

Treatment Guidelines for Sexually Transmitted Infections

DIAGNOSIS	PREFERRED TREATMENT*	RECOMMENDED FOLLOW UP
Chlamydia	AZITHROMYCIN 1g PO x 1	Avoid sexual contact for 7 days post tx Test of cure (same reservoir) in 4 weeks <i>Contact tracing with Public Health</i>
Gonorrhea	CEFTRIAXONE 250 mg IM x 1 - and - AZITHROMYCIN 1g PO x 1	Avoid sexual contact for 7 days post tx Rescreen in 6 months <i>Contact tracing with Public Health</i>
Syphilis	BENZATHINE PEN G 2.4 MU IM x 1 Late Latent or HIV Positive: BENZATHINE PEN G 2.4 MU IM weekly x 3	Repeat serum 1, 3, 6, 12 and 24 months after treatment to monitor TREPONEMAL TESTS WILL REMAIN REACTIVE FOR LIFE. <i>Contact tracing with Public Health</i>
Herpes Simplex Virus (Type 1 or 2)	First Outbreak: VALACYCLOVIR 1000mg PO BID x 10 Recurrence: VALACYCLOVIR 500mg PO BID or 1g PO OD x 3	Consider daily suppressive therapy with recurrences at least every 2 months or 6 times per year.
Human Papillomavirus	LIQUID NITROGEN - or - PODOPHYLLIN 10-25% 1 – 2x / weekly (in office) Patient Applied (not free): IMIQUIMOD (Aldara) cream 5% 3x/week	Weekly treatment clinics available at Public Health by appointment.

***FREE TREATMENT ALWAYS AVAILABLE VIA PUBLIC HEALTH**

*This information is intended for uncomplicated cases in non-pregnant adults.



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