

Dear Colleague,

Your patient has tested positive for chlamydia and/or gonorrhea which are reportable to the Medical Health Officer under the BC Public Health Act. Please complete the enclosed **Chlamydia/Gonorrhea** Clinician Reporting Form and fax to VCH Communicable Disease Control at **604-731-2756**.

#### Testing

- We recommend pregnancy testing for women of childbearing ages (typically 15-49 years).
- Patients who test positive for chlamydia/gonorrhea are at high risk for other sexually transmitted infections. If not already tested, please offer syphilis and HIV testing.
- Re-infection is common. If possible, offer your patient a standing order for STI testing in 3–6 months.

#### Treatment

- Please ensure your patient is offered treatment with a recommended antibiotic (see table below). STI treatment can be ordered free of charge through BC Centre for Disease Control (BCCDC) Pharmacy using the STI Drug Order Request Form (see BCCDC website).

#### Partner Notification & Follow-Up Care

- Advise patients to abstain from sexual activity for 7 days following treatment initiation.
- Advise patients to return to clinic if symptoms persist.
- Recommend your patient notify their recent sexual partners.
- Sexual partners in the last 60 days should be tested and treated.
- If no sexual partners in the last 60 days, their most recent sexual partner(s) should be tested and treated.

#### Prevention

- Provide education and relevant referrals for HIV PrEP and eligible vaccines (Hep A/B, Mpox & HPV)
- HIV PrEP guidelines can be found on BC Centre for Excellence in HIV/AIDS website
- Sexual health clinics are listed on SmartSex Resource Clinic Finder:  
<https://smartsexresource.com/clinics-testing/>

Thank you for helping us reduce the spread of sexually transmitted infections in our communities.

*For information on BCCDC STI guidelines please visit: <http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/sexually-transmitted-infections>*



VCH Sexual Health

**Table 1. Treatment and Test of Cure Recommendations for Chlamydia, LGV and Gonorrhea**

Disease	Site	Treatment	Test of Cure (TOC)
Chlamydia	All sites	<b>First line</b> Doxycycline 100 mg PO BID x 7 days  <b>Second line</b> Azithromycin 1g PO stat	<p>The Canadian STI Guidelines recommends test of cure (TOC) for gonorrhea and chlamydia in the following clinical scenarios:</p> <ul style="list-style-type: none"> <li>patients who did not receive first line treatment</li> <li>pregnant or breast/chest-feeding patients</li> <li>persistent signs/symptoms after treatment</li> <li>poor compliance with treatment</li> <li><b>For gonorrhea-</b> collect a TOC swab from all positive sites (e.g. pharyngeal, vaginal and/or rectal)</li> </ul> <p><i>TOC should be collected at least 4 weeks after treatment through NAAT.</i></p> <p><i>If treatment failure for gonorrhea is suspected and it has been less than 4 weeks since treatment ended, collect a specimen for culture</i></p>
LGV	Rectal	Doxycycline 100 mg PO BID x 21 days	
Gonorrhea	All sites	<b>First line</b> Ceftriaxone 500 mg IM as a single dose (monotherapy)*  <b>Second line</b> Cefixime 800 mg PO in as a single dose  <u>AND</u> Doxycycline 100 mg PO bid x 7 days OR Azithromycin 1 gm PO as a single dose	

Adapted from [Canadian Guidelines on Sexually Transmitted Infections](#). Please refer to them for second line treatment considerations. STI Certified Nurses can continue to follow the [RN Certified Practice Decision Support Tools](#) for GC and CT.

\*For IM injections of ceftriaxone, the ventrogluteal site is preferred. Use 1g ceftriaxone vials to prepare a 500 mg dose with the remaining volume discarded. 1g single vials are available for order using [STI Drug Order Request Form](#)