

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>Azithromycin 1 g PO single dose or Doxycycline 100 mg PO BID x 7 days</p> <p>Note: Azithromycin may be preferred when poor compliance is anticipated.</p>	<p>Azithromycin 1 g PO single dose or Amoxicillin 500 mg PO TID x 7 days or Erythromycin 2 g/day PO in divided doses x 7 days or Erythromycin 1g/day PO in divided doses x 14 days</p>	Same as recommended treatment regimen.	<p>TEST OF CURE (NAAT): 3-4 weeks after completion of treatment when:</p> <ul style="list-style-type: none"> Symptoms persist post-treatment Alternative treatment is used Pregnancy Adherence uncertain <16 yrs of age <p>NOTE: Chlamydia genetic material may persist for longer than 4 weeks and must be considered when interpreting positive TOC results.</p> <p>REPEAT TESTING: recommended 3 months post-treatment for all positive individuals because risk of re-infection is high.</p> <p>PARTNER NOTIFICATION: 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>FIRST LINE TREATMENT FOR ALL PATIENTS Ceftriaxone 500 mg IM single dose</p> <p>Alternative treatment for anogenital infections: Cefixime 800 mg PO in a single dose AND Doxycycline 100mg PO BID x 7 days</p> <p>Alternative treatment for pharyngeal infections: Cefixime 800 mg PO in a single dose AND Azithromycin 1g PO in a single dose</p>	Alternative NG treatment regimens are not recommended in pregnancy.	<p>Gentamicin is available from GEPH by special request - 519-426-6170 ext. 3438</p> <p>Please review Gonorrhea Guide: Treatment and Follow-Up for further treatment information.</p>	<p>TEST OF CURE Culture is the first-line testing method for test of cure for gonorrhea and should be performed at least 3 days after completion of treatment.</p> <p>NAAT is a second-line option and should be performed 3 to 4 weeks post-treatment.</p> <p>REPEAT TESTING: recommended 6 months post-treatment for all positive individuals.</p> <p>PARTNER NOTIFICATION: 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 GEPH

For most up-to-date Gonorrhea treatment refer to [Gonorrhea Guide: Treatment and Follow-Up](#)

For situations not listed (LGV, PID/epididymitis, congenital infections, infections in children, HIV infections or co-infections), please contact GEPH Infectious Diseases Team

For testing/treatment and partner notification for syphilis please see the GEPH Syphilis Treatment Guideline on hnhu.org/bchu.org.

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