

STI	PREFERRED TREATMENT - TREATMENT CONDITIONS			FOLLOW-UP
	RECOMMENDED REGIMENS	DURING PREGNANCY	PENICILLIN ALLERGY	
CHLAMYDIA	<ul style="list-style-type: none"> Azithromycin 1g PO in single dose if poor compliance is expected <p>OR</p> <ul style="list-style-type: none"> Doxycycline 100mg PO bid for 7 days <p>ALTERNATIVE</p> <ul style="list-style-type: none"> Ofloxacin 300mg PO bid for 7 days <p>OR</p> <ul style="list-style-type: none"> Erythromycin 2g/day PO in divided doses for 7 days <p>OR</p> <ul style="list-style-type: none"> Erythromycin 1g/day PO in divided doses for 14 days 	<ul style="list-style-type: none"> Azithromycin 1g PO in a single dose if poor compliance is expected <p>OR</p> <ul style="list-style-type: none"> Amoxicillin 500mg PO tid for 7 days <p>OR</p> <ul style="list-style-type: none"> Erythromycin 2g/day PO in divided doses for 7 days <p>OR</p> <ul style="list-style-type: none"> Erythromycin 1g/day PO in divided doses for 14 days 	Same as recommended treatment regimen.	<p>Repeat testing of all individuals at 6 months is recommended.</p> <p>Test of cure should be performed 3-4 weeks after treatment for all pregnant women, and nursing mothers who have used erythromycin or amoxicillin.</p>
GONORRHEA <small>All clients with gonorrhea should receive concurrent treatment as above to cover potential co-existing chlamydial infection</small>	<ul style="list-style-type: none"> Cefixime 400mg PO in a single dose <p>OR</p> <ul style="list-style-type: none"> Ceftriaxone 125mg IM in a single dose 	<ul style="list-style-type: none"> Cefixime 400mg orally in a single dose <p>OR</p> <ul style="list-style-type: none"> Ceftriaxone 125mg IM in a single dose <p>OR</p> <ul style="list-style-type: none"> Spectinomycin 2g IM in a single dose 	<ul style="list-style-type: none"> Azithromycin 2g PO in a single dose <p>OR</p> <ul style="list-style-type: none"> Spectinomycin 2g IM in a single dose 	<p>Culture 4-5 days post treatment if:</p> <ul style="list-style-type: none"> Alternative treatment used (especially if Ciprofloxacin is used) Compliance uncertain Pharyngeal/Rectal <p>NAAT - 3 weeks if this is only choice</p>
EPIDIDYMITIS	<ul style="list-style-type: none"> Doxycycline 100 mg PO bid for 10-14 days <p>PLUS</p> <ul style="list-style-type: none"> Ceftriaxone 250 mg IM in a single dose 		<ul style="list-style-type: none"> Azithromycin 2g PO in a single dose 	Retest post treatment if compliance is uncertain or if alternative treatment is used.
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>Late Latent more than 1 year 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>Please call the Sexual Health Centre to obtain Benzathine penicillin.</p>	<p>Same as recommended treatment regimen.</p> <p>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.</p>	<p>Desensitization and use of penicillin preferred.</p> <p>Primary, secondary, early latent</p> <ul style="list-style-type: none"> Doxycycline 100mg orally bid x 14 days <p>Late Latent</p> <ul style="list-style-type: none"> Doxycycline 100mg orally bid x 28 days <p>OR</p> <p>Refer to Canadian STI Guidelines available at www.regional.niagara.on.ca</p>	<p>For primarily, secondary, early latent; repeat serology 1, 3, 6, 12 and 24 months after treatment.</p> <p>For late latent: repeat serology 12 and 24 months after treatment.</p>
LGV <small>(Lymphogranuloma venereum)</small>	<ul style="list-style-type: none"> Doxycycline 100mg PO bid for 21 days <p>ALTERNATIVE</p> <ul style="list-style-type: none"> Erythromycin 500mg PO qid for 21 days Possibly, Azithromycin 1g PO once weekly for 3 weeks 	<ul style="list-style-type: none"> Erythromycin base 500mg orally four times a day x 21 days Azithromycin 1g orally for 3 weeks (may be effective, but not proven) 	<ul style="list-style-type: none"> Erythromycin base 500mg orally four times a day x 21 days (DO NOT use estolate formulation in pregnancy) 	Test of cure should be repeated until tests are negative and patient has recovered.

Common Signs and Symptoms of STIs

Asymptomatic • Discharge • Dysuria • Itchiness and Redness • Abnormal Vaginal Bleeding • Discomfort or Pain

- Free treatment for reportable STIs is available from the Niagara Region Public Health Department Sexual Health Centres
- All recent sexual partners must be tested and treated. For Chlamydia and Gonorrhea, trace back 60 days. For Syphilis, refer to Canadian STI Guidelines.
- If considering a UTI and client is sexually active, test for STIs.
- For treatment of Pelvic Inflammatory Disease, please refer to Canadian STI Guidelines at www.regional.niagara.on.ca or call the St. Catharines Sexual Health Centre at 905-688-3817.
- Rectal swabs for STIs are recommended as colonization can take place without anal intercourse.
- For situations not listed above (e.g. congenital infections, infections in children, HIV infections or co-infections) please contact the Niagara Region Public Health Department Sexual Health Program at 905-688-3817.