

BCCDC Certified Practice Decision Support Tool: Treatment of STI Contacts

The BCCDC decision support tools aim to provide more equitable, inclusive, and affirming care for all people, particularly for sexually diverse, transgender, Two-Spirit and non-binary people. While anatomy and site-specific testing language are used throughout this document, nurses should always strive to foster safer conversations and gender-affirming care by using an individual's chosen terminology when providing sexually transmitted infection (STI) assessment and management.

This BCCDC decision support tool provides RN(C)s with clinical guidance for treatment of individuals who are contacts to an STI. STIs described in both the certified practice and non-certified practice decision support tools (DSTs) are included in this DST. Refer to the corresponding infection-/syndrome specific DST to ensure the individual has received the recommended assessments, education and, if appropriate, screening. For symptomatic individuals who are contacts to an STI, refer to [BCCDC Certified Practice Decision Support Tool: Assessment and Diagnostic Guideline: Sexually Transmitted Infections \(STI\)](#) in addition to infection/syndrome appropriate DST(s) to determine appropriate testing, treatment and if consultation with or referral to a physician or nurse practitioner is required.

Scope

Registered Nurses with **Reproductive Health – Sexually Transmitted Infections** Certified Practice designation (RN[C]) are authorized to test and empirically treat sexual contacts of a person diagnosed with a sexually transmitted infection/syndrome.¹

Etiology

Bacterial ²:

- *Chlamydia trachomatis* (CT)
- *Neisseria gonorrhoeae* (GC)
- *Treponema pallidum* (syphilis)

Protozoan ²:

- *Trichomonas vaginalis* (TV)

Consultation and Referral

Consultation and/or referral with a physician (MD) or nurse practitioner (NP) is required for:

- All individuals 11 years and under
- Symptomatic individuals aged 12-13 years
- All pregnant individuals
- Breast/chest feeding individuals, depending on required and recommended treatment

STI Assessment

Offer STI assessment and screening. If declined, provide empiric treatment appropriate to the type of contact and/or symptoms.

Sexual Health History

- Complete a sexual health history and risk assessment – considerations include:
 - Identified as a sexual contact to someone with confirmed positive laboratory test for STI

Physical Assessment

- If symptoms are present, refer to [*BCCDC Certified Practice Decision Support Tool: Assessment and Diagnostic Guideline STI*](#) and corresponding *DSTs* for more information, consult with or refer to physician or NP as needed.

Diagnostic and Screening Tests

- Provide screening and diagnostic testing for STI contact(s) based on the type of exposure(s) and presenting symptoms where indicated (*see [BCCDC Certified Practice Decision Support Tool: Assessment and Diagnostic Guideline: STI](#)*).

Treatment of STI Contacts

Empiric treatment is useful to manage symptoms, limit transmission and prevent complications. Consider providing empiric treatment as a public health preventive measure, ahead of receiving test results for STI contacts². The treatment and follow-up required for an STI contact may differ from the index case. Before administering or dispensing medication within autonomous scope of practice³:

- Ensure individual’s health status is assessed including allergies and contraindications.
- Review infection specific DST for information regarding treatment options including pharmaceutical and therapeutic suitability and BCCDC [STI Medication Handouts](#) for further medication reconciliation and information.

TABLE 1: Treatment of STI Contacts ^{2, 4-14}

STI	Contact Management and Trace Back Period	Treatment of Contact	Notes
Chlamydia (CT)	<p>Reportable: Yes</p> <p>Trace-back period: Previous 60 days. If no sexual partner in trace-back period for index case, complete follow up for the last sexual contact.</p> <p>Recommended partner follow-up: empirically test and treat all contacts in the trace-back period above.</p>	<p>First Choice: Doxycycline 100 mg orally twice a day for 7 days</p> <p>Alternate: Azithromycin 1 g orally in a single dose</p>	<ol style="list-style-type: none"> 1. Advise to abstain from sexual activity during the 7-day course of treatment or for 7 days post-single-dose therapy for those who test positive and their contacts. 2. Refer to the BCCDC Certified Practice Decision Support Tool: Chlamydia Trachomatis (CT DST) for individual education, screening recommendations, and further medication information.

STI	Contact Management and Trace Back Period	Treatment of Contact	Notes
<p>Gonorrhea (GC)</p>	<p>Reportable: Yes</p> <p>Trace-back period: last 60 days. If no partner during this time, last sexual contact</p> <p>Recommended partner follow-up: empirically test and treat all contacts in the trace-back period above.</p> <p>Asymptomatic contacts should have GC C&S collected from exposed pharyngeal and rectal sites.</p> <p>Symptomatic contacts with urethral discharge should have urethral C&S collected in addition to other appropriate sites</p>	<p>First Choice: Ceftriaxone 500 mg by intramuscular injection in a single dose</p> <p>Alternate: Cefixime 800 mg orally in a single dose, and Doxycycline 100 mg orally twice a day for 7 days</p> <p>OR</p> <p>Cefixime 800 mg orally in a single dose, and azithromycin 1 g orally in a single dose</p>	<ol style="list-style-type: none"> 1. Advise to abstain from sexual activity during the 7-day course of treatment or for 7 days post-single-dose therapy 2. Refer to the BCCDC Certified Practice Decision Support Tool: Gonorrhea (GC DST) for individual education, screening recommendations, and further medication information.

