

# Sexually Transmitted Infections Chlamydia and Gonorrhea Infection Control Education Sessions “Bug of the Month”

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# Agenda

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- ❑ Epidemiology of STIs in SCHR
- ❑ Chlamydia
- ❑ Gonorrhea
- ❑ Case Finding and Contact Tracing
- ❑ Laboratory Testing
- ❑ STI Medications and Treatment Guidelines
- ❑ STI Notification
- ❑ Questions and Answers
- ❑ Additional Slides

# Epidemiology of STIs in SCHR

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# Sexually Transmitted Infections, 2009

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- The number of reported sexually transmitted infections (STIs) increased in Sun Country Health Region in 2009.
  
- SCHR STI reports in 2009:
  - There were 111 cases of Chlamydia (85 in 2008)
  - There were 3 cases of Gonorrhea

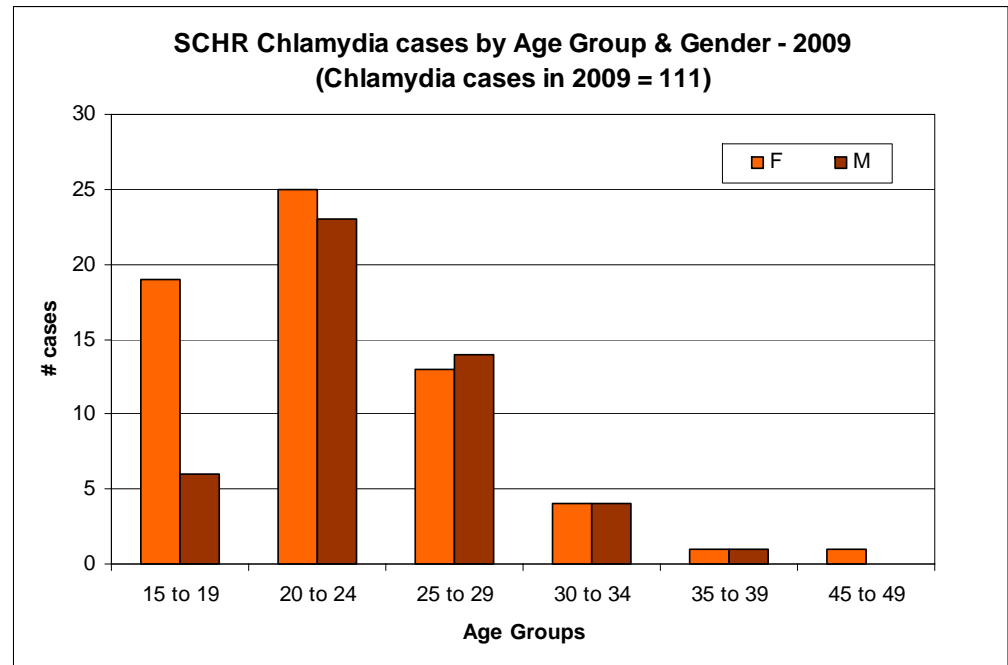
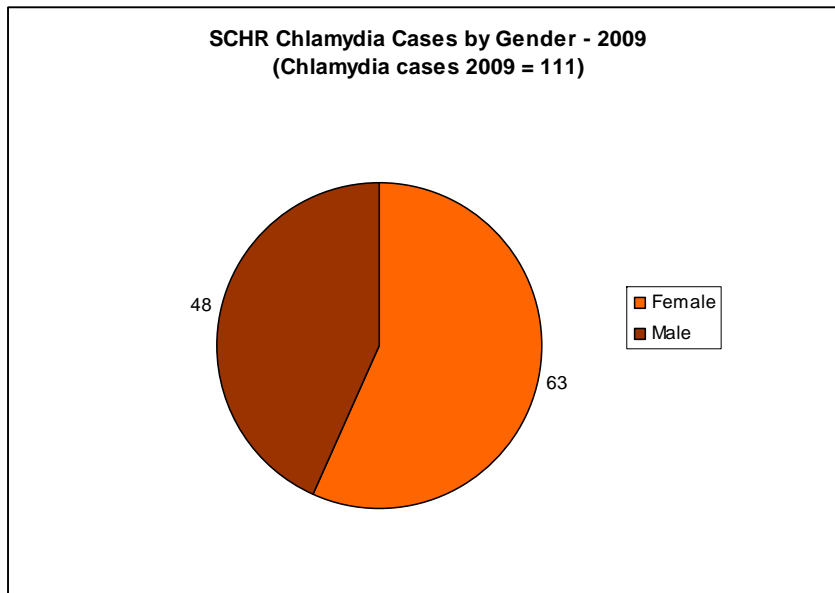


# Chlamydia in SCHR in 2009

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- In 2009, 111 cases of genital Chlamydia were reported in Sun Country Health Region. This is a 31% increase from 2008.
  - The overall Chlamydia rate was 205 per 100,000.
    - 1,299 per 100,000 for the 20 to 24 year old age group.
  - Forty-three percent (n=48) were between 20 to 24 years of age.
  - Twenty-four percent (n=24) of the cases were in the 25 to 29 age group.
  - Twenty-three percent (n=25) of the cases were in the 15 to 19 age group.

