

Sexually Transmitted Infections (STIs): A Quick Reference

Symptoms of Chlamydia and Gonorrhea

- Often asymptomatic particularly with chlamydia
- Discharge
- Dysuria
- Abnormal vaginal bleeding including bleeding between periods
- Lower abdominal or back pain
- Dyspareunia
- Genital pain
- Gonorrhea can also cause proctitis or pharyngitis
- Both can cause pelvic inflammatory disease (PID) which can lead to infertility

Symptoms of Syphilis

Primary Syphilis

- Painless sore (chancre) on genitalia, anus, rectum, lips or mouth

Secondary Syphilis

- Non-pruritic maculopapular rash (trunk, palms, soles)
- condylomata lata (skin-coloured plaque or lesion)
- Mucous patches on mouth and genitalia
- Fever, weight loss, lymphadenopathy, hair loss

Tertiary Syphilis

- Gumma (granulomatous tumours) in brain, testes, heart, skin, bones
- Cardiac, ophthalmic and central nervous system involvement

Note: Ocular symptoms may occur at any stage (i.e. vision loss, retinitis, uveitis)

Symptoms of Trichomoniasis

- Up to 50% are asymptomatic
- Itch
- Dysuria
- Off-white or yellow, frothy vaginal discharge
- Redness of the vulva and cervix (strawberry cervix)
- Discomfort with intercourse and urination
- Men may have irritation inside the penis, mild discharge and slight burning on urination or ejaculation

Who should be routinely tested for sexually transmitted infections?

Risk factors for sexually transmitted infections include:

- Under the age of 25, including **ALL sexually active adolescents**
- History of previous STI
- Sexual contact of a person with an STI
- Any unprotected vaginal/oral/anal intercourse
- New sexual partner
- Multiple sexual partners
- Sex trade worker
- Drug use or shared drug equipment
- Men who have sex with men (MSM)

Testing for Sexually Transmitted Infections:

In community practice for all clients with one or more risk factors for an STI, we recommend:

- Test for chlamydia and gonorrhea with urine or an endocervical/urethral swab
- Test for syphilis with blood tests
- Test for HIV and Hepatitis B and C with blood tests
- Regular Pap tests (done according to Ontario Cervical Screening Cytology Guidelines 2022)
- Offer free hepatitis B vaccination

Additional recommendations include:

- Rectal swabs for chlamydia and gonorrhea
- Throat swabs for chlamydia and gonorrhea
- Offer free hepatitis A vaccine to men who have sex with men, individuals who use drugs, and those with chronic hepatitis C

Condoms, medications and testing of STIs are available free of charge at the Middlesex-London Health Unit (519-663-5317)

For further information on STIs, consult the Canadian Guidelines on Sexually Transmitted Infections (<https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines.html>)

Sexually Transmitted Infections: A Quick Reference

	Laboratory Testing	Recommended Treatment	Treatment during Pregnancy	Follow-up - sexual partners must be tested and treated
Chlamydia	<ul style="list-style-type: none"> Urine specimen (male or female) Endocervical swab (female) Urethral swab (male) Rectal or pharyngeal swab for culture if indicated as site of contact 	<p>Azithromycin 1 g PO in a single dose</p> <p>OR</p> <p>Doxycycline 100 mg PO twice a day x 7 days</p>	<p>Azithromycin 1 g PO in a single dose**</p> <p>or</p> <p>Amoxicillin 500 mg PO three times a day x 7 days</p> <p>or</p> <p>Erythromycin 2 g PO per day in divided doses x 7 days</p> <p>DO NOT use Estolate formulation in pregnancy</p>	<p>Retest with urine 3 weeks post treatment if:</p> <ul style="list-style-type: none"> Compliance uncertain Re-exposure Pregnant or prepubertal Unresolved or persistent symptoms Preferred treatment not used <p>Other STIs must be considered and tested for.</p>
Gonorrhea	<ul style="list-style-type: none"> Urine specimen (male or female) Endocervical swab (female) Urethral swab (male) Pharyngeal or rectal swab if indicated as site of contact 	<p>Ceftriaxone 250 mg IM WITH Azithromycin 1 g PO in a single dose (strong preference to avoid resistance)</p> <p>OR (<i>ONLY to be considered if first-line therapy is not possible and MUST be followed by a test of cure</i>)</p> <p>Cefixime 800 mg PO WITH Azithromycin 1 g PO in a single dose</p> <p><i>Alternative (if macrolide contraindication):</i> Ceftriaxone 250 mg IM in a single dose WITH doxycycline 100 mg PO BID x 7 days OR Cefixime 800 mg PO in a single dose WITH doxycycline 100 mg PO BID x 7 days</p>	<p>Ceftriaxone 250 mg IM WITH Azithromycin 1 g PO in a single dose</p> <p><i>Alternative:</i> Cefixime 800 mg PO in a single dose WITH Azithromycin 1 g PO in a single dose</p>	<p>Routine test of cure (TOC) is recommended for all positive sites in all cases. Re-testing with culture is recommended 3-7 days after treatment. If NAAT is the only option, test of cure should be done 2-3 weeks after treatment.</p> <p>Other STIs must be considered and tested for.</p>
Syphilis	<ul style="list-style-type: none"> Syphilis serology <p>Notes: If reactive or indeterminate, RPR and TPPA will automatically be done. Pregnant people should be screened in 1st trimester or first prenatal visit, at 28-32 weeks, and at delivery. Consider more frequent screening if at high risk.</p>	<p><i>Primary, secondary, early latent (≤1-year duration):</i> Benzathine penicillin G-LA 2.4 million U IM in a single dose If co-infected with HIV, treat as late latent. <i>Late latent (> 1 year or unknown duration):</i> Benzathine penicillin G-LA 2.4 million U IM once a week for 3 consecutive weeks (total dose 7.2 million U) <i>*Benzathine Penicillin G-LA only available at MLHU</i></p>	<p>Same as recommended treatment regimen.</p> <p>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.</p>	<p>For primary, secondary and early latent: repeat serology 3, 6, and 12 months after treatment For late latent: repeat serology 12 and 24 months after treatment Neurosyphilis: repeat serology 6, 12, and 24 months post-treatment</p> <p>Other STIs must be considered and tested for.</p>
Trichomoniasis	<ul style="list-style-type: none"> Vaginal swab Urine tests available for males (no testing for male contacts-treat if partner is positive) 	<p>Metronidazole 2 g PO in a single dose***</p> <p>Or</p> <p>Metronidazole 500 mg PO bid x 7 days***</p>	<p>Same as recommended treatment regimen</p>	<p>No follow up is necessary unless symptoms recur, usually due to reinfection.</p> <p>Other STIs must be considered and tested for.</p>

First line treatments should be adhered to if possible. Alternatives should be used for allergic patients. MLHU provides counseling and partner follow-up.

Fluoroquinolone resistance has been reported for gonorrhea and is not a first line treatment. Use only if isolate known to be sensitive and patient has a serious penicillin allergy, follow-up with test of cure. Avoid monotherapy for gonorrhea treatment to prevent resistance.

**Clinical experience and preliminary data suggest azithromycin is safe and effective for the treatment of chlamydia in pregnancy.

***Patients should not drink alcohol during and for 24 hours after oral therapy with metronidazole due to possible disulfiram (antabuse) reaction.

Revised August 2023