



# PUBLIC HEALTH NOTES

SEPTEMBER 2019 VOLUME 1, ISSUE 4

## GONORRHEA & CHLAMYDIA TREATMENT

### GONORRHEA

#### RECOMMENDED TREATMENT

- Ceftriaxone: 250mg IM in a single dose  
PLUS
- Azithromycin: 1g orally in a single dose

#### During Pregnancy

- Ceftriaxone: 250mg IM in a single dose  
PLUS
- Azithromycin: 1g orally in a single dose

#### FOLLOW-UP TESTING

Collect culture >4 days post treatment (preferred) or order NAAT testing >2 weeks post treatment if:

- Second line or alternative treatment used
- Antimicrobial resistance
- Adherence uncertain
- Re-exposure
- Pregnant
- Pharyngeal/rectal infection
- Pre-pubertal children
- Persistent signs and symptoms post treatment
- Suspected or confirmed clinical treatment failure
- Pelvic inflammatory disease (PID)

### CHLAMYDIA

#### RECOMMENDED TREATMENT

- Azithromycin: 1g orally in a single dose  
OR
- Doxycycline: 100 mg orally bid x 7 days

#### During Pregnancy

- Azithromycin: 1g orally in a single dose  
OR
- Amoxicillin: 500mg orally tid x 7 days  
OR
- Erythromycin: 2g/day orally in divided doses x 7 days

#### FOLLOW -UP TESTING

Order NAAT 3-4 weeks post treatment or earlier with culture if:

- Adherence uncertain
- Alternative treatment used
- Re-exposure
- Pregnant
- Pre-pubertal children
- Persistent signs and symptoms post treatment

**Repeat testing of all individuals with gonorrhea & chlamydia infection is recommended 6 months post treatment, as re-infection is high!**



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## GONORRHEA & CHLAMYDIA

### MEDICATION

**#DYK RCDHU Sexual Health Program offers free STI treatment. STI treatment offered by the health unit helps patients maintain their anonymity and privacy. The prescription is not recorded on their pharmacy record or with their insurance company.**

#### **To Access Medication**

- 1) provide your patient with a prescription**
- 2) have them call a Sexual Health Program Public Health Nurse to arrange for treatment (613-732-3629)**

**Do you want to decrease barriers to first line STI treatments for your patients? Contact Courtney Trombley, Manager of Infectious Diseases (613-735-8653 ext. 568) to obtain a supply of publicly funded STI medications.**



# Bacterial STI Testing: Quick Reference

The purpose of this guide is to promote current testing options for bacterial STIs based on risk factors and clinical presentation.

## Testing for chlamydia, gonorrhea and syphilis

Signs/symptoms of a bacterial STI (See Box 1 on reverse) OR Risk factors for an STI (See Box 2 on reverse) OR Patient requests STI screening OR In 1<sup>st</sup> trimester of pregnancy, and if high risk for STIs, test in all trimesters

### Gonorrhea/Chlamydia

Has patient had exposure at urogenital site?

YES

NO

#### Penile Testing<sup>a</sup>

Urine NAAT<sup>b</sup> (1st line)

Consider adding culture<sup>b</sup> for gonorrhea if discharge present or in other specific situations<sup>c</sup>

#### Vulval, Vaginal, and Cervical Testing<sup>a</sup>

Vaginal or cervical\* NAAT<sup>b</sup> (1st line)

OR Urine NAAT<sup>b,d</sup> OR

If PID suspected, add cervical culture for gonorrhea along with any NAAT<sup>b</sup>. Consider culture in other specific situations<sup>c</sup>

\*If a pelvic exam is being done

Has patient had receptive exposure at rectal/pharyngeal site?

YES

NO

Is patient any of the following?<sup>e</sup>

- MSM
- Engaging in sex work or sexual contact of someone engaging in sex work
- A sexual contact of a gonorrhea or chlamydia case
- Having signs or symptoms of rectal or pharyngeal infection (See Box 1 on reverse)

YES

NO

Rectal and/or pharyngeal NAAT<sup>f</sup> whether symptomatic or asymptomatic at exposure sites

Rectal and pharyngeal testing not recommended as routine practice<sup>e</sup>

### Syphilis

## Syphilis

Signs/symptoms (See Box 1 on reverse)

OR Risk factors (See Box 2 on reverse)

OR Patient requests STI screening

OR In 1<sup>st</sup> trimester of pregnancy, and if high risk for STIs, test in all trimesters

YES

NO

Syphilis serology

Syphilis testing not recommended as routine practice

#### Abbreviations

- CGSTI:** Canadian Guidelines on Sexually Transmitted Infections
- HIV:** Human Immunodeficiency Virus
- LGV:** Lymphogranuloma venereum
- MSM:** Cisgender and transgender men who have sex with men, including males who identify as gay, bisexual, queer, two-spirit or other men who have sex with men
- NAAT:** Nucleic acid amplification testing
- PID:** Pelvic inflammatory disease
- PHO:** Public Health Ontario
- STBBIs:** Sexually transmitted and blood-borne infections
- STI:** Sexually transmitted infection

