The authors and reviewers have made every attempt to ensure the information in the Family Medicine Clinical Cards is correct – it is possible that errors may exist. Accordingly, the source references or other authorities should be consulted to aid in determining the assessment and management plan of patients. The Cards are not meant to replace customized patient assessment nor clinical judgment. They are meant to highlight key considerations in particular clinical scenarios, largely informed by relevant guidelines in effect at the time of publication. The authors cannot assume any liability for patient outcomes when these cards are used.

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Sexually Transmitted Infections

⚠ **When working up any patient for STI, it is important to identify other STIs through serologic and other appropriate testing.**

GENITAL ULCERS (consider non-infxs cause, e.g. autoimmune, fixed-drug eruption)

	Presentation	Investigations	Treatment
Herpes (HSV-1, -2)	- Grouped vesicles that rupture and become shallow/painful ulcers - Inguinal lymphadenopathy - Fever, malaise, pharyngitis	- Scrape multiple ulcers/vesicles for PCR/culture	- HSV primary infection is a much rarer presentation than recurrent infection - Treatment varies; see guidelines for primary/recurrent/ suppressive management
Syphilis (notifiable disease)	- +ve serology found screening high-risk populations	Options: - PCR for *T. pallidum* - Serologic tests for syphilis as per local lab (each lab has a different algorithm, much variation across Canada)	- Benzathine Penicillin G 2.4MU IM once **(if pregnant, administer a 2nd dose 1wk apart)** - Same regimen for HIV +ve patients - Test and treat all sexual contacts - Late neurosyphilis requires alternative treatment (consult ID)
	- Secondary stage rash (systemic illness + copper macular rash → symmetric papules including palms/soles)		
	-Painless well-demarcated ulcer (chancre) that resolves		
Chancroid	- Painful; necrotizing/ purulent ulcers - Inguinal lymphadenopathy	- Gram stain lesion - *H. ducreyi* PCR/culture	- Single dose of Azithromycin 1g PO or Ciprofloxacin 500mg PO or Ceftriaxone 250mg IM
Lymphogran. venereum	- Painless genital/rectal papule/ulcer (resolves) - Inguinal/femoral lymphadenopathy - Urethritis or prostatitis	- NAAT**/culture for *C. trachomatis*; if +ve perform serovar testing	- Doxycycline 100mg PO BID x 21d - Treat sexual contacts (from within 60d) x 7d
Granuloma inguinale	- *K. granulomatis* - Painless anogenital papules/ulcers - Highly vascular, bleed easily on contact	- Difficult to culture - Consult microbiologist	- Azithromycin 1g PO q1wk for at least 1wk until lesions clear - Treatment halts progression, but often relapse in 6-18m

GENITAL GROWTHS

	Presentation	Diagnosis	Treatment
Warts	- Soft, smooth or lobular anogenital papules or plaques (cauliform common color and appearance vary) - Painless +/- pruritis	- Clinical - Can consider biopsy if unclear	- May increase in # and size or spontaneously regress, typically resolve in 4 m - Cryotherapy (liquid nitrogen) - Topical Imiquimod or Podophyllotoxin
Molluscm Contagiosum	- Small, raised, pink, or flesh-colored with central dimple or pit - Anywhere, incl. genitals	- Clinical - Can consider skin scraping/ biopsy if unclear	- Self-limited, but may take months to resolve - Cryotherapy and curettage - Lim. efficacy with topical tx

** NAAT: Nucleic acid amplification test

VULVOVAGINITIS

	Presentation	Investigations	Treatment
Bacterial Vaginosis	- Thin whitish-grey d/c - Organic amine vaginal odor	- Clue cells on microscopy - Vaginal fluid pH >4.5 - Fishy odor with addition of potassium hydroxide	- Metronidazole 500mg PO BID x 7d (avoid EtOH until 24hrs post-treatment) - Treat asymptomatic patients if any of: ❑ Pregnant with history of previous preterm delivery ❑ Prior to IUD insertion, gynecologic surgery or genitourinary procedure ❑ Prior to therapeutic abortion
Candidiasis	- White, cottage-cheese d/c - Inflamed vulva - Pruritus - Dysuria	- pH 4-4.5 - Yeast hyphae visible on wet mount, Gram stain and PAP	- **Non-pregnant:** Fluconazole 150mg PO once or intravaginal -azole cream/tablet x 1-3d - **Pregnant:** any intravaginal -azole cream x 7d (Fluconazole PO contraindicated) - **Balanitis (♂):** Topical -azole cream x 7d
Trich.	- Yellow frothy d/c - Odor, pruritus, dysuria	- NAAT** - Flagellated motile organisms on wet mount	- Metronidazole 2g PO once (avoid EtOH until 24hrs post-treatment) - Treat sexual partners

GONORRHEA AND CHLAMYDIA (notifiable disease)

Presentation	Investigations	Treatment
- Asymptomatic or as cervicitis/urethritis - ♀: vaginal pruritus, mucopurulent d/c, dysuria, +/- abdominal pain, +/- dyspareunia - ♂: dysuria, +/- pruritus or d/c at urethral meatus - 40% of patients with *N. gonorrhoeae* also have *C. trachomatis* co-infection	- Culture (endocervical or urethral swab) - NAAT** (first catch urine or endocervical, vaginal or urethral swab)	- **Gonorrhea:** [Cefixime 800mg PO or Ceftriaxone 250mg IM once] + [Chlamydia treatment] - Alternative regimen for pharyngeal infection - **Chlamydia:** - **♂ or non-pregnant ♀:** Azithromycin 1g PO once or Doxycycline 100mg PO BID x 7d - **Pregnant:** Amoxicillin 500mg PO TID x 7d (Azithromycin if compliance can't be assured) - Treat recent partners (last 60d) - No intercourse until 7d post-tx

PUBIC LICE AND SCABIES

Presentation	Treatment
- **Lice:** small insects on any part of body with hair, itchy all of the time, nits on hair shaft - **Scabies:** mites that dig under skin, head and neck-sparing, more itchy at night, red papules/crusts, curvy red burrow lines; pruritus may persist after eradication	- **Lice:** Permethrin 1% cream rinse applied for 10mins, then rinse, repeat q3-7d - **Scabies:** Permethrin 5% cream applied from neck down (including fingernails) overnight, rinse in AM, repeat q7d - Wash all clothes and bedding in hot water (>50°C) or place in plastic bag for 7d - Treat all household contacts and recent partners (last month)

Key References: Public Health Agency of Canada. (2017). Canadian Guideline on Sexually Transmitted Infections. Retrieved from www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines/sexually-transmitted-infections.html#toc.

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