

# Chlamydia (CT)/Gonorrhoea (NG) Recommended Treatments

	First Line Therapy	Second Line Therapy	Pregnancy & Nursing
<b>CHLAMYDIA (CT)</b>	<p>Doxycycline 100mg PO BID for 7 days <b>OR</b></p> <p>Azithromycin* 1g PO in a single dose</p> <p>*Azithromycin has a clinical failure rate up to 5%. Doxycycline has higher cure rates for rectal chlamydia.</p>	<p>Levofloxacin 500mg PO once a day for 7 days</p>	<p>Azithromycin 1g PO in a single dose <b>OR</b></p> <p>Amoxicillin 500mg PO TID for 7 days <b>OR</b></p> <p>Erythromycin 2g/day PO in divided doses for 7 days <b>OR</b></p> <p>Erythromycin 1g/day PO in divided doses for 14 days</p>
<b>GONORRHEA (NG)</b>	<p>Ceftriaxone 500mg IM in a single dose (monotherapy)</p> <p>Ceftriaxone vials are generally only available in 250mg vials. 2 vials are needed for treatment and can be reconstituted and given in 1 injection</p> <ul style="list-style-type: none"> <li>If there is contraindication to macrolide or macrolide resistance, use Doxycycline 100 mg PO BID x 7 days instead of Azithromycin 1g PO.</li> <li>For <a href="#">cephalosporin allergy or resistance</a>, use Azithromycin 2 g in a single oral dose AND Gentamicin 240 mg IM.</li> </ul>	<p>Cefixime 800mg PO in a single dose <b>AND</b> Azithromycin 1g PO in a single dose</p>	<p>Ceftriaxone 500mg IM in a single dose</p>

Consider pelvic inflammatory disease (PID) if patient is complaining of abdominal pain. PID signs and symptoms may also include more severe lower abdominal pain, fever, cervical motion tenderness and nausea/vomiting.

<b>PID</b>	<p><b>Empiric Outpatient Treatment:</b></p> <p><b>Ceftriaxone</b> 500mg IM in a single dose <b>AND</b> <b>Doxycycline</b> 100mg PO BID for 14 days <b>PLUS OR MINUS</b> <b>Metronidazole*</b> 500mg PO BID for 14 days</p>	<p>See the <a href="#">Canadian Guidelines on Sexually Transmitted Infections (CGSTI)</a> for other PID treatment options.</p> <p>*The CGSTI states to add metronidazole to provide anaerobic coverage for people who are acutely ill (fever, chills and toxicity) or who have bacterial vaginosis. Note <a href="#">in the US</a>, metronidazole is recommended for all PID cases.</p>	<p>Consult obstetrician/infectious disease specialist.</p>
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See reverse side for further details regarding signs and symptoms, testing, contact tracing, and test of cure.

# Chlamydia/Gonorrhea

## Additional Testing Information

### Common Signs & Symptoms

*(often asymptomatic)*

- Abnormal discharge
- Abnormal vaginal bleeding
- Dysuria
- Itchiness
- Testicular or rectal pain
- Painful intercourse
- Lower abdominal pain

### Contact Tracing

All sexual partners within the past 60 days should be tested and empirically treated regardless of test results or symptoms.

### Testing

- Assess sexual history to determine all possible sites exposed (pharyngeal, rectal, cervical/vaginal, urethral).
- Nucleic acid amplification (NAAT) for CT and NG can be collected from urine, pharyngeal, rectal, vaginal, cervical and urethral. For women, a vaginal NAAT test is preferred, as it is more sensitive than a urine NAAT test
- If you are highly suspicious of gonorrhea, where possible, do both a NAAT and culture, as a NAAT is more sensitive, while a culture provides antibiotic susceptibility testing.
- **If a patient has a positive gonorrhea result on a NAAT but a culture was not done initially, a gonorrhea culture at the time of treatment should be done to detect potential antibiotic resistance**
- Refer to page 2 of this [May 9, 2023 Public Health Alert](#) for more details on swab choices for NAAT/culture as swabs are specific for sampling sites.

### Test of Cure (TOC) Additional Information

#### Chlamydia (CT):

TOC by NAAT is recommended 3-4 weeks post-treatment when:

- Second-line treatment is used
- Patient is pregnant
- Re-exposure may have occurred
- Treatment compliance is an issue
- Previous treatment failed
- Persistent symptoms post-treatment

#### Gonorrhea (NG):

- **TOC is recommended for all positive sites.** Culture is the preferred method using the [charcoal swab](#) that is also used for group A strep culture.
- Obtain cultures 3 to 7 days after treatment is complete. If culture is not available and NAAT is used as a TOC, it should be performed at earliest 2 to 3 weeks after completion of treatment.
- Repeat screening is recommended 6 months post-treatment for all individuals with NG infection.

#### Reference

Public Health Agency of Canada (2025). Chlamydia and LGV guide: Treatment and follow-up. Retrieved from <https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines/chlamydia-lgv/treatment-follow-up.html>

Public Health Agency of Canada (2025). Gonorrhea guide: Treatment and follow-up. Retrieved from <https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines/gonorrhea/treatment-follow-up.html>

Public Health Ontario (2024). Chlamydia trachomatis/Neisseria gonorrhoeae (CT/NG) – Nucleic Acid Amplification Testing (NAAT). Retrieved from <https://www.publichealthontario.ca/en/Laboratory-Services/Test-Information-Index/Chlamydia-trachomatis-NAAT-Swabs>

For further information on the prevention, diagnosis, or treatment of all STIs, please refer to the [Canadian Guidelines on Sexually Transmitted Infections](#).

Health care professionals can access free STI medication for their patients by contacting us or by completing this [form](#)

For questions or concerns please call 1-877-721-7520 ext. 8376, to speak with a Sexual Health Nurse