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 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)

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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).

CRNBC monitors and revises the CRNBC certified practice decision support tools (DSTs) every two years and as necessary based on best practices. The information provided in the DSTs is considered current as of the date of publication. CRNBC-certified nurses (RN(C)s) are responsible for ensuring they refer to the most current DSTs.

The DSTs are not intended to replace the RN(C)’s professional responsibility to exercise independent clinical judgment and use evidence to support competent, ethical care. The RN(C) must consult with or refer to a physician or nurse practitioner as appropriate, or whenever a course of action deviates from the 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.

<table>
<thead>
<tr>
<th>STI or Syndrome</th>
<th>Contact Period</th>
<th>Treatment</th>
<th>Notes &amp; Cautions</th>
</tr>
</thead>
</table>
| 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                                                                 |
| Contacts to Chlamydia       | 60 days                 | See Chlamydia DST                  | • there is a high risk of concordant BV infection in women who have sex with women  
                               | • test and treat all contacts in the last 60 days  
                               | • if no sexual contacts in the last 60 days then testing and | • 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  
                               |                                                                       | • advise to abstain from sexual contact until completion of multi-dose treatment or for 7 days post single-dose therapy  
                               |                                                                       | • refer to the BV DST for client education, screening recommendations, alternate treatments and further medication information.  
<pre><code>                           |                                                                       | • refer to the Chlamydia DST for client |
</code></pre>
<table>
<thead>
<tr>
<th>Contacts to Epididymitis</th>
<th>60 days</th>
<th>treatment of the last sexual contact is recommended</th>
<th>education, screening recommendations, alternate treatments and further medication information.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>• test and treat all contacts in the last 60 days</td>
<td>• Clients who are contacts to Epididymitis receive treatment to cover potential Gonorrhea and Chlamydia infection</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• if no sexual contacts in the last 60 days then testing and treatment of the last sexual contact is recommended</td>
<td>• advise to abstain from sexual contact until completion of multi-dose treatment or for 7 days after single-dose therapy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>See treatment for Contacts to Gonorrhea section within this DST</td>
<td>• See Notes &amp; Cautions section under Contacts to Gonorrhea section within this DST</td>
</tr>
<tr>
<td>Contacts to Gonorrhea</td>
<td>60 days</td>
<td>• test and treat all contacts in the last 60 days</td>
<td>• do not use doxycycline in pregnancy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• if no sexual contacts in the last 60 days then testing and treatment of the last sexual contact is recommended</td>
<td>• consult/refer to a physician/nurse practitioner for all pregnant or breastfeeding clients</td>
</tr>
<tr>
<td></td>
<td></td>
<td>First Choice</td>
<td>• do not use azithromycin if allergic to macrolides</td>
</tr>
<tr>
<td></td>
<td></td>
<td>cefixime 800 mg PO in a single dose</td>
<td>• do not use doxycycline if allergic to tetracycline</td>
</tr>
<tr>
<td></td>
<td></td>
<td>and</td>
<td>• do not use lidocaine diluent with ceftriaxone IM if history of allergy to lidocaine or other local anaesthetics. Use alternate treatment.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>azithromycin 1 gm PO in a single dose</td>
<td>• advise client to remain in the clinic for at least 15 minutes post IM</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OR</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>cefixime 800 mg PO in a single dose</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>and</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>doxycycline 100 mg PO BID for 7 days</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Second Choice</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceftriaxone 250 mg IM in a single dose</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>and</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>azithromycin 1 gm PO in a single dose</td>
<td></td>
</tr>
</tbody>
</table>

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### 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

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

| --- | --- |
| 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

- 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 multidose 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.

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### 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.

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:

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 the BCCDC CPS STI Nurse responsible for follow up.
<table>
<thead>
<tr>
<th>Contacts to Trichomoniasis</th>
<th>60 days</th>
<th>See Trichomonas DST</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• treat all contacts in the last 60 days</td>
<td>• advise to abstain from sexual contact until completion of multi-dose treatment or for 7 days after single-dose therapy</td>
</tr>
<tr>
<td></td>
<td>• if no sexual contacts in the last 60 days then testing and treatment of the last sexual contact is recommended</td>
<td>• refer to the Trichomonas DST for alternate treatments and further medication information</td>
</tr>
<tr>
<td></td>
<td>• male contacts do not require screening for Trichomoniasis</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contacts to Urethritis – presumptive gonorrhea</th>
<th>60 days</th>
<th>See treatment for Contacts to Gonorrhea section within this DST</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• test and treat all contacts in the last 60 days</td>
<td>• Clients who are contacts Urethritis receive treatment to cover potential Gonorrhea and Chlamydia infection</td>
</tr>
<tr>
<td></td>
<td>• if no sexual contacts then testing and treatment of the last sexual contact is recommended</td>
<td>• advise to abstain from sexual contact until completion of multi-dose treatment or for 7 days after single-dose therapy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• See Notes &amp; Cautions section under Contacts to Gonorrhea section</td>
</tr>
</tbody>
</table>
# Contacts to Non-gonococcal Urethritis (NGU)

<table>
<thead>
<tr>
<th>60 days</th>
<th>See treatment for Contacts to Chlamydia section within this DST</th>
</tr>
</thead>
<tbody>
<tr>
<td>- test and treat all contacts in the last 60 days</td>
<td></td>
</tr>
<tr>
<td>- if no sexual contacts then testing and treatment of the last sexual contact is recommended</td>
<td></td>
</tr>
<tr>
<td>- Clients who are contacts to NGU receive treatment to cover potential Chlamydia infection</td>
<td></td>
</tr>
<tr>
<td>- advise to abstain from sexual contact until completion of multi-dose treatment or for 7 days post single-dose therapy</td>
<td></td>
</tr>
<tr>
<td>- refer to the Chlamydia DST for client education, screening recommendations, alternate treatments and medication information.</td>
<td></td>
</tr>
</tbody>
</table>

## 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 Helen Randal Library at circdesk@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.


