



STI Treatment Reference Guide

STI	Recommended Regimens	PREFERRED TREATMENT During Pregnancy	Alternative Therapy	FOLLOW-UP
Chlamydia	Azithromycin 1g orally in a single dose OR Doxycycline 100mg orally BID x7 days	Azithromycin 1g orally in a single dose OR Amoxicillin 500mg orally TID x7 days OR Erythromycin 2g/day orally in divided doses x7 days OR Erythromycin 1g/day orally in divided doses x14 days	Levofloxacin 500 mg orally once a day x7 days	TOC using NAAT 3 weeks post-treatment if: <ul style="list-style-type: none"> • Symptoms or signs persist post-therapy • Compliance uncertain • Alternative therapy used • Re-exposure • Pregnant • Prepubertal children Contact Tracing: 60 days prior to symptom onset or specimen collection date, whichever is earlier.
	Ceftriaxone 500mg IM in a single dose *if chlamydia has not been excluded by a negative test, concurrent treatment is recommended. Refer to Canadian STI Guidelines for treatment of complicated infections.	Ceftriaxone 500mg IM in a single dose *if chlamydia has not been excluded by a negative test, concurrent treatment is recommended. Alternative treatment regimens are not recommended in pregnancy. In cases of cephalosporin allergy or other contraindications, consult with an infectious disease specialist	Cefixime 800mg PO in a single dose PLUS doxycycline 100mg PO BID x7 days (anogenital) OR Cefixime 800mg orally in a single dose PLUS Azithromycin 1g orally in a single dose (pharyngeal) Refer to Canadian STI Guidelines for other options as needed	TOC for all cases <ul style="list-style-type: none"> • If asymptomatic: NAAT > 3weeks post-treatment • If <3 weeks post-treatment: culture (min 3 days post-treatment) • If treatment failure suspected: NAAT + culture Contact Tracing: 60 days prior to symptom onset or specimen collection date, whichever is earlier.
Syphilis	Primary, secondary, and early latent: Benzathine penicillin G-LA 2.4 million units IM as a single dose Latent (unknown duration), late latent, cardiovascular syphilis, and gumma: Benzathine penicillin G-LA 2.4 million units IM weekly for 3 doses Neurosyphilis: Refer to a neurologist or infectious disease specialist	Infectious Syphilis: Benzathine penicillin G-LA 2.4 million units IM as a single dose OR Benzathine penicillin G-LA 2.4 million units IM as a single dose weekly for 2 doses *If a pregnant woman is treated with anything other than Benzathine penicillin G or is treated in the last month of pregnancy, the baby must be treated after birth.	Primary, secondary, and early latent: Doxycycline 100mg orally BID x14 days Latent (unknown duration), late latent, cardiovascular syphilis, and gumma: Doxycycline 100mg orally BID x28 days *Desensitization and use of penicillin is preferred.	For primary, secondary, and early latent: repeat serology at 3, 6, and 12-months post-treatment. For late latent: repeat serology at 12 and 24-months post-treatment. Contact Tracing: <ul style="list-style-type: none"> • Primary: 3 months • Secondary: 6 months • Early latent: 1 year Late latent: assess other long-term partners and children as appropriate

- Free condoms and medications for reportable STIs are available from GBPH.
- To order STI medication, please complete the STI Medication Order Form on our website which can be accessed using the included QR code.
- Select low cost contraceptives are also available for clients through GBPH.
- If considering a UTI and client is sexually active, test for STIs.
- For situations not listed above (e.g. complicated infections, congenital infections, infections in children, HIV infections or co-infections) please refer to the Canadian Guidelines on STIs or connect with a specialist.



References

- **Canadian Guidelines on Sexually Transmitted Infections**

<https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines.html>