STI	Contact Management and Trace Back Period	Treatment of Contact	Notes
<p>Lympho-granuloma venereum (LGV)</p>	<p>Reportable: Yes</p> <p>Trace-back period: last 60 days. If no partner during this time, last sexual contact</p> <p>Recommended partner follow-up: empirically test and treat all contacts in the trace-back period above.</p> <p>Testing of all exposed sites (e.g., throat, suspicious lesions, urine, vagina, cervix, rectum) is recommended. Indicate “contact to LGV” on requisition</p>	<p>First Choice: Doxycycline 100 mg orally twice a day for 21 days</p> <p>Alternate: Consult with or refer to physician or NP.</p>	<ol style="list-style-type: none"> 1. Advise to abstain from sexual activity for 7 days after initiation of treatment. 2. Refer to the BCCDC Non-Certified Practice Decision Support Tool: Lympho-granuloma venereum (LGV DST) for individual education, screening recommendations, and further medication information. 3. For confirmed LGV cases, please contact the Provincial STI Clinic’s syphilis/LGV nursing desk (604-707-5607) for further management

STI	Contact Management and Trace Back Period	Treatment of Contact	Notes
<p>Syphilis</p>	<p>Reportable: Yes</p> <p>Trace-back period: dependent on stage, ranges from 90 days to 12 months</p> <p>Recommended partner follow-up: Is determined based on the stage of the index case:</p> <p><i>Primary Syphilis:</i></p> <ul style="list-style-type: none"> • Test and treat all contacts within last 90 days <p><i>Secondary Syphilis</i></p> <ul style="list-style-type: none"> • Test all contacts within last 6 months • Test and treat all contacts within last 90 days <p><i>Early Latent Syphilis:</i></p>	<p>First Choice:</p> <p>Benzathine penicillin G (Bicillin LA[®]) 2.4 MU prepared as 2 separate intramuscular injections (IM) 1.2 MU each</p> <p>Alternate: <i>*Consider for individuals with penicillin allergy or who require alternate treatment (e.g., Bicillin L.A.[®] is unavailable and individual follow-up is not assured).</i></p> <p>Doxycycline 100 mg orally twice a day for 14 days</p>	<ol style="list-style-type: none"> 1. Advise individuals to abstain from sexual contact for the duration of oral therapy or for 7 days post-treatment with Bicillin-LA 2. Contact the BCCDC CPS STI nurse responsible for contact follow-up strategy. Syphilis case management is centralized through the BCCDC. 3. If the individual declines treatment and initial testing is negative, repeat syphilis screening in 3 months. 4. Refer to the BCCDC Non-Certified Practice Decision Support Tool: Syphilis for individual education, screening recommendations, and further medication information.

STI	Contact Management and Trace Back Period	Treatment of Contact	Notes
	<ul style="list-style-type: none"> • Test all contacts within last 12 months or as directed by BCCDC physician • Test and treat all contacts within 90 days <p><i>Late Latent Syphilis</i> (asymptomatic infection > one year’s duration)</p> <p>Test (do not treat) contacts to latent syphilis</p> <ul style="list-style-type: none"> • All long-term sexual contacts, and • Children whose birthing parent has a late latent syphilis diagnosis 		

STI	Contact Management and Trace Back Period	Treatment of Contact	Notes
<p>Trichomoniasis</p>	<p>Reportable: No</p> <p>Trace-back period: last 60 days. If no partner during this time, last sexual contact</p> <p>Recommended partner follow-up: empirically test and treat contacts with vaginal/vulvar anatomy in the trace-back period above.</p> <p>For contacts with penile anatomy, empirically treat contacts in the trace-back period above. Testing is not recommended.</p>	<p>First Choice: Metronidazole 500 mg orally twice a day for 7 days</p> <p>Alternate: Metronidazole 2 g orally in a single dose</p>	<ol style="list-style-type: none"> 1. Advise to abstain from sexual contact until completion of multi-dose treatment or for 7 days after single-dose therapy. 2. Testing may show false negative for those with penile anatomy, thus testing of these contacts is not recommended. 3. Refer to the BCCDC Certified Practice Decision Support Tool: Trichomoniasis for individual education, screening recommendations, and further medication information.

Additional Education

- Return for follow-up assessment if symptoms occur/re-occur
- Abstain from sexual contact until treatment is completed as indicated in the treatment table
- Review [Sexually Transmitted & Blood-Borne Infections: Standard Education](#)

References

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14. Sherrard J, Donders G, White D, Jensen JS; European IUSTI. European (IUSTI/WHO) guideline on the management of vaginal discharge. 2011. International Journal of STD and AIDS. 2011 Aug;22(8):421-9. doi: 10.1258/ijsa.2011.011012. PMID: 21795415.