

SEXUALLY TRANSMITTED INFECTIONS (STIS) TREATMENT REFERENCE

Medications in pink can be ordered from York Region Public Health.

Case reporting forms for all STBIs are available at:

<https://www.york.ca/health/health-professionals/sexual-health-and-blood-borne-infections-information>

May 2026

STI	RECOMMENDED TREATMENT (ADULTS)	SPECIAL CONDITIONS		FOLLOW-UP								
		Pregnant and Breastfeeding Individuals	Allergy									
CHLAMYDIA	<p>Preferred* Doxycycline 100 mg PO BID x 7 days OR Azithromycin 1 g PO in a single dose NOTE: Azithromycin may be preferred when poor compliance is anticipated</p> <p>Alternative* Levofloxacin 500 mg PO once a day x 7 days *See Canadian Guidelines for Sexually Transmitted Infections for recommended treatment for individuals under 18 years of age (weight-based dosing)</p>	<p>Azithromycin 1 g PO in a 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 1 g/day PO in divided doses x 14 days</p>	<p>Penicillin allergy: Same as recommended treatment regimen</p>	<p>Test of cure is not routinely indicated if recommended treatment is taken, symptoms resolve, and there is no risk of re-exposure, EXCEPT IN CASES OF:</p> <ul style="list-style-type: none"> Uncertain compliance Alternative treatment is used Pregnancy Prepubertal children Suspected treatment failure <p>Test of cure (NAAT) should be performed 3 weeks after completion of treatment</p>								
	<p>Preferred Doxycycline 100 mg PO bid x 21 days Alternative Azithromycin 1 g PO once weekly x 3 weeks</p>	<p>Erythromycin 500 mg PO QID x 21 days</p>		<p>Test of cure (NAAT) should be performed 3 weeks after completion of treatment</p>								
GONORRHEA	<p>Preferred** Ceftriaxone 500 mg IM as a single dose (monotherapy)</p> <p>Alternative** For anogenital infections: Cefixime 800 mg PO in a single dose PLUS Azithromycin 1 g PO in a single dose OR Cefixime 800 mg PO in a single dose PLUS Doxycycline 100 mg PO BID x 7 days **See Canadian Guidelines for Sexually Transmitted infections for recommended treatment for individuals 9 years and under and those with complicated Gonorrhea infections</p>	<p>Same as preferred treatment regimen.</p> <p>In cases of cephalosporin allergy or other contraindications, consult with an infectious disease specialist</p>	<p>Cephalosporin allergy or resistance or severe non-IgE-mediated reaction to penicillins: Azithromycin 2 g PO in a single dose PLUS Gentamicin 240 mg IM in a single dose</p> <p>Contraindication to macrolides and cephalosporins: Gentamicin 240 mg IM in a single dose PLUS Doxycycline 100 mg orally BID x 7 days</p>	<p>A test of cure (TOC) is recommended for ALL positive sites in ALL cases. This is particularly important when regimens other than the preferred regimen are used. Refer to the following table for more information on the timing for TOC:</p> <table border="1"> <thead> <tr> <th>Situation</th> <th>Choice of test and timing for TOC:</th> </tr> </thead> <tbody> <tr> <td>Asymptomatic individuals</td> <td>Obtain NAAT 3-4 weeks after completion of treatment</td> </tr> <tr> <td>TOC is performed within 3 weeks after completion of treatment</td> <td>Obtain culture at least 3 days after completion of treatment</td> </tr> <tr> <td>Treatment failure is suspected more than 3 weeks after treatment (e.g., when symptoms persist or recur after treatment)</td> <td>Obtain both NAAT and culture</td> </tr> </tbody> </table>	Situation	Choice of test and timing for TOC:	Asymptomatic individuals	Obtain NAAT 3-4 weeks after completion of treatment	TOC is performed within 3 weeks after completion of treatment	Obtain culture at least 3 days after completion of treatment	Treatment failure is suspected more than 3 weeks after treatment (e.g., when symptoms persist or recur after treatment)	Obtain both NAAT and culture
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<p>Primary, Secondary, Early latent (less than one year duration)** Benzathine penicillin G-LA 2.4 million units IM as a single dose</p> <p>Late latent, cardiovascular syphilis and gumma Benzathine penicillin G-LA 2.4 million units IM weekly for three (3) doses</p> <p>Neurosyphilis Refer to a neurologist or infectious disease specialist</p> <p>**NOTE: For HIV co-infection, some experts recommend three weekly doses of benzathine penicillin G-LA.</p>	<p>Refer to Syphilis (in Pregnancy) section</p>	<p>Penicillin allergy: Consider penicillin desensitization</p> <p>Primary, Secondary, Early latent (less than one year duration) Doxycycline 100 mg PO bid x 14 days</p> <p>Late latent, cardiovascular syphilis and gumma Doxycycline 100 mg PO bid x 28 days</p> <p>NOTE: Only in exceptional circumstances and when close follow-up is assured; Ceftriaxone 1 g IV or IM for 10 days can be considered for all stages of syphilis</p>	<p>Recommended post treatment serology: Primary, Secondary and Early latent 3, 6, and 12 months Late latent and tertiary (except neurosyphilis) 12 and 24 months Neurosyphilis 6, 12 and 24 months Co-infected with HIV 3, 6, 12, and 24 months and yearly thereafter regardless of stage</p>									
SYPHILIS (IN PREGNANCY)	<p>Manage syphilis during pregnancy in consultation with:</p> <ul style="list-style-type: none"> obstetric/maternal-fetal specialist adult infectious disease specialist pediatric infectious disease specialist <p>Referrals should NOT delay treatment</p> <p>Preferred Primary, Secondary, Early latent (less than one year duration) Benzathine penicillin G-LA 2.4 million units IM as a single dose NOTE: Some experts recommend that primary, secondary and early latent cases be treated with two (2) doses of benzathine penicillin G-LA 2.4 million units one (1) week apart, particularly in the third trimester</p> <p>Late latent, cardiovascular syphilis and gumma Benzathine penicillin G-LA 2.4 million units IM weekly for three (3) doses</p> <p>Neurosyphilis Refer to a neurologist or infectious disease specialist</p> <p>Congenital syphilis Refer to an infectious disease specialist</p>		<p>Penicillin allergy: Consider penicillin desensitization</p> <p>NOTE: There is no satisfactory alternative to penicillin for the treatment of syphilis in pregnancy</p>	<p>Primary, Secondary and Early latent monthly until delivery if at high risk of re-infection, and 1, 3, 6 and 12 months</p> <p>Late latent at time of delivery and 12 and 24 months</p> <p>Congenital refer to Canadian Guidelines for Sexually Transmitted infections for timelines</p>								

