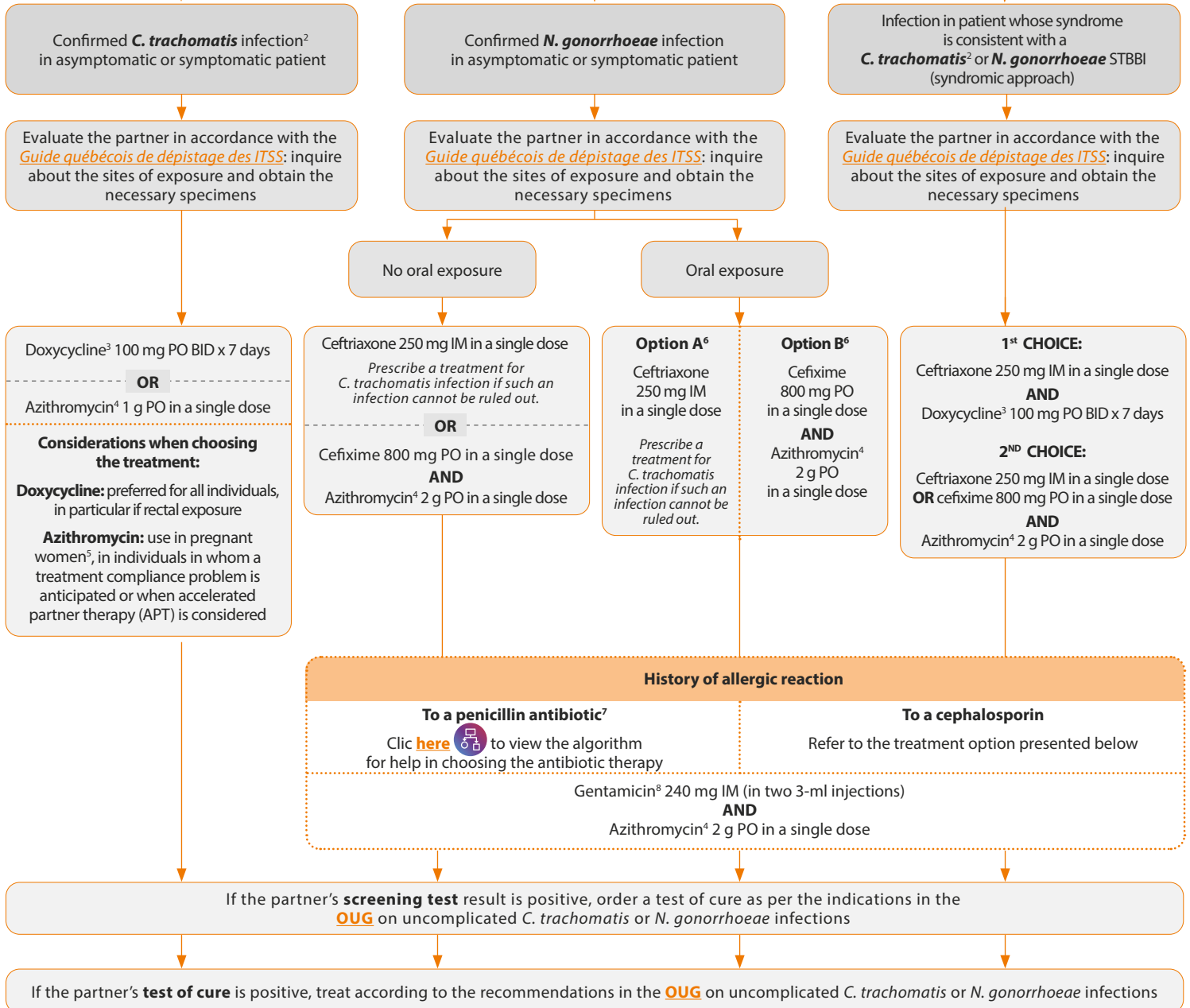


**DECISION ALGORITHM FOR THE EPIDEMIOLOGICAL  
TREATMENT OF ASYMPTOMATIC PARTNERS**

This algorithm is intended for primary care clinicians. It is provided for information purposes only and should not replace the judgement of the clinician who performs activities reserved under an act or a regulation. The recommendations concern persons 14 years of age and older.

