This decision support tool is effective as of October 2014. For more information or to provide feedback on this or any other decision support tool, email certifiedpractice@crnbc.ca

TREATMENT OF STI CONTACTS

This decision support tool (DST) provides clinical guidance for treatment of clients who are contacts to an STI and require treatment with Schedule 1 medications. STI described in both the certified practice and non-certified practice DSTs that require treatment are included in this DST.

Only clients who are asymptomatic contacts to an STI are treated using this DST; however, RN(C)s[1] using this DST must also refer to the corresponding infection specific STI DST to ensure the client has received recommended screening (if appropriate) and health history/risk assessment and education. For all symptomatic clients use the appropriate STI DST and consult or refer based on DST recommendations, assessment and diagnostic findings.

RN(C)s are required to consult/refer for all pregnant clients. Consultation/referral may be required for breastfeeding clients depending upon the recommended treatment. Refer to the consultation and/or referral section in each STI DST.

DEFINITION

The process of offering testing and treatment to the sexual contacts of a person diagnosed with an STI.

POTENTIAL CAUSES

Bacterial

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

[1] Note: RN(C) is an authorized title recommended by CRNBC that refers to CRNBC-certified RNs, and is used throughout this Decision Support Tool (DST).

Protozoal

- *Trichomonas vaginalis*

Syndromes

- urethritis
- mucopurulent cervicitis
- pelvic inflammatory disease (PID)
- epididymitis
- proctitis

PREDISPOSING RISK FACTORS

- identified as a sexual contact of someone with an STI
- vaginal, anal or oral sexual contact

TYPICAL FINDINGS

SEE STI ASSESSMENT DECISION SUPPORT TOOL

Contact Assessment and Treatment

- complete assessment of sexual contact
- provide appropriate screening based on type of STI contact and any presenting symptoms
- provide appropriate treatment based on type of STI contact

Sexual Health History

- identified as a sexual contact for someone with STI
- may be asymptomatic
- may have symptoms

Physical Assessment

Offer full STI assessment and screening. If client defers full STI assessment and screening, provide appropriate treatment per type of STI contact.

For clients who present with STI symptoms, refer to the corresponding certified or non-certified practice DST based on presentation and consult or refer as needed.

Diagnostic Tests

Provide appropriate diagnostic testing for STI contact based on the type of exposure.

MANAGEMENT AND INTERVENTIONS

Goals of Treatment

- treat potential infection
- reduce potential complications in contacts due to untreated infection or undiagnosed infection
- reduce the spread of infection

TREATMENT OF CHOICE

The treatment required for a client who is a contact to an STI may differ from the treatment provided for the index case. When recommended treatment for the contact is the same as the index, RN(C)s must refer to the specific STI DST for information regarding treatment options including pharmaceutical and therapeutic suitability.

STI or Syndrome	Contact Period	Treatment	Notes & Cautions
Contacts to Bacterial Vaginosis	• offer assessment for all current female contacts for potential treatment • treatment of male contacts is not required and it does not prevent recurrence	**See Bacterial Vaginosis DST**	• there is a high risk of concordant BV infection in women who have sex with women • female sexual partners of women diagnosed with BV benefit from assessment and testing for BV. If clinical assessment and/or lab testing results are positive for BV, then treat as per the BV DST • refer to the BV DST for client education, screening recommendations, alternate treatments and further medication information.
Contacts to Chlamydia	**60 days** • test and treat all contacts in the last 60 days • if no sexual contacts in the last 60 days then testing and treatment of the last sexual contact is recommended	**See Chlamydia DST**	• advise to abstain from sexual contact until completion of multi-dose treatment or for 7 days post single-dose therapy • refer to the Chlamydia DST for client education, screening recommendations, alternate treatments and further medication information.