<p>5 P's of sexual health assessment *</p> <p>Partners: Number and gender Practices: Types – oral, vaginal, anal Protection: Use of condoms and other methods Past history of STIs: Risk of repeat infections, HIV status and hepatitis risk Pregnancy: Desire of pregnancy and use of prevention methods</p> <p>* from ontarioprep.ca</p>	<p>Routine testing Routine STI testing is recommended for all sexually active individuals every 6 months to 1 year. For those at greater risk of infection, routine testing is recommended every 3 months.</p>	<p>Health teaching Should include: transmission risks and reinforcing measures for protection from future STIs (condom use, testing prior to sex), and advising client and partner(s) to abstain from sexual activity for 7 days after treatment completion and after symptoms have resolved.</p>	<p>Partner notification All sexual partners must be notified according to the following timeframes: Chlamydia and gonorrhea: Past 60 days (If no partners in the past 60 days, the last sexual partner must be notified) Infectious syphilis: Primary: 3 months Secondary: 6 months Early latent: 1 year Late latent/tertiary: Assess other long-term partners and children as appropriate</p>	<p>Pre-exposure prophylaxis (PrEP) PrEP is a highly effective HIV prevention strategy. Consider recommending PrEP for MSM/Transgender women that have a history of infectious syphilis or rectal bacterial infection. For more information visit ontarioprep.ca or call the SBBI on-duty line at 1-877-464-9675 ext. 74214</p>	<p>HPV, Hepatitis A, Hepatitis B vaccine Can be ordered through York Region Public Health. Call 1-877-464-9675 ext. 74033 or access the online order forms at york.ca</p>	<p>STI medication To request one-time STI treatment, or to become a stock clinic provider, contact the SBBI on-duty line at 1-877-464-9675 ext. 74214. For Health Care Providers outside of York Region, please contact your local health unit.</p>
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