

Chlamydia/Gonorrhea recommended treatments

Common Signs & Symptoms of Chlamydia & Gonorrhea (often asymptomatic)

- Abnormal discharge
- Abnormal vaginal bleeding
- Dysuria
- Itchiness
- Testicular or rectal pain
- Painful intercourse
- Lower abdominal pain

Testing

- Assess full sexual history to determine all possible sites exposed during sexual activity (i.e. pharyngeal, rectal, cervical, urethral).
- Culture is the preferred method for urethral and cervical testing when symptoms are present, while culture is the only method of testing available for pharyngeal and rectal sites.
- All culture tests must be done using the Public Health lab specimen kits and requisitions.
- Urine nucleic acid amplification (NAAT) testing to be used for screening asymptomatic individuals.

Treatment

- All sexual partners within the past 60 days should be tested and empirically treated regardless of test results or symptoms.
- Health care professionals can access free STI medication for their patients by calling 1-877-721-7520 ext. 8831.

Test of Cure Necessary if:

- Second-line treatment is used
- Patient is pregnant
- Re-exposure may have occurred
- Compliance is an issue
- Previous treatment failed
- Persistent symptoms post-treatment
- Pharyngeal/rectal gonococcal infection

TOC Culture ≥ 4 days post-treatment for gonorrhea and 7 days for chlamydia.

TOC NAAT ≥ 2 weeks post treatment for gonorrhea and 3-4 weeks for chlamydia.

Report all STI cases and any suspected or confirmed gonorrhea treatment failures to Simcoe Muskoka District Health Unit by calling 1-877-721-7520 ext. 8831.

For information on the prevention, diagnosis, or treatment of all STIs (except gonorrhea), please refer to the current Canadian Guidelines on Sexually Transmitted Infections, www.phac-aspc.gc.ca/std-mts/sti-its/cgsti-ldcits/index-eng.php.

For gonorrhea, please refer to Ontario's 2013 guidelines, www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/Pages/Gonorrhea-Guideline.aspx.

	First Line Therapy	Second Line Therapy	Pregnancy & Nursing
CHLAMYDIA	<p>Doxycycline 100 mg PO bid for 7 days OR Azithromycin 1 g PO in a single dose</p>	<p>Ofloxacin 300 mg PO bid for 7 days OR Erythromycin 500 mg PO qid for 7 days OR Erythromycin 250 mg PO qid for 14 days</p>	<p>Amoxicillin 500 mg PO tid for 7 days OR Erythromycin 500 mg qid for 7 days OR Erythromycin 250 mg qid for 14 days OR Azithromycin 1 g PO in a single dose</p>
GONORRHEA	<p>Ceftriaxone 250 mg IM in a single dose AND Azithromycin 1 g PO in a single dose</p> <p>Dual antibiotic therapy is recommended for the treatment of gonorrhea</p>	<p>Cefixime 400 mg PO in a single dose AND Azithromycin 1 g PO in a single dose OR Azithromycin 2 g PO in a single dose</p> <p>Use only in cases of allergy or if first-line therapy is unavailable</p>	<p>Ceftriaxone 250 mg IM in a single dose AND Azithromycin 1 g PO in a single dose</p>
PID	<p>Ceftriaxone 250 mg IM one dose AND Doxycycline 100 mg PO bid for 14 days AND Metronidazole 500 mg PO bid for 14 days to this regime for additional anaerobic coverage and the treatment of bacterial vaginosis</p>	<p>See the Canadian Guidelines on Sexually Transmitted Infections for other PID treatment options</p>	<p>See the Canadian Guidelines on Sexually Transmitted Infections for other PID treatment options</p>

Consider pelvic inflammatory disease (PID) if patient is complaining of abdominal pain. PID signs and symptoms may also include more severe lower abdominal pain, fever, cervical motion tenderness and nausea/vomiting.