**Asymptomatic partner<sup>1</sup>**

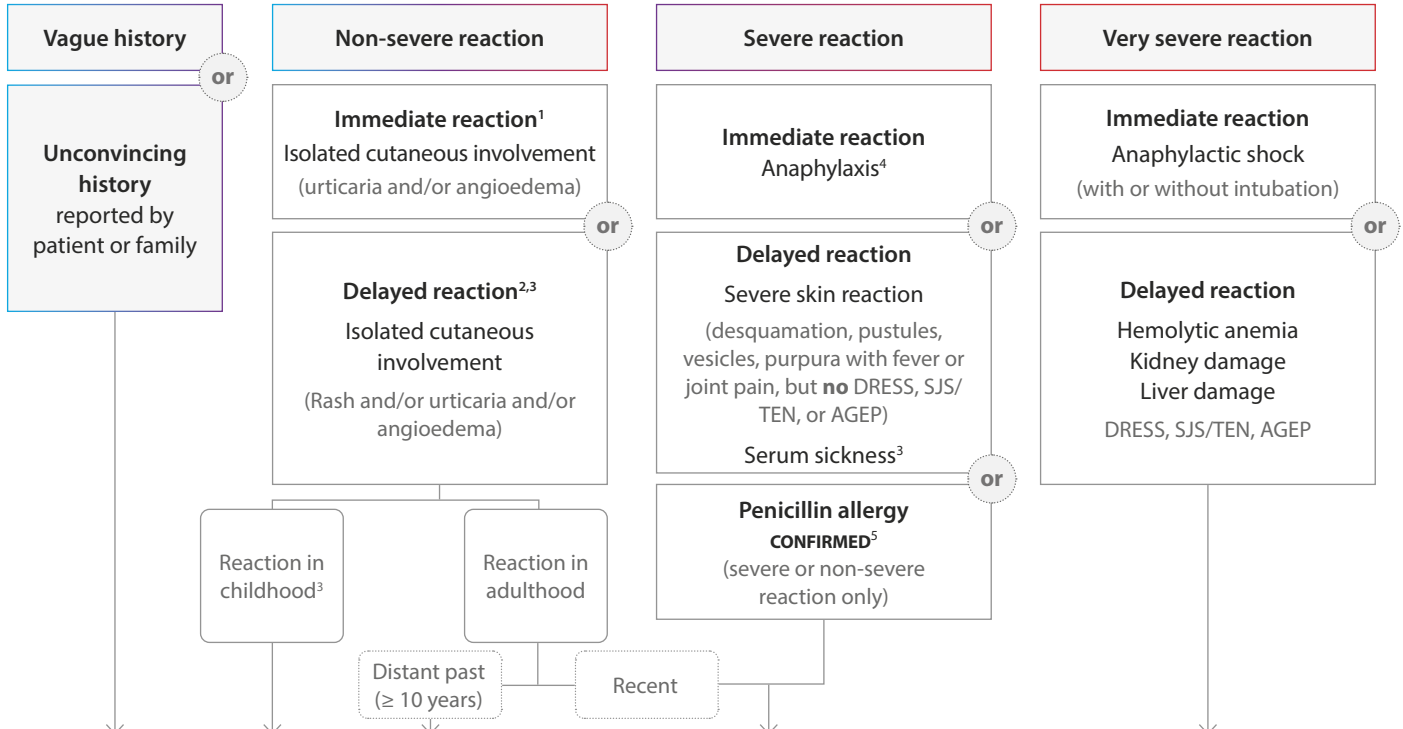


1. For the symptomatic partner, consult the **OUG on the syndromic approach**.  
 2. Upon receipt of a positive result for *C. trachomatis* with a confirmed lymphogranuloma venereum (LGV) genotype in the patient or the partner, the preferred treatment for the asymptomatic partner is doxycycline 100 mg PO BID x 21 days (doxycycline is contraindicated in pregnant women but is compatible, if necessary, with breastfeeding if the duration of treatment is less than 3 weeks). If necessary, consult the MSSS's [clinical tool for LGV](#). If treatment has been initiated with doxycycline AND the partner's screening test results are negative for *C. trachomatis*, discontinue the treatment after 7 days.  
 3. Doxycycline is contraindicated in pregnant women. It is compatible, if necessary, with breastfeeding if the duration of treatment is less than 3 weeks.  
 4. If vomiting occurs within one hour after taking azithromycin, administer a prophylactic antiemetic and then another dose of azithromycin.  
 5. In pregnant women, amoxicillin 500 mg PO TID x 7 days is recommended as a second choice of treatment if they have an allergy or intolerance to azithromycin.  
 6. Factors for choosing Option A: The availability of ceftriaxone and the individual's acceptance of the IM route of administration / Factor for choosing Option B: It is expected that the individual will attend a follow-up visit if the screening test result is positive. Option B is appropriate only if throat specimens for a NAAT and a culture have been collected from the partner.  
 7. Penicillin G or V, ampicillin, amoxicillin, cloxacillin, piperacillin.  
 8. Not approved by Health Canada for this indication.

**ASYMPTOMATIC PARTNER OF A PERSON WITH A CONFIRMED *N. GONORRHOEAE* INFECTION OR WHOSE SYNDROME IS CONSISTENT WITH A *C. TRACHOMATIS* OR *N. GONORRHOEAE* STBBI**

**SEVERITY OF PREVIOUS ALLERGIC REACTION TO PENICILLIN ANTIBIOTICS**

ASSESS THE SEVERITY OF THE INITIAL REACTION



