms have resolved.</b></p>	<p><b>Partner notification</b></p> <p>All sexual partners must be notified according to the following timeframes:  <b>Chlamydia and gonorrhoea:</b>                      Past 60 days (If no partners in the past 60 days, the last sexual partner must be notified)  <b>Infectious syphilis:</b>                      Primary: 3 months                      Secondary: 6 months                      Early latent: 1 year  <b>Late latent/tertiary:</b> Assess other long-term partners and children as appropriate</p>	<p><b>Pre-exposure prophylaxis (PrEP)</b></p> <p>PrEP is a highly effective HIV prevention strategy. <b>Consider recommending PrEP for MSM/Transgender women that have a history of infectious syphilis or rectal bacterial infection.</b>                      For more information visit <a href="http://ontarioprep.ca">ontarioprep.ca</a> or call the SBBI on-duty line at <b>1-877-464-9675 ext. 74214</b></p>	<p><b>HPV, Hepatitis A, Hepatitis B vaccine</b></p> <p>Can be ordered through York Region Public Health.                      Call <b>1-877-464-9675 ext. 74033</b> or access the online order forms at <a href="http://york.ca">york.ca</a></p>	<p><b>STI medication</b></p> <p>To request one-time STI treatment, or to become a stock clinic provider, contact the SBBI on-duty line at <b>1-877-464-9675 ext. 74214.</b>                      For Health Care Providers outside of York Region, please contact your local health unit.</p>
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