Contacts to Epididymitis	**60 days** • test and treat all contacts in the last 60 days • if no sexual contacts in the last 60 days then testing and treatment of the last sexual contact is recommended	See treatment for **Contacts to Gonorrhea** section within this DST	• Clients who are contacts to Epididymitis receive treatment to cover potential Gonorrhea and Chlamydia infection • advise to abstain from sexual contact until completion of multi-dose treatment or for 7 days after single-dose therapy • See **Notes & Cautions** section under **Contacts to Gonorrhea** section within this DST
Contacts to Gonorrhea	**60 days** • test and treat all contacts in the last 60 days • if no sexual contacts in the last 60 days then testing and treatment of the last sexual contact is recommended	**First Choice** cefixime 800 mg PO in a single dose **and** azithromycin 1 gm PO in a single dose **OR** cefixime 800 mg PO in a single dose **and** doxycycline 100 mg PO BID for 7 days **Second Choice** Ceftriaxone 250 mg IM in a single dose **and** azithromycin 1 gm PO in a single dose **OR** Ceftriaxone 250 mg IM in a single dose **and** doxycycline 100 mg PO BID for 7 days **Third Choice** azithromycin 2 gm PO in a single dose	• do not use doxycycline in pregnancy • consult/refer to a physician/nurse practitioner for all pregnant or breastfeeding clients • do not use cefixime or ceftriaxone if allergic to penicillin or cephalosporins • do not use azithromycin if allergic to macrolides • do not use doxycycline if allergic to tetracycline • do not use lidocaine diluent with ceftriaxone IM if history of allergy to lidocaine or other local anaesthetics. Use alternate treatment. • advise client to remain in the clinic for at least 15 minutes post IM injection in case of anaphylactic reaction to treatment. Provide anaphylaxis treatment as required, using BCCDC Immunization Manual –Chapter 2: Immunization Part 3 - Management of Anaphylaxis in a Non-Hospital Setting BCCDC, Nov 2016, available at http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%202%20-%20Imms/Part_3_Anaphylaxis.pdf • all contacts receiving treatment for gonorrhea require treatment for Chlamydia as well • post treatment, if the screening tests come back positive for gonorrhea see the Gonorrhea DST for monitoring

			and follow-up • advise to abstain from sexual contact until completion of multi-dose treatment or for 7 days post single-dose therapy. • refer to the Gonorrhea DST for client education, screening recommendations, alternate treatments and further medication information.
Contacts to Mucopurulent Cervicitis (MPC)	**60 days** • test and treat all contacts in the last 60 days • if no sexual contacts in the last 60 days then testing and treatment of the last sexual contact is recommended	See treatment for **Contacts to Gonorrhea** section within this DST	• Clients who are contacts to MPC receive treatment to cover potential Gonorrhea and Chlamydia infection • advise to abstain from sexual contact until completion of multi-dose treatment or for 7 days after single-dose therapy • See **Notes & Cautions** section under **Contacts to Gonorrhea** section within this DST
Contacts to Pelvic Inflammatory Disease (PID)	**60 days** • test and treat all contacts in the last 60 days • if no sexual contacts in the last 60 days then testing and treatment of the last sexual contact is recommended	See treatment for **Contacts to Gonorrhea** section within this DST	• Clients who are contacts to PID receive treatment to cover potential Gonorrhea and Chlamydia infection • advise to abstain from sexual contact until completion of multi-dose treatment or for 7 days after single-dose therapy • See **Notes & Cautions** section under **Contacts to Gonorrhea** section within this DST
Contacts to Proctitis	**60 days** • test and treat all contacts in the last 60 days • if no sexual contacts in the last 60 days then testing and treatment of the last sexual contact is recommended	See treatment for **Contacts to Gonorrhea** section within this DST	• Clients who are contacts to Proctitis receive treatment to cover potential Gonorrhea and Chlamydia infection • advise to abstain from sexual contact until completion of multi-dose treatment or for 7 days after single-dose therapy • See **Notes & Cautions** section under **Contacts to Gonorrhea** section within this DST

