

Dear colleague,

Your patient has tested positive for Chlamydia and/or Gonorrhoea which are reportable to the Medical Health Officer under the BC Public Health Act. Please complete the enclosed **Chlamydia/Gonorrhoea Clinician Reporting Form** (previously known as the H208 form) and fax it to the VCH Communicable Disease Team at 604-731-2756.

#### Testing

- We recommend pregnancy testing for women of childbearing ages (typically 15-49 years)
- Patients who test positive for Chlamydia/Gonorrhoea 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 or re-test them 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 their [drug treatment order form](#)

#### 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 for re-assessment.
- Recommend your patient notify their recent sexual partners.
- Sexual partners in the last 60 days should be tested and treated as a sexual contact.
- If no sexual partners in the last 60 days, their most recent sexual partner should be tested and treated as a sexual contact.

#### Prevention

- **Provide education and relevant referrals** for HIV PrEP, eligible vaccines (Hep A/B, MPox & HPV) and harm reduction services. HIV PrEP guidelines can be found on [BC Centre for Excellence in HIV/AIDS](#)
- Sexual health clinics can be found on [SmartSex Resource Clinic Finder](#)
- Anonymous partner notification available through [Tell your Partners](#) (US based site)

Please use this QR Code to access Vancouver Coastal Health's Sexual Health page, which includes information on STIs.

For additional information from BCCDC please see: [www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/sexually-transmitted-infections](http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/sexually-transmitted-infections).

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

Sincerely,

Dr. Althea Hayden, MD, CM, FRCPC  
Medical Health Officer, Vancouver Coastal Health



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

Disease	Site	First Line Treatment Recommendation	Test of Cure (TOC)
Chlamydia	<u>Genital and conjunctival</u>	Azithromycin 1 gm PO in a single dose OR Doxycycline 100 mg PO BID for 7 days	<p>We recommend TOC for:</p> <ul style="list-style-type: none"> <li>• pregnant or breast/chest-feeding patients</li> <li>• prepubertal patients</li> <li>• persistent signs/symptoms after treatment</li> <li>• poor compliance to treatment</li> <li>• patients who did not receive first line treatment.</li> </ul> <p>TOC should be collected 3 weeks after completion of treatment through NAAT</p>
	<u>Rectal</u>	<b>Doxycycline 100 mg PO BID for 7 days [Preferred]</b> OR Azithromycin 1g PO stat	
LGV	<u>Rectal</u>	Doxycycline 100 mg PO BID for 21 days	
Gonorrhoea	<u>Anogenital</u>	<b>Ceftriaxone 250 mg IM in a single dose AND Azithromycin 1 gm PO in a single dose [Preferred]</b> OR Cefixime 800 mg PO in a single dose AND Azithromycin 1 gm PO in a single dose	<p>While the Canadian Guidelines on STIs recommends TOC for all GC sites, if that is not feasible then we recommend a TOC for:</p> <ul style="list-style-type: none"> <li>• all pharyngeal positive sites</li> <li>• pregnant or breast/chest-feeding patients</li> <li>• persistent signs/symptoms after treatment</li> <li>• poor compliance to treatment</li> <li>• patients who did not receive first line treatment.</li> </ul> <p>TOC should be collected either 3-7 days post treatment through a GC culture or 2-3 weeks after treatment through NAAT</p>
	<u>Pharyngeal</u>	Ceftriaxone 250 mg IM in a single dose AND Azithromycin 1 gm PO in 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.