



May 15, 2018

To: All physicians

Dear Colleagues:

RE: Alberta Treatment Guidelines for Sexually Transmitted Infections (STIs) in Adolescents and Adults, 2018

This communication is to inform you that the revised Alberta Treatment Guidelines for Sexually Transmitted Infections (STI) in Adolescents and Adults 2018 have been released. The guidelines are available at <https://open.alberta.ca/publications/treatment-guidelines-for-sti-2018>.

In conjunction with provincial STI experts, the guidelines have been adapted from the Canadian Guidelines on Sexually Transmitted Infections at www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines/sexually-transmitted-infections.html.

Since 2015, Alberta has experienced a sharp rise in the number of gonorrhoea and infectious syphilis cases as well as a resurgence of congenital syphilis. Given the high rates of STI in our province, it is recommended to assess for risk of and screen for STI at routine medical appointments. All individuals at risk should be screened for syphilis, HIV, gonorrhoea and chlamydia. In-depth behaviour-based risk assessments and extensive pre- and post-test counselling are **not** requirements for offering an HIV test.

All pregnant women should be screened for syphilis in the first trimester and again at the time of delivery. More frequent screening is recommended in women who are at high risk of acquisition of syphilis during pregnancy.

Highlights of the Alberta STI Treatment Guidelines 2018

Gonorrhoea (GC)

- The preferred treatment for GC in heterosexual persons and pregnant women remains **cefixime 800 mg PO as a single dose PLUS azithromycin 1g PO as a single dose**. The preferred treatment in Men who have Sex with Men (MSM) and for all pharyngeal infections is **Ceftriaxone 250mg IM as a single dose PLUS azithromycin 1g PO as a single dose**.

- Alternate treatment for GC includes **azithromycin 2g PO as a single dose PLUS gentamicin 240mg IM in 2 separate 3-mL injections of 40 mg/mL solution.** Spectinomycin is no longer available in Alberta.
- Treatment recommendations for eye infections have been added; preferred treatment for GC eye infections is **ceftriaxone 2g IV/IM as a single dose PLUS azithromycin 1g PO as a single dose.**
- Test of cure using Nucleic Acid Amplification test (NAAT) is recommended for **all** cases of GC infections 3-4 weeks after the completion of treatment.

Chlamydia (CT)

- Preferred treatment for **rectal CT** infection is **doxycycline 100mg PO BID for 7 days.**

Syphilis

- Preferred treatment for cases of infectious syphilis in non-pregnant adults including **HIV infected** individuals is **Long-acting benzathine penicillin G-2.4 mu (Bicillin L-A) IM as a single dose.**

Non-Gonococcal Urethritis (NGU)/Muco-Purulent Cervicitis (MPC)

- *Alternate* treatment for NGU and MPC if test results for GC and CT are not available, include **azithromycin* 2g PO as a single dose PLUS gentamicin 240mg IM** in 2 separate 3-mL injections of 40 mg/mL solution. Spectinomycin is no longer available in Alberta.

Epididymo-Orchitis/Pelvic Inflammatory Disease (PID)

- *Alternate* treatment for epididymo – orchitis is **levofloxacin* 500mg PO once daily for 14 days**; *alternate* treatment for PID is **levofloxacin 500 mg PO once daily for 14 days** WITH or WITHOUT metronidazole 500 mg PO BID for 14 days. Ofloxacin is no longer available in Alberta.

Trichomoniasis

- Preferred treatment for all non-pregnant and non-lactating women is **metronidazole 500mg PO BID for 7 days.**
- In HIV infected women, routine screening at entry to care, during pregnancy and then at least annually is recommended.

If you have any questions or concerns, please contact:

AHS Centralized STI Services: 780-735-1466 or, toll free, 1-888-535-1466

STI Clinics: Calgary 403-955-6700; Edmonton: 780-342-2300; Ft. McMurray: 780-791-6182

Yours sincerely,

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