Contacts to Early Syphilis: • Primary Syphilis • Secondary Syphilis • Early Latent Syphilis (asymptomatic infection of < one year's duration)	**Contact to Early Syphilis – Primary, Secondary or Early Latent** when sexual contact(s) • occurred within the previous 90 days OR • are of an unknown date OR • are considered at high-risk and follow-up is not assured Test and treat all sexual contacts to primary and secondary syphilis. Sexual contacts to Early Latent Syphilis require testing and treatment *only* if the contact was within 90 days of index's diagnosis or symptom onset	Indicate "Syphilis Screening" on the lab requisition 1. Treat as follows: Benzathine penicillin G (Bicillin L.A. ®) 2.4 MU. Prepared as 2 separate intramuscular injections (IM) 1.2 MU each **No further treatment required** The preferred treatment is (Bicillin L.A. ®) 2.4 MU. For clients with penicillin allergy or who require alternate treatment (e.g. Bicillin L.A. ® is unavailable and client follow up is not assured) treat as follows: doxycycline 100mg bid po for 14 days 2. Contact the BCCDC Clinical Prevention Services (CPS) STI nurse responsible for follow-up strategy.	1. Provide client education about the potential for a Jarisch-Herxheimer reaction which may occur soon after treatment and is expected to resolve within 24 hours. This is not a sign of a drug allergy. 2. Advise clients to abstain from sexual contact for the duration of oral therapy or for 14 days post treatment for single dose (IM) therapy. 3. If serology confirms syphilis infection, refer to syphilis DST and contact the BCCDC CPS STI Nurse responsible for Syphilis follow up. 4. Treatment is recommended; however, if the client declines treatment and initial testing is negative then repeat Syphilis screening in 3 months.

	Contact to Early Syphilis – Early Latent when sexual contacts are > 90 days previous and within 12 months – test only	1. Indicate "Syphilis Screening" on the lab requisition. 2. Contact the BCCDC CPS STI Nurse responsible for syphilis follow up strategy.	If serology confirms syphilis infection, refer to syphilis DST and contact BCCDC CPS STI Nurse responsible for Syphilis follow up.
Contacts to Late Syphilis: Late Latent Syphilis (asymptomatic infection > one year's duration)	**Contact to Late Syphilis - Late Latent** contact tracing for late latent syphilis requires testing of: • all long term sexual contacts and • children 18 years or younger whose mother has a late latent syphilis diagnosis	1. Indicate "Syphilis Screening" on the lab requisition. 2. Contact BCCDC epidemiology STI Nurse responsible for syphilis follow-up strategy.	If serology confirms syphilis infection, refer to Syphilis DST and contact the BCCDC CPS STI Nurse responsible for follow up.

Contacts to Trichomoniasis	**60 days** • treat all contacts in the last 60 days • if no sexual contacts in the last 60 days then testing and treatment of the last sexual contact is recommended • male contacts do not require screening for Trichomoniasis	**See Trichomonas DST**	• advise to abstain from sexual contact until completion of multi-dose treatment or for 7 days after single-dose therapy • refer to the Trichomonas DST for alternate treatments and further medication information
Contacts to Urethritis – presumptive gonorrhea	**60 days** • test and treat all contacts in the last 60 days • if no sexual contacts then testing and treatment of the last sexual contact is recommended	See treatment for **Contacts to Gonorrhea** section within this DST	• Clients who are contacts Urethritis receive treatment to cover potential Gonorrhea and Chlamydia infection • advise to abstain from sexual contact until completion of multi-dose treatment or for 7 days after single-dose therapy • See **Notes & Cautions** section under **Contacts to Gonorrhea** section within this DST
Contacts to Non-gonococcal Urethritis (NGU)	**60 days** • test and treat all contacts in the last 60 days • if no sexual contacts then testing and treatment of the last sexual contact is recommended	See treatment for **Contacts to Chlamydia** section within this DST	• Clients who are contacts to NGU receive treatment to cover potential Chlamydia infection • advise to abstain from sexual contact until completion of multi-dose treatment or for 7 days post single-dose therapy • refer to the Chlamydia DST for client education, screening recommendations, alternate treatments and medication information.

CLIENT EDUCATION

Counsel client:

- to return for follow-up assessment if symptoms occur

- about appropriate use of medications (dosage, side effects, and need for re-treatment if dosage not completed)
- to avoid sexual contact until treatment is completed
- regarding harm reduction measures (condom use)
- regarding complications from untreated STI
- regarding co-infection risk for HIV when another STI is present
- regarding the asymptomatic nature of STI and HIV

DOCUMENTATION

As per agency policy

REFERENCES

For help obtaining any of the items on this list, please contact CRNBC at certifiedpractice@crnbc.ca

More recent editions of any of the items in the Reference List may have been published since this DST was published. If you have a newer version, please use it.

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