

# Chlamydia and Gonorrhea Treatment Guide

STI	PREFERRED TREATMENT - TREATMENT CONDITIONS			FOLLOW-UP
	RECOMMENDED REGIMENS	FOR PREGNANT OR LACTATING PEOPLE	CEPHALOSPORIN OR ANAPHYLACTIC PENICILLIN ALLERGY	
CHLAMYDIA	<p><b>Azithromycin</b> 1 g PO single dose or <b>Doxycycline</b> 100 mg PO BID x 7 days</p> <p><b>Note:</b> Azithromycin may be preferred when poor compliance is anticipated.</p>	<p><b>Azithromycin</b> 1 g PO single dose or <b>Amoxicillin</b> 500 mg PO TID x 7 days or <b>Erythromycin</b> 2 g/day PO in divided doses x 7 days or <b>Erythromycin</b> 1g/day PO in divided doses x 14 days</p>	Same as recommended treatment regimen.	<p><b>TEST OF CURE (NAAT):</b> 3-4 weeks after completion of treatment when:</p> <ul style="list-style-type: none"> <li>• Symptoms persist post-treatment</li> <li>• Alternative treatment is used</li> <li>• Pregnancy</li> <li>• Adherence uncertain</li> <li>• &lt;16 yrs of age</li> </ul> <p><b>NOTE:</b> Chlamydia genetic material may persist for longer than 4 weeks and must be considered when interpreting positive TOC results.</p> <p><b>REPEAT TESTING:</b> recommended 3 months post-treatment for all positive individuals because risk of re-infection is high.</p> <p><b>PARTNER NOTIFICATION:</b> May be done by the patient, HCP 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	<p><b>FIRST LINE TREATMENT FOR ALL PATIENTS</b></p> <p><b>Ceftriaxone</b> 250 mg IM single dose AND <b>Azithromycin</b> 1 g PO single dose</p> <p><b>Alternative therapeutic options</b> **only consider if first-line therapy is not possible and must be followed by a test of cure:</p> <p><b>Cefixime</b> 400 mg PO AND <b>Azithromycin</b> 1 g PO in single dose</p>	Same as recommended treatment regimen.	<p>Gentamicin is available from HNHU by special request - 519-426-6170 ext. 3438</p> <p>Please review <a href="#">Ontario Gonorrhea Testing and Treatment Guide, 2nd Edition</a> for further treatment information.</p>	<p><b>TEST OF CURE</b> Culture is the first-line testing method for test of cure for gonorrhea and should be performed 3 to 7 days post-treatment.</p> <p><b>NAAT</b> is a second-line option and should be performed 2 to 3 weeks post-treatment.</p> <p><b>REPEAT TESTING:</b> recommended 6 months post-treatment for all positive individuals.</p> <p><b>PARTNER NOTIFICATION:</b> May be done by the patient, HCP or Public Health. Patient's partners in the last 2 months (60 days) will need to be notified to have testing and treatment.</p>

Free treatment for reportable STIs is available from HNHU

For most up-to-date Gonorrhea treatment refer to Ontario Gonorrhea Testing and Treatment Guide, 2nd Edition

For situations not listed above (LGV, PID/epididymitis, congenital infections, infections in children, HIV infections or co-infections, please contact HNHU Infectious Disease Team

For testing/treatment and partner notification for syphilis please see the HNHU Syphilis Treatment Guideline on the HNHU website

Clients with ongoing risks for STIs or blood-borne infections, consider STI and HIV testing every 3 months