### Consider other STBBIs

- Offer testing for HIV<sup>g</sup> and other STIs, as per Canadian Guidelines for Sexually Transmitted Infections ([CGSTI](#)).
- Review and offer immunization for human papillomavirus/hepatitis A virus/hepatitis B virus, as indicated.
- Discuss post-exposure prophylaxis (PEP) or pre-exposure prophylaxis (PrEP) for HIV if indicated.

Box 1 - Common Signs/Symptoms<sup>h</sup>

Urogenital gonorrhea/chlamydia

- Often asymptomatic
- Urethral or vaginal discharge
- Painful urination
- Urethral itchiness and redness
- Abnormal vaginal bleeding
- Lower abdominal discomfort or pain

Rectal/pharyngeal gonorrhea/chlamydia

- Often asymptomatic
- Proctitis with or without rectal pain and discharge
- Pharyngitis

Lymphogranuloma venereum (LGV)

- Often asymptomatic
- Genital/rectal lesion
- Swollen lymph nodes
- Painful urination
- Rectal bleeding

Primary syphilis

- Chancre (often not noticed)

Secondary syphilis

- Rash
- Mucosal lesions
- Condylomata lata

Latent/tertiary syphilis

- Often asymptomatic
- Diverse presentations possible, please see [CGSTI](#).

Box 2 - Risk Factors/At-Risk Groups

Gonorrhea/chlamydia

- Contact of a known case
- Sexually active and less than 25 years of age
- New sexual contact or more than two contacts in the past year
- Previous STI, including HIV
- MSM
- Had unprotected sex with resident of an area with high gonorrhea burden and/or high risk of antimicrobial resistance<sup>i</sup>
- People who are incarcerated
- People who engage in sex work and their sexual contacts
- People who are street-involved/under-housed

Syphilis

- Contact of a known case
- Previous STI, including syphilis or HIV
- MSM
- People who use injection drugs
- People who are incarcerated
- People who engage in sex work and their sexual contacts
- People who are street-involved/under-housed
- Multiple sexual partners
- Sexual partners of any of the above
- Consider screening based on local epidemiology<sup>j</sup>

Important Considerations

- Culture preferred for test of cure for gonorrhea.
- For protocols for medico-legal purposes, please refer to the [CGSTI](#).
- Cultures for gonorrhea should be received at the testing laboratory within 48 hours of collection, but may still be processed if delayed.

Notes:

- a) Assess STI-related risk and consider specimen collection sites in people who identify as transgender, gender non-conforming, non-binary, or intersex based on their symptoms, current anatomy, sexual behaviour, and in a manner that affirms patient gender identity and provides patients with information and choices for testing.
- b) NAAT is more sensitive for diagnosing gonorrhea, but culture testing provides antimicrobial sensitivity information. For symptomatic patients, consider testing by culture for gonorrhea and add any urogenital NAAT, as this will concurrently test for chlamydia and gonorrhea and provides a more sensitive test.
- c) Culture for gonorrhea should be used in the following situations: test of cure; if antimicrobial susceptibility testing is required; if required for medico-legal purposes; or if suspected treatment failure with ongoing signs/symptoms.
- d) Urine NAAT is a second-line option in females because it is less sensitive than cervical or vaginal NAAT.
- e) Rectal and/or pharyngeal testing in individuals who have had exposures at those sites and are not in specific risk groups (not MSM, not people who engage in sex work and their sexual contacts or not sexual contacts of those infected with gonorrhea or chlamydia) may be considered in individual circumstances based on clinical evaluation or local epidemiology. Infections at rectal and pharyngeal sites are often asymptomatic. A test of cure is recommended for positive cases of pharyngeal gonorrhea.
- f) Lymphogranuloma venereum (LGV) is caused by *Chlamydia trachomatis* serovars L1, L2 or L3. All positive male rectal chlamydia culture or rectal NAAT specimens are sent to the National Microbiology Laboratory for LGV testing. In addition, providers can request LGV testing of positive chlamydia specimens from females and non-rectal sites in males based on clinical evaluation of signs/symptoms and sexual behaviour/exposure.
- g) If concurrently testing for HIV, please include a separate [PHO HIV requisition](#).
- h) For detailed signs and symptoms, please refer to the [CGSTI](#).
- i) Safer sex counselling should be considered for travellers who intend to or may have new sexual contacts when abroad.
- j) Please contact your local public health unit. <http://www.health.gov.on.ca/en/common/system/services/phu/locations.aspx>.