# Chlamydia in SCHR in 2009



- 57% of the cases were female.
- The difference in numbers of cases among females and males was greatest in the 15 to 19 age group.

# Chlamydia

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# Chlamydia

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- Chlamydia infection is caused by the bacterium *Chlamydia trachomatis*.
- Transmission:
  - Unprotected oral, vaginal or anal sex.
  - Genital tract of mother to newborn during labor.
- Chlamydia is the most common reportable STI among teenagers and young adults.
- Most people with infection are asymptomatic.





# Symptoms of Chlamydia may include:


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## **Females:**

- A change or increase in vaginal discharge
- Itchy vaginal area
- Pain on urination
- Abnormal vaginal bleeding (i.e. bleeding during or after sex)
- Pain in lower abdominal area

## **Males:**

- Pain/burning on urination
- A watery or milky discharge
- Burning or itching around the urethra
- Pain in testicles



# Chlamydia can cause serious health problems if left untreated:

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## Females:

- Pelvic inflammatory disease (PID)
- Ectopic pregnancy
- Infertility
- Chronic pelvic pain
- Reiter Syndrome

## Males:

- Epididymo-orchitis
- Reiter Syndrome



# Chlamydia Treatment

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- Azithromycin – 1 gram directly observed (DOT)
  
- Publicly funded medication available for MDs/NPs from Public Health (no cost to client)

# Gonorrhoea

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# Gonorrhoea

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- ❑ Gonorrhoea infection is caused by the bacterium *Neisseria gonorrhoeae*.
- ❑ Not a commonly reported STI in SCHR.
- ❑ Transmission:
  - Unprotected oral, vaginal or anal sex.
  - Genital tract of mother to newborn during labor.
- ❑ Most people with infection are asymptomatic.



# Symptoms of Gonorrhoea may include:


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## Females:

- A change or increase in vaginal discharge
- Pain on urination
- Abnormal vaginal bleeding (i.e. bleeding during or after sex)
- Deep pain in lower abdominal area

## Males:

- Pain/burning on urination
- A thick greenish-yellow discharge
- Burning or itching around the urethra
- Testicular pain, swelling or symptoms of epididymitis



# Gonorrhoea can cause serious health problems if left untreated:

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## Females:

- Pelvic inflammatory disease (PID)
- Infertility
- Ectopic pregnancy
- Chronic pelvis pain
- Reiter Syndrome
- Disseminated gonococcal infection

## Males:

- Epididymo-orchitis
- Reiter Syndrome
- Infertility (rare)
- Disseminated gonococcal infection



# Gonorrhea Treatment

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- Cefixime – 400 mg PO directly observed (DOT)

- Urethral, endocervical, rectal, pharyngeal infections

**Note:**

- **Cases should also receive empiric treatment for chlamydia (azithromycin) at the same time they are treated for gonorrhea**
  
- Publicly funded medication available from Public Health (no cost to client)



# Case Finding and Contact Tracing

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# Case Finding

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- Screening at-risk groups
  - Sexually active females & males under the age of 25 years
  - Patients with a new sexual partner or more than two sexual partners in the past year
  - Vulnerable populations (IDU, sex trade workers, etc.)
  - Pregnant women



# Contact Tracing

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- ❑ All partners of lab confirmed chlamydia and gonorrhea cases need to be assessed, tested, counselled and treated when appropriate.
- ❑ The physician or clinic nurse can complete the partner notification.
  - ❑ If the health care provider is unable to do this within 14 days, it should be referred to Public Health to complete.
- ❑ The person with the STI can also choose to notify his or her contacts.



# Contact Tracing

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- The SCHR Public Health Team assists with partner notification/contact tracing:
  - The Communicable Disease/Immunization Coordinators in partnership with the Public Health Nurses are available to assist with partner notification and help with appropriate referral for clinical evaluation, testing, treatment and health education.



## Contact Tracing - Chlamydia and Gonorrhea

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- All partners who have had sexual contact (unprotected vaginal, anal and sometimes oral sex) with the index case within 60 days prior to symptom onset or date of specimen collection (if asymptomatic) should be **tested**
  - Empirical treatment – may give regardless of clinical findings and without waiting for test results.

URINE TESTS SHOULD BE COLLECTED  
**BEFORE** TREATMENT.



# Contact Tracing

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- The length of time for the trace-back period should be extended:
  - to include additional time up to the date of treatment
  - if the index case states that there were no partners during the recommended trace-back period, then the last partner should be notified.
  - if all partners traced (according to recommended trace-back period) test negative, then the partner prior to the trace-back period should be notified.

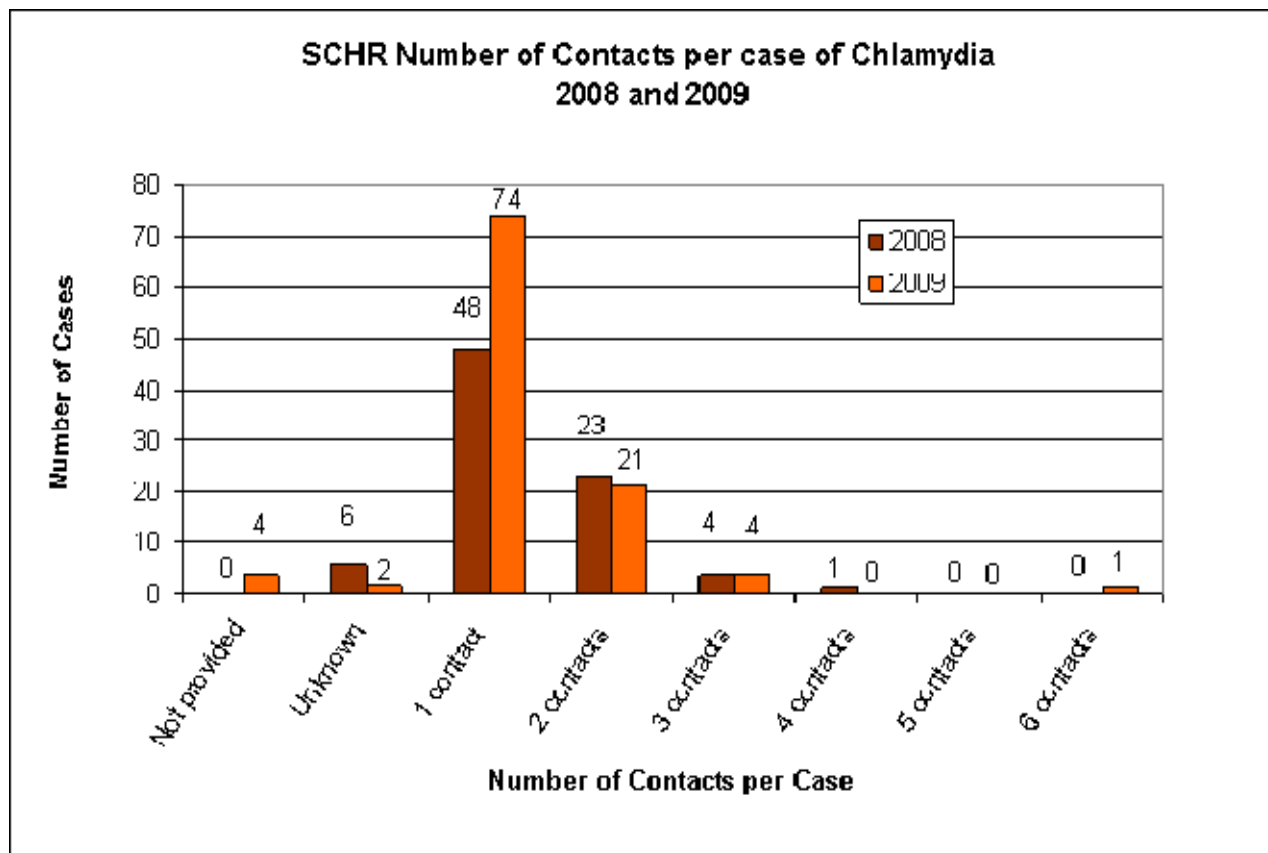


# Chlamydia Contact Tracing

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- The majority of cases of Chlamydia in SCHR named only one contact for investigation.
  - In 2009 and 2008, 69% and 59% Chlamydia cases named one contact for follow-up.
  - In 2009, 19.6% of cases named two contacts.

# Chlamydia Contact Tracing in SCHR in 2009





# Laboratory Testing

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# Chlamydia and Gonorrhea Testing

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- Urine specimens are collected for Nucleic acid amplification test (NAAT) and sent to SDCL
  - Does not have to be midstream
  
- Results usually available in 3 to 4 days



# Test of Cure - Chlamydia

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- Test of cure for *C. trachomatis* is not routinely indicated if a recommended treatment is taken AND symptoms and signs disappear AND there is no re-exposure to an untreated partner.
  - When indicated, test of cure should be performed 4 weeks following completion of effective treatment (to avoid false-positive results) in the following circumstances:
    - recommended treatment taken but signs and symptoms persist;
    - where compliance is suboptimal;
    - if an alternative treatment has been used;
    - in all prepubertal children;
    - in all pregnant women.



# Test of Cure - Gonorrhea

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- NAATs are not recommended for test of cure.
  - If this is the only test available, it should be performed at least 4 weeks following completion of therapy to avoid false-positive results due to the presence of non-viable organisms.
  
- Follow up cultures for test of cure are indicated approximately 4-5 days following completion of therapy. This must be completed in the following circumstances:
  - treatment failure has occurred previously;
  - antimicrobial resistance to therapy is documented;
  - re-exposure to untreated partner;
  - where compliance is unknown;
  - if an alternative treatment has been used;
  - in all prepubertal children;
  - in all pregnant women;
  - in cases of PID or disseminated gonococcal infection;
  - quinolones were administered for treatment and there was no previous antimicrobial testing done;
  - there is concern over a false-positive non-culture test result.

# STI Medications and Treatment Guidelines

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# STI Medications

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- Providers seeing clients with chlamydia and/or gonorrhea in their practice should be keeping a small supply of publicly funded medications on hand to provide directly observed treatment to patients without cost.
- The Saskatchewan Ministry of Health provides these medications without charge to individuals with sexually transmitted infections (STIs) to prevent the spread of STIs by reducing barriers to treatment.

# STI Medications

Medication	Disease	Who is the medication for?	How to access the medication
Azithromycin <sup>[1]</sup>	<ul style="list-style-type: none"> <li>•Chlamydia</li> <li>•Gonorrhoea (as a co-treatment)</li> </ul>	<ul style="list-style-type: none"> <li>•Cases, including pregnant women if poor compliance is expected <sup>2</sup></li> <li>•Contacts (Best practice is to collect a urine sample before empiric treatment of contacts)</li> </ul>	<p>Indicate your needs in the designated area on the STI Notification Form for either of these medications.</p> <p><u>If you are not completing a notification form and you require medications, call Laraine Tremblay at 842-8627.</u></p>
Cefixime <sup>1</sup>	<ul style="list-style-type: none"> <li>•Gonorrhoea (preferred treatment) (Cases should also receive empiric treatment for chlamydia at the same time they are treated for gonorrhoea)</li> </ul>	<ul style="list-style-type: none"> <li>•Cases</li> <li>•Contacts (Best practice is to collect a urine sample before empiric treatment)</li> </ul>	

<sup>[1]</sup> Refer to Canadian STI Guidelines for details of indications for use at:  
[http://www.phac-aspc.gc.ca/std-mts/sti\\_2006/sti\\_intro2006\\_e.html](http://www.phac-aspc.gc.ca/std-mts/sti_2006/sti_intro2006_e.html)

<sup>2</sup> Test of cure should be performed for all pregnant women at 3-4 weeks after the completion of treatment.



# STI Treatment

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- Patients and contacts should abstain from unprotected intercourse until treatment of both partners is complete (i.e. 7 days after completion of treatment).





# STI Medications

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- Other medications for the treatment of STIs are available as part of the publicly funded medications.
  - Public health does not recommend keeping a supply on hand as they may become outdated before use.
  - If you require more information, please contact Laraine Tremblay at 842-8627.

# Sexually Transmitted Infections

- Use the Canadian STI Guidelines 2008 as guide for treatment and case definitions
- Available online at
  - [http://www.phac-aspc.gc.ca/std-mts/sti\\_2006/qr-eng.php](http://www.phac-aspc.gc.ca/std-mts/sti_2006/qr-eng.php)





# Sexually Transmitted Infections

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- Saskatchewan Health Communicable Disease Control Manual (Section 5)
- Available online at
  - <http://www.health.gov.sk.ca/cdc-section5>

# STI Notification

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# STI Notification

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- Healthcare professionals are required to report Category II communicable diseases (which include specific STIs) by law as per *The Public Health Act* and *The Disease Control Regulations*
  - STIs are to be reported to the MHO within 72 hours
  
- The notification form sent to the MHO includes details about risks, treatment, and contacts.

# STI Notification Form



## Sexually Transmitted Infection (STI) Notification Form

### ATTENTION: Saskatchewan Physicians

The purpose of this letter is to review the process of reporting and follow-up of sexually transmitted infections (i.e. gonorrhoea, chlamydia). Saskatchewan has one of the highest rates of chlamydia in Canada. As part of a strategy to bring down STI rates in the province, we are asking for your assistance.



### Steps to remember when a positive lab report is received:

- Notify the client as soon as possible.
- Treat chlamydia and gonorrhoea with medications that are available at no cost through your local Public Health office. Prescriptions are not necessary.
- Give single dose medications by direct observed therapy to guarantee compliance.
- Inform cases to abstain from intercourse for 7 days following treatment, and to practice safer sex with all partners to avoid re-infection.
- Ask all positive cases about their sexual contacts in the past three months, including names, addresses and phone numbers. Full information assists public health to locate contacts.
- Complete all sections of the "Confidential Notification of Sexually Transmitted Diseases" form included with the positive lab report.
- Forward the completed "Confidential Notification of Sexually Transmitted Infections" form to your local public health office within 72 hours if possible. Timelines assists public health to do follow up more effectively.

The successful management of sexually transmitted infections depends on the co-operative efforts of all involved in each step of the process. We appreciate your help in the identification and follow-up of these cases.

Office of the Chief Medical Health Officer  
Population Health Branch

April 2009

### Where can medications be obtained?

- To set up an ordering schedule for your practice, phone your local Public Health office. Keep a supply on hand to ensure timely treatment.

### What if the client cannot be reached?

- Notify Public Health as soon as possible. Public Health Nurses are available to assist in the location of cases and their contacts.

### Did you know?

- Sexually Transmitted Infection Clinics offer testing and treatment of STIs. Clinics operate in Regina, Saskatoon, Prince Albert and North Battleford. Please call your local public health office for hours.
- Questions regarding the treatment of sexually transmitted infections can be directed to your local public health office or the Sexually Transmitted Infections Clinics.
- The "Saskatchewan STD Outpatient Treatment Guideline Summary (2004)" is available from Saskatchewan Health.
- The "Canadian Guidelines on Sexually Transmitted Infections 2006 Edition" is on line at [http://www.phac-aspc.gc.ca/std-mts/sti\\_2006/sti\\_intro2006\\_e.html](http://www.phac-aspc.gc.ca/std-mts/sti_2006/sti_intro2006_e.html).



## Confidential Notification of Sexually Transmitted Infections

Please complete all sections. Format all dates as day/month/year.

A) CLIENT INFORMATION		B) SERVICE PROVIDER INFORMATION	
Last Name: _____ First Name & Initial: _____ Other Name/Alias: _____		For Public Health use only - DATE RECEIVED: _____	
Full Resident Address (include postal code): _____		Name of Attending Physician or Nurse: _____	
Phone #: ( ) Work ( ) cell ( ) home: _____		Phone number: _____	
First Nations Community: _____	Racial Ethnicity: _____	Marital Status: ( ) S ( ) M ( ) Com Law ( ) Sep/Div	Address: _____
HSN: _____	( ) M ( ) F	DOB: ____/____/____ Age: _____	
		Is client pregnant? ( ) Y ( ) N	
C) INFECTION INFORMATION (check ALL that apply)			
Infection reported: ( ) Syphilis, indicate STAGING: _____ ( ) Other STI see text: _____			
( ) Chlamydia ( ) Primary ( ) Secondary ( ) Early Latent ( ) Late Latent ( ) Infectious Neurosyphilis _____			
( ) Gonorrhoea ( ) Non Infectious Neurosyphilis ( ) Early Congenital (<2 yr old) ( ) Unknown			
D) LAB TESTING	E) TREATMENT (check ALL that apply)	F) EXPOSURE INFO (check ALL that apply)	
Lab Testing: _____	*DOT - Directly Observed Therapy: _____	( ) No condom used ( ) Sex trade worker	( ) Sex with sex trade worker
Date specimen collected: ____/____/____	Date Treated: ____/____/____ Treated by whom: _____	( ) Condom failure ( ) Sex with sex trade worker	( ) Injection drug use ( ) Sexual assault
Hepatitis B Status: _____	( ) Azithromycin ( ) 1gm ( ) 2gm DOT* ( ) yes ( ) no	( ) Alcohol/drug use ( ) Internet partnering	( ) Unknown/anonymous partner
Antibody: ( ) pos ( ) neg ( ) