

**Disclaimer:** The following recommendations may be divergent from Public Health Agency of Canada, Public Health Ontario and Toronto Public Health guidance. They are mainly based on the CDC STI guidelines from 2021 to account for up-to-date evidence. See [FAQ document](#) for more information.

## PREFERRED TREATMENTS

- ✦ Outpatient/emergency department:
  - ✦ Ceftriaxone 500 mg IM/IV in a single dose PLUS
  - ✦ Doxycycline 100 mg PO bid for 14 days PLUS
  - ✦ Metronidazole 500 mg PO bid for 14 days
- ✦ Inpatient:
  - ✦ Ceftriaxone 1 g IV every 24 hours PLUS
  - ✦ Doxycycline 100 mg PO bid PLUS
  - ✦ Metronidazole 500 mg IV/PO bid
  - ✦ When clinically improved, transition to doxycycline 100 mg PO bid PLUS metronidazole 500 mg PO bid to complete 14 days

## ALTERNATIVE TREATMENTS

- ✦ **Consult Infectious Diseases if first-line outpatient regimen cannot be used**
- ✦ Inpatient, if cephalosporin allergy: Clindamycin 900 mg IV every 8 hours PLUS gentamicin 3-5 mg/kg IV every 24 hours
  - ✦ When clinically improved, transition to clindamycin 450 mg PO qid or doxycycline 100 mg PLUS metronidazole 500 mg PO bid to complete 14 days

## PREGNANCY

- ✦ Consult Obstetrics: PID is uncommon during pregnancy and there is a large differential diagnosis for acute abdominal pain in pregnancy

## FOLLOW UP RECOMMENDATIONS

- ✦ Outpatients should be evaluated 2-3 days after treatment initiation; if there is no symptom improvement, further work-up is indicated and hospital admission for parenteral therapy may be required
- ✦ Patients should abstain from sexual intercourse until treatment is completed, symptoms have resolved and partners have been treated (see below)
- ✦ All patients diagnosed with PID should be tested for *Neisseria gonorrhoeae*, *Chlamydia trachomatis*, HIV and syphilis

## TESTING & TREATMENT OF SEXUAL CONTACTS

- ✦ All partners who have had sexual contact with an index case of PID **within 60 days** should be evaluated, tested and presumptively treated for chlamydia and gonorrhea
- ✦ If the last sexual contact was greater than 60 days from PID diagnosis/symptom onset, the **most recent** sexual partner should be evaluated, tested and presumptively treated for chlamydia and gonorrhea

## REFERENCES

1. Government of Canada. Section 4-4: Canadian Guidelines on Sexually Transmitted Infections – Management and treatment of specific syndromes – Pelvic Inflammatory Disease (PID). Updated 2016.
2. <https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines/sexually-transmitted-infections/canadian-guidelines-sexually-transmitted-infections-22.html>
3. Workowski KA, Bachmann LH, Chan PA, Johnston CM, Muzny CA, Park I, et al. Sexually Transmitted Infections Treatment Guidelines, 2021. MMWR Recomm Rep. 2021;70(4):1-187.
4. Savaris RF, et al. Antibiotic therapy for pelvic inflammatory disease. Cochrane Database of Systematic Reviews 2020, Issue 8, Art . No. CD010285.
5. Wiesenfeld HC, Meyn LA, Darville T, Macio IS, Hillier SL. A Randomized Controlled Trial of Ceftriaxone and Doxycycline, With or Without Metronidazole, for the Treatment of Acute Pelvic Inflammatory Disease. Clinical Infectious Diseases. 2020;72(7):1181-9.

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