**THE FOLLOWING CAN BE PRESCRIBED SAFELY**

**DISSIMILAR cephalosporins**  
**Cefixime OR Ceftriaxone**  
according to treatment recommendations

**PRESCRIBE THE FOLLOWING WITH CAUTION**

**DISSIMILAR cephalosporins**  
**Cefixime OR Ceftriaxone**  
according to treatment recommendations  
 The 1<sup>st</sup> dose should **always** be administered under medical supervision.  
**If history of:**

- **Immediate reactions**, a drug provocation test should be performed;
- **Delayed reactions**, the patient or his/her family should be informed of the possible risk of recurrence in the days following initiation of the antibiotic.

**IF A BETA-LACTAM<sup>6</sup> CANNOT BE ADMINISTERED, THE FOLLOWING CAN BE PRESCRIBED...**  
according to the treatment recommendations  
 in case of a history of allergic reaction

**AVOID PRESCRIBING**

**A beta-lactam<sup>6</sup>**  
**Choose another class of antibiotics.**

**PRESCRIBE THE FOLLOWING**  
according to the treatment recommendations in case of a history of allergic reaction

1. Immediate reaction (type I or IgE-mediated): generally occurs within 1 hour following the **first dose** of an antibiotic.
2. Delayed reaction (type II, III or IV): can occur at any time, starting 1 hour after the administration of an antibiotic.
3. The delayed skin reactions and the serum sickness-like reactions that occur in children receiving antibiotic therapy are generally non-allergic and can be of viral origin.
4. Anaphylaxis without shock or intubation: requires increased vigilance.
5. With no recommendation concerning other beta-lactams.
6. Penicillins, cephalosporins and carbapenems.

DECISION-MAKING FOR CHOOSING A BETA-LACTAM AND THE CONDITIONS OF ADMINISTRATION

**AGEP:** acute generalized exanthematous pustulosis;  
**DRESS:** drug reaction with eosinophilia and systemic symptoms;  
**SJS:** Stevens–Johnson syndrome;  
**TEN:** toxic epidermal necrolysis.

For further information, see the [interactive tool](#) and the [decision support tool](#).