

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 (chancere) on genitalia, anus, rectum, lips or mouth

Secondary Syphilis

- Non-pruritic maculopapular rash (trunk, palms, soles)
- 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

Symptoms of Trichomoniasis

- Up to 50% are asymptomatic
- Itch
- Dysuria
- Off-white or yellow, frothy vaginal discharge with strong odor
- 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 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)
- **Note: Includes ALL sexually active adolescents!**

Testing for Sexually Transmitted Infections:

In community practice: We suggest all clients with one or more risk factors for an STI are tested for,

- Chlamydia and gonorrhea with urine or an endocervical/urethral swab
- Syphilis with Elisa IgG/IgM (syphilis screen with blood)
- HIV, hepatitis B and C with blood tests
- Pap smear (done according to Ontario Cervical Screening Cytology Guidelines 2012)
- Offer free hepatitis B vaccination

Additional recommendations for sexually active men who have sex with men (MSM), or those practicing oral/anal sex, include:

- Rectal swabs for chlamydia and gonorrhea
- Throat swabs for gonorrhea and chlamydia
- Offer free hepatitis A vaccine to MSM and illicit drug users, those with chronic hepatitis C

Condoms, medications and testing of STIs are available free of charge at the Middlesex-London Health Unit (519-663-5446)

For further information on STIs, consult the Canadian Guidelines on Sexually Transmitted Infections 2010 (<http://www.publichealth.gc.ca/sti>)

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	Laboratory Testing	Recommended Treatment	Treatment during Pregnancy	Follow-up <i>sexual partners must be tested and treated</i>
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><i>Alternative:</i> Doxycycline 100 mg PO twice a day x 7 days</p>	<p>Azithromycin 1 g PO in a single dose**</p> <p><i>or</i> Amoxicillin 500 mg PO three times a day x 7 days</p> <p><i>or</i> Erythromycin 2 g PO per day in divided doses x 7 days <i>(DO NOT use estolate formulation in pregnancy)</i></p>	<p>Retest with urine 3-4 weeks post treatment or retest with culture 4-5 days post-treatment if:</p> <ul style="list-style-type: none"> Compliance uncertain Re-exposure Pregnant <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</p> <p><i>Alternative:</i> Cefixime 400 mg PO WITH Azithromycin 1 g PO</p> <p><i>or</i> Azithromycin 2 g PO</p> <p><i>If allergies or antibiotic resistance, consult Health Unit</i></p>	<p>Ceftriaxone 125 mg IM in a single dose</p> <p><i>Alternative:</i> Cefixime 400 mg PO in a single dose with Azithromycin 1 g PO</p>	<p>Retest with urine 3-4 weeks post treatment or retest with culture 4-5 days post-treatment if:</p> <ul style="list-style-type: none"> Compliance uncertain Re-exposure Pregnant Fluoroquinolone treatment if sensitivity not known First line treatment not used <p>Other STIs must be considered and tested for</p>
Syphilis	<ul style="list-style-type: none"> Elisa IgG/IgM (If reactive or indeterminate, RPR and TP.PA will automatically be done) 	<p><i>Primary, secondary, early latent</i> (≤ 1 year duration): Benzathine penicillin G 2.4 million U IM x 1</p> <p>If co-infected with HIV treat as for late latent</p> <p><i>Late latent</i> (> 1 year or unknown duration): Benzathine penicillin G 2.4 million U IM once a week for 3 successive weeks (total dose 7.2 million U) <i>*Benzathine Penicillin 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 1, 3, 6, and 12 months after treatment</p> <p>For late latent: repeat serology 12 and 24 months after treatment</p> <p>Other STIs must be considered and tested for</p>
Trichomoniasis	<ul style="list-style-type: none"> Vaginal swab No tests for males, should be treated if female partner positive for trichomoniasis 	<p>Metronidazole 2 g PO in a single dose***</p> <p>Or 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 which is 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 or if sensitivity not known and patient has a serious penicillin allergy, follow-up with test of cure.

**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.

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