

# Chlamydia (CT)/Gonorrhoea (NG)

## Recommended Treatments

	First Line Therapy	Second Line Therapy	Pregnancy & Nursing
<b>CHLAMYDIA (CT)</b>	<p><b>Azithromycin*</b> 1g PO in a single dose <b>OR</b> <b>Doxycycline</b> 100mg PO BID for 7 days</p> <p>*Azithromycin has a clinical failure rate up to 5%. Doxycycline has higher cure rates for rectal chlamydia.</p>	<p><b>Levofloxacin</b> 500mg PO once a day for 7 days</p>	<p><b>Azithromycin</b> 1g PO in a single dose <b>OR</b> <b>Amoxicillin</b> 500mg PO TID for 7 days <b>OR</b> <b>Erythromycin</b> 2g/day PO in divided doses for 7 days <b>OR</b> <b>Erythromycin</b> 1g/day PO in divided doses for 14 days</p>
<b>GONORRHEA (NG)</b>	<p><b>Ceftriaxone</b> 250mg IM in a single dose <b>AND</b> <b>Azithromycin</b> 1g PO in a single dose</p> <p><b>Note:</b> <a href="#">In the US</a>, the recommended treatment has changed to Ceftriaxone 500mg IM alone which is acceptable.</p>	<p><b>Cefixime</b> 400mg <u>or</u> 800mg PO in a single dose <b>AND</b> <b>Azithromycin</b> 1g PO in a single dose</p>	<p><b>Ceftriaxone</b> 250mg IM in a single dose <b>AND</b> <b>Azithromycin</b> 1g PO in a single dose</p>
<b>PID</b>	<p><b>Empiric Outpatient Treatment:</b></p> <p><b>Ceftriaxone</b> 250mg 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>

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.

# 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 the approved anatomical sites (urine, pharyngeal, rectal, vaginal, cervical and urethral).
- 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 you have a positive gonorrhea result on a NAAT but a culture was not done initially, a gonorrhea culture at the time of treatment is indicated in case of 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)

#### Chlamydia (CT):

TOC by NAAT is recommended  $\geq 3$  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

Note that chlamydia culture testing is not available

#### Gonorrhea (NG):

- TOC is recommended for all positive sites and 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 2 to 3 weeks after completion of treatment.
- Repeat screening is recommended 6 months post-treatment for all individuals with NG infection.

### Additional Information

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

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

For more information on gonorrhea, please refer to the [SMDHU's May 2023 Public Health Alert on Gonorrhea](#) and the [2018 Ontario Gonorrhea Testing and Treatment Guide](#)

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