S·T·I· TREATMENT GUIDELINES

STI	PREFERRED TREATMENT - TREATMENT CONDITIONS			FOLLOW-UP
	RECOMMENDED REGIMEN	PREGNANCY REGIMEN	PENICILLIN ALLERGY	
CHLAMYDIA	• Azithromycin 1 g PO in single dose if poor compliance is expected **OR** • Doxycycline 100 mg PO bid for 7 days **ALTERNATIVE** • Ofloxacin 300 mg PO bid for 7 days **OR** • Erythromycin 2 g/day PO in divided doses for 7 days **OR** • Erythromycin 1 g/day PO in divided doses for 14 days	• Azithromycin 1 g PO in a single dose if poor compliance is expected **OR** • Amoxicillin 500 mg PO tid for 7 days **OR** • Erythromycin 2 g/day PO in divided doses for 7 days **OR** • Erythromycin 1 g/day PO in divided doses for 14 days	• Same as recommeded treatment regimen.	Test of cure should be performed 3-4 weeks after treatment for all pregnant women and nursing mothers who have used erythromycin or amoxicillin. All other clients only require a 6 month repeat test.
GONORRHEA All patients treated for gonorrhea should also be treated for chlamydial infection, unless a chlamydia test result is available and negative.	• Cefixime 400 mg PO in a single dose **OR** • Ciprofloxacin 500 mg PO in a single dose (unless not recommended due to quinolone resistance) **OR** • Ofloxacin 400 mg PO in a single dose (unless not recommended due to quinolone resistance) **OR** • Ceftriaxone 125 mg IM in a single dose	• Cefixime 400 mg orally in a single dose **OR** • Ceftriaxone 125 mg IM in a single dose **OR** • Spectinomycin 2 g IM in a single dose	• Azithromycin 2 g PO in a single dose **OR** • Spectinomycin 2 g IM in a single dose	Culture 4-5 days post treatment if: • Alternative treatment used (especially if Ciprofloxacin is used) • Compliance uncertain • Pharyngeal/Rectal If a urine test (NAAT) is used for follow up testing instead of a swab, delay specimen collection for 3 weeks post treatment
PID	**Regimen A:** • Ceftriaxone 250mg IM in a single dose PLUS doxycycline 100mg PO bid for 14 days **OR** • Cefoxitin 2g IM PLUS probenecid 1g PO in a single dose concurrently once PLUS doxycycline 100mg PO bid for 14 days • Many authorities recommend the addition of metronidazole 500mg PO bid for 14 days to this regimen for additional anaerobic coverage and treatment of bacterial vaginosis **Regimen B:** • Ofloxacin 400mg PO bid for 14 days PLUS/MINUS metronidazole 500mg PO bid for 14 days **OR** • Levofloxacin 500mg PO qd PLUS/MINUS metronidazole 500mg PO bid for 14 days	• Pregnant women with suspected PID should be hospitalized for evaluation.		Individuals receiving outpatient therapy should be re-evaluated 2-3 days after treatment has been initiated. If no clinical improvement, hospital admission is required.

See back for: EPIDIDYMITIS, SYPHILIS and LGV (Lymphogranuloma venerum)

STI	PREFERRED TREATMENT - TREATMENT CONDITIONS			FOLLOW-UP
	RECOMMENDED REGIMEN	PREGNANCY REGIMEN	PENICILLIN ALLERGY	
EPIDIDYMITIS	• Doxycycline 100 mg PO bid for 10-14 days PLUS • Ceftriaxone 250 mg IM in a single dose OR • Ciprofloxacin 500 mg PO in a single dose (unless not recommended due to quinolone resistence)		• Azithromycin 2 g PO in a single dose	Retest post treatment if compliance is uncertain or if alternative treatment is used.
SYPHILIS	**Primary, secondary, early latent, less than 1 year duration:** • Benzathine Penicillin G 2.4 million U IM in a single session **Late latent, more than 1 year of indeterminate duration:** • Benzathine Penicillin G 2.4 million U IM once/week for 3 successive weeks (Call the Sexual Health Clinic to obtain.)	**Primary, secondary, early latent:** Benzathine Penicillan G 2.4 million units IM weekly for 1-2 doses There is no satisfactory alternative to penicillin for the treatment of syphilis in pregnancy; strongly consider penicillin desensitization followed by treatment with penicillin **Late Latent:** Benzathine Penicillin G 2.4 million units IM weekly for 3 doses	• Strongly consider penicillin desensitization. **Primary, secondary, early latent:** Doxycycline 100 mg PO bid for 14 days Ceftriaxone 1g IV or IM daily for 10 days **Late Latent:** Doxycycline 100 mg PO bid for 28 days Ceftriaxone 1g IV or IM daily for 10 days	**For primary, secondary and early latent:** repeat serology at 1, 3, 6, and 12 months after treatment. **For late latent:** repeat serology 12 and 24 months after treatment.
LGV Lymphogranuloma venerum)	• Doxycycline 100 mg PO bid for 21 days ALTERNATIVE • Erythromycin 500 mg PO qid for 21 days • Possibly, Azithromycin 1 g PO once weekly for 3 weeks	• Erythromycin base 500 mg orally 4 times a day x 21 days • Azithromycin 1 g orally for 3 weeks (may be effective, but not proven)	• Erythromycin base 500 mg 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.

See front for: CHLAMYDIA, GONORRHEA and PID.

Adapted with permission from Niagara Region Public Health Department, Halton Region Health Department and from the 2008 STD (Canadian) Guidelines Updated Jan 2010

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