

Chlamydia and Gonorrhea REFERENCE GUIDE

STI	PREFERRED TREATMENT - TREATMENT CONDITIONS				FOLLOW-UP
	Recommended Regimens	During Pregnancy	Cephalosporin Allergy or Anaphylactic Penicillin Allergy	Testing Recommendations	
Chlamydia (CT)	<ul style="list-style-type: none"> Azithromycin 1 g orally single dose OR Doxycycline 100 mg orally BID for 7 days 	<ul style="list-style-type: none"> Azithromycin 1 g orally in single dose OR Amoxicillin 500 mg orally TID for 7 days OR Erythromycin 2 g/day orally in divided doses for 7 days 	Same as recommended treatment regimen.	<p>Nucleic Acid Amplification Test (NAAT): Increasingly preferred to culture due to increase sensitivity and specificity.</p> <p>Males: Urine NAAT (first void sample) – Asymptomatic or symptomatic males.</p> <p>Female: Vaginal/cervical NAAT preferred first-line. Urine NAAT (first void sample) less sensitive than vagina/cervical swabs. If PID suspected or experiencing change in discharge also consider culture for Gonorrhea.</p> <p>Rectal/Pharyngeal NAAT swab testing recommended for:</p> <ul style="list-style-type: none"> MSM Engaging in sex trade work or sexual contact of sex trade worker For known sexual contacts of those infected with CT/GC <p>If male rectal site positive for CT lab will automatically forward sample for lymphogranuloma (LGV) testing.</p>	<p>Test of Cure (TOC) by NAAT should be done 3-4 weeks after completion of treatment when:</p> <ul style="list-style-type: none"> Alternative treatment used Pregnancy Adherence uncertain <16 yrs of age Chlamydia genetic material may persist for longer than 4 weeks and must be considered when interpreting positive TOC results Repeat testing is recommended 6 months post-treatment for all positive individuals <p>Partner Notification: May be done by the patient, health care providers or Public Health. Patient's partners in the last 2 months (60 days) will need to be notified to have testing and treatment.</p>
Gonorrhea (GC)	<ul style="list-style-type: none"> Ceftriaxone 250 mg IM single dose PLUS Azithromycin 1 gm orally single dose First-line treatment for all patients 	Same as recommended treatment	<p>Gentamicin is available from your local Public Health Unit (PHU). Please review Ontario Gonorrhea Testing and Treatment Guide, 2nd Edition by Public Health Ontario (PHO) for further information.</p>	<p>NAAT: Increasingly preferred to culture due to increase sensitivity and specificity.</p> <p>Males: Urine NAAT (first void sample) – Asymptomatic or symptomatic.</p> <p>Female: Vaginal/cervical NAAT preferred first-line. Urine NAAT (first void sample) less sensitive than vaginal/cervical swabs.</p> <p>Rectal/Pharyngeal NAAT swab testing recommended for:</p> <ul style="list-style-type: none"> MSM Engaging in sex trade work or sexual contact of sex trade worker For known sexual contacts of those infected with GC <p>GC culture is recommended in specific clinical situations, e.g., test of cure, testing for medico-legal purposes (see the full PHO guide for when culture is recommended).</p>	<p>TOC:</p> <ul style="list-style-type: none"> Culture is the first-line testing method for test of cure for GC and should be performed 3 to 7 days post-treatment. NAAT is a second-line option for test of cure and should be performed 2 to 3 weeks post-treatment TOC recommended when: <ul style="list-style-type: none"> Alternative treatment used Pregnancy Pharyngeal infection See full list in PHO GC Guidelines Repeat testing is recommended 6 months post-treatment for all positive individuals <p>Partner Notification: Public Health nurses will follow up with client to discuss partners in the last 2 months (60 days).</p>
Pelvic Inflammatory Disease (PID) /Epididymitis	<ul style="list-style-type: none"> Ceftriaxone 250 mg IM in single dose PLUS Doxycycline 100 mg orally BID for 14 days 	Refer to Public Health Agency of Canada (PHAC) or call local Public Health Unit (PHU)	<p>Spectinomycin is no longer available. Please contact your local PHU to discuss alternative options or consult an Infectious Disease specialist.</p>	<p>Pelvic exam to be completed, should include speculum with bimanual exam and endocervical swabs for CT and GC.</p> <p>Serum beta HCG to rule out ectopic pregnancy.</p>	<p>If symptoms do not improve, client should be seen at the hospital. Retest post treatment if compliance is an issue or if alternative treatment is used.</p>

- Free treatment for reportable STIs is available from Niagara Region Public Health Sexual Health Centres: 905-688-3817
- For most up-to-date Gonorrhea treatment refer to 2nd Edition GC Testing/Treatment Guidelines on the Public Health Ontario website
- If considering Urinary Tract Infection and client is sexually active test for STIs as well
- For situations not listed above (congenital infections, infections in children, HIV infections or co-infections) please contact Niagara Region Public Health
- For testing/treatment and partner notification for syphilis please see the Syphilis Infection Guideline, which can be ordered on the Niagara Region Public Health website
- Clients with ongoing risks for STIs or Blood-borne infections consider CT, GC, Syphilis and HIV testing every 3 months

Common Signs and Symptoms for CT/GC: asymptomatic, discharge, dysuria, itchiness and redness, abnormal bleeding, lower abdominal discomfort or pain