



BC Centre for Disease Control  
Provincial Health Services Authority

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Date: May 28, 2025

Administrative Circular: 2025:5

**ATTN:**

Medical Health Officers and Branch Offices

Public Health Nursing Administrators and Assistant Administrators

Holders of Communicable Disease Control Manuals

**Re: Update to Communicable Disease Control Manual, Chapter 5: Sexually Transmitted Infections: Section 1: STIs**

The *BC Treatment Guidelines* for uncomplicated gonorrhoea have been released along with the *BCCDC Certified Practice Decision Support Tools for Sexually Transmitted Infections*.

**British Columbia Treatment Guidelines: Uncomplicated Gonorrhoea Infection in Adults & Adolescents**

Updated guidelines have been released for the treatment of uncomplicated gonorrhoea. A summary of recommendations are outlined below:

- Move to monotherapy; First choice treatment for uncomplicated gonorrhoea is **ceftriaxone 500 mg intramuscularly in a single dose**
- If chlamydia is negative at time of diagnosis, concurrent treatment for chlamydia is no longer recommended. The change to monotherapy is driven by antibiotic stewardship and resistance data.
- Cefixime 800 mg orally combined with doxycycline 100 mg orally twice per day for 7 days OR azithromycin 1 gram orally in a single dose remains as an alternate treatment choice
- Culture and sensitivity is recommended to be collected for all symptomatic sites at time of presentation
- Test of Cure with GC NAAT 4 weeks after treatment is recommended for the following individuals/situations:
  - Pregnancy
  - Pharyngeal infections
  - If second choice treatment was used
  - If person has persistent symptoms or treatment failure is suspected

A [resource on ceftriaxone dosing and reconstitution](#) has been created to aid clinicians as 500 mg vials are not currently available. 1 gram single-use vials are available for order on the [BCCDC STI Drug Order Request Form](#). 1g vials are to be used to provide the 500 mg dose, with the remaining volume discarded as the vials are single-use, preservative-free and not intended for multi-dose use.

For treatment recommendations of all other infections, please refer to Public Health Agency of Canada's [Sexually Transmitted and Bloodborne Infections: Guides for Health Professionals](#) as the *BC Treatment Guidelines; Sexually Transmitted Infections in Adolescents and Adults, 2014* have been retired.

**Please remove all pages** of the BC Treatment Guidelines; Sexually Transmitted Infections in Adolescents and Adults, 2014

**Please print** the BC Treatment Guidelines: Uncomplicated Gonorrhoea Infection in Adults & Adolescents, 2025

### **BCCDC Certified Practice Decision Support Tools (DSTs) for Sexually Transmitted Infections**

The certified practice DSTs for STI have been revised aligning title and format with the non-certified practice decision support tools for consistency. Language has been updated across documents to reflect person-based anatomy and foster safer conversations with individuals.

A health equity assessment ([Rapid Colonial Knot Review Tool](#)) was conducted as part of the review of these documents. Based on this, statements acknowledging the inherent rights of Indigenous Peoples (First Nations, Métis, and Inuit) and the impacts of colonization as well as nurses' duty to address Indigenous specific racism as per the [BCCNM Practice Standard for Indigenous Cultural Safety, Cultural Humility and Anti-Racism](#) have been added.

Key updates are highlighted below:

- **Assessment & Diagnostic Guideline**
  - Addition to scope to include **asymptomatic** screening of pregnant individuals
    - Treatment and follow-up of pregnant individuals still requires consultation or referral
  - Updated recommendations for physical assessment and testing for individuals with gender affirming care
  - Addition of mpox testing and point of care serology
  - Streamlining of hepatitis serology section
  - Removal of methods of specimen collection section, as duplicated the BCCDC STI Screening and Testing Guide: Quick Reference Guide
  - Addition of terms in Appendix A
- **Bacterial Vaginosis**
  - Removal of Amsel's criteria, focus on Modified Amsel's as diagnostic criteria for BV as this is more commonly used in practice
  - Updated recommendations around metronidazole & alcohol: newer research indicates this is not an absolute contraindication, but may wish to avoid
  - Addition of considerations for those on testosterone/gender affirming care and partner treatment in monogamous couples

- **Chlamydia**
  - Preference for doxycycline as first choice treatment. Azithromycin now listed as alternate choice for treatment
  - Addition of direction for indeterminate results
- **Genital Warts**
  - Updated chart for treatment options by provider applied/individual applied
  - Podophyllin not currently available in Canada, updated as a provider only treatment
- **Lower Urinary Tract Infection**
  - Algorithm focuses diagnosis on symptoms, use of POC tests (dipstick, urine analyzer)
  - Addition of fosfomycin as a treatment option for those where multidose treatment course may prove difficult
- **Mucopurulent Cervicitis**
  - Revised treatment recommendations to reflect chlamydia and gonorrhoea treatment changes
- **Gonorrhoea**
  - Revision to treatment to reflect updated gonorrhoea treatment guidelines
  - Addition of direction for indeterminate results
- **STI Contacts**
  - Content streamlined with syndromes removed, updated to focus on infections with partner treatment
  - Revised treatment recommendations to reflect chlamydia and gonorrhoea treatment changes
- **Trichomoniasis**
  - Updated recommendations around metronidazole & alcohol; newer research indicates this is not an absolute contraindication, but may wish to avoid
  - Clarification around partner testing and treatment for partners with penile or vaginal anatomy
- **Urethritis / Recurrent Urethritis**
  - Now combined into one document
  - Updated assessment algorithm to determine treatment due to trends in antimicrobial resistance; revised approach to wait for test results before administering treatment unless discharge is present

**Please remove all pages of the following Certified Practice DSTs:**

DST 900 Assessment and Diagnostic Guideline: STI; DST 904 Bacterial Vaginosis;  
DST 908 Chlamydia Trachomatis; DST 907 Genital Warts; DST 906 Gonorrhoea;  
DST 905 Mucopurulent Cervicitis; DST 903 Recurrent Urethritis; DST 901 Treatment of  
STI Contacts; DST 909 Trichomoniasis; DST 910 Uncomplicated Lower UTI; DST 902 Urethritis

**Please print all pages of the updated Certified Practice DSTs dated May 2025:**  
Assessment and Diagnostic Guideline; Bacterial Vaginosis; Chlamydia Trachomatis; Genital Warts;  
Gonorrhea; Mucopurulent Cervicitis; Urethritis/Recurrent Urethritis; STI Contacts; Trichomoniasis;  
Uncomplicated Lower UTI

### **Non-Certified Practice Decision Support Tools (DSTs) for Sexually Transmitted Infections**

Revisions to the non-certified practice DSTs have also been completed to reflect updated treatment recommendations where appropriate.

- **Epididymitis, Pelvic Inflammatory Disease and Proctitis:**
  - Revision to treatment sections to reflect updated chlamydia and gonorrhea treatments

**Please remove all pages of the following Non-certified Practice DSTs:** Epididymitis;  
Pelvic Inflammatory Disease; Proctitis

**Please print all pages of the updated Non-Certified Practice DSTs dated May 2025:**  
Epididymitis, Pelvic Inflammatory Disease, and Proctitis

If you have any questions regarding these changes, please contact Julie Holt, Senior Practice Leader, Clinical Prevention Services at [Julie.Holt@bccdc.ca](mailto:Julie.Holt@bccdc.ca).

Sincerely,



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pc:

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