

British Columbia Treatment Guidelines: Sexually Transmitted Infections, 2025

This treatment guideline was developed by Clinical Prevention Services at the BC Centre for Disease Control to give primary care clinicians a brief, easy-to-use, reference tool for the treatment of sexually transmitted infections. For additional information (testing, follow-up etc.) see Public Health Agency of Canada (PHAC) [*Sexually Transmitted and Blood-Borne Infections: Guides for Health Professionals*](#).

Recommendations have been developed utilizing GRADE, a systematic approach to rating the certainty of evidence in systematic reviews and other evidence syntheses. References and details on GRADE process used in developing these guidelines are available [here](#).

Uncomplicated Gonorrhea - *Neisseria gonorrhoeae* Infection in Adults & Adolescents

Reportable

Treatment Principles

- The move toward monotherapy for *Neisseria gonorrhoeae* (NG) is driven by antibiotic stewardship and increasing rates of azithromycin resistance in both NG and other organisms, including commensals.
- If chlamydia test is negative at time of NG diagnosis, concurrent treatment for chlamydia is not recommended.

Collecting cultures is crucial for monitoring local antimicrobial resistance patterns and may be useful in guiding treatment

Collect culture swabs for gonorrhea:

- At time of presentation in any symptomatic site
- At time of treatment for any gonorrhea NAAT positive sites

Treatment

Preferred	Alternate
Ceftriaxone 500mg IM in a single dose	Cefixime 800mg PO in a single dose AND Doxycycline 100mg PO BID for 7 days OR Azithromycin 1g PO in a single dose AND test of cure

Considerations

Allergies

- The cross reactivity between penicillin and third-generation cephalosporins (e.g., ceftriaxone and cefixime) is less than 1%.
- If allergy to penicillin is reported, use preferred de-labelling tool ([DroptheLabel.ca](#) or [PEN-FAST Decision Rule](#)) to assess, but proceed with cephalosporin treatment options as above.
- If allergy to third-generation cephalosporin reported, consult clinician with sexually transmitted infection expertise: either BCCDC STI Physician at 604-707-5610 or infectious diseases.

Pregnancy & Breast-/chest-feeding

- Pregnant individuals should be treated with ceftriaxone 500mg IM as a single dose
- Doxycycline can be considered in breast-/chest-feeding individuals for short-term treatment courses

Partner Notification and Treatment

All partners in the last 60 days should be tested for gonorrhea and treated as above.

Test of Cure

Test of cure (TOC) using gonorrhea NAAT at least 4 weeks after treatment is recommended in the following situations:

- Pregnancy
- Pharyngeal infection
- If alternate treatment was used
- If person has persistent symptoms or treatment failure is suspected

TOC using gonorrhea culture is only useful when a positive baseline culture was completed.