2013 REVISED S·T·I· TREATMENT GUIDELINES

STI	PREFERRED TREATMENT - TREATMENT CONDITIONS			FOLLOW-UP
	RECOMMENDED REGIMEN	PREGNANCY REGIMEN	PENICILLIN ALLERGY	
CHLAMYDIA	• Azithromycin 1 g po Stat 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	**First Line Therapy:** • Ceftriaxone 250 mg IM Stat + Azithromycin 1 g po Stat **Alternate Therapy to be considered if first line therapy is not available or allergies exist:** • Cefixime 400 mg po Stat + Azithromycin 1 g po Stat **OR** • Spectinomycin 2 g IM Stat + Azithromycin 1 g po Stat **OR** • Azithromycin 2 g po Stat	**First Line Therapy:** • Ceftriaxone 250 mg IM Stat + Azithromycin 1 g po Stat **Alternate Therapy to be considered if first line therapy is not available or allergies exist:** • Cefixime 400 mg po Stat + Azithromycin 1 g po Stat **OR** • Spectinomycin 2 g IM Stat + Azithromycin 1 g po Stat **OR** • Azithromycin 2 g po Stat	• Spectinomycin 2 g IM Stat + Azithromycin 1 g po Stat **OR** • Azithromycin 2 g po Stat	**Test of Cure** If pharyngeal/rectal infection, pregnancy, potential susceptibility, or potential treatment failure: • Culture >4 days post treatment (preferred) • NAAT 2 weeks post treatment (alternative) If none of the above have occurred, rescreen 6 months post treatment for potential repeat infection
PID	**Regimen A:** • Ceftriaxone 250 mg IM in a single dose PLUS doxycycline 100mg po bid for 14 days **OR** • Cefoxitin 2 g IM PLUS probenecid 1 g po in a single dose concurrently once PLUS doxycycline 100 mg po bid for 14 days • Many authorities recommend the addition of metronidazole 500 mg po bid for 14 days to this regimen for additional anaerobic coverage and treatment of bacterial vaginosis **Regimen B:** • Ofloxacin 400 mg po bid for 14 days PLUS/MINUS metronidazole 500 mg po bid for 14 days **OR** • Levofloxacin 500 mg po qd PLUS/MINUS metronidazole 500 mg 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 1 g IV or IM daily for 10 days **Late Latent:** Doxycycline 100 mg po bid for 28 days Ceftriaxone 1 g 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.

References:
Public Health Ontario. (2013). Guidelines for testing and treatment of gonorrhea in Ontario: Quick reference guide. Retrieved from http://www.publichealthontario.ca/en/eRepository/Guidelines_Gonorrhea_Ontario_Guide_2013.pdf

Public Health Agency of Canada (2010) Canadian guidelines on sexually transmitted infections
http://www.phac-aspc.gc.ca/std-mts/sti-its/cgsti-ldcits/index-eng.php

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