



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.
	First-line therapy: Ceftriaxone 250mg IM in a single dose PLUS Azithromycin 1g orally in a single dose OR Second-line therapy: Cefixime 800mg orally in a single dose PLUS Azithromycin 1g orally in a single dose (considered alternative therapy for gbMSM and pharyngeal infections)	First-line therapy: Ceftriaxone 250mg IM in a single dose PLUS Azithromycin 1g orally in a single dose OR Second-line therapy: Cefixime 800mg orally in a single dose PLUS Azithromycin 1g orally in a single dose	Ceftriaxone 250mg IM in a single dose PLUS doxycycline 100mg PO BID x7 days OR Cefixime 800mg PO in a single dose PLUS doxycycline 100mg PO BID x7 days *Refer to Canadian STI Guidelines for other options as needed	TOC recommended for all cases: <ul style="list-style-type: none"> • First-line: culture 3-7 days post-treatment • Second-line: NAAT 2-3 weeks post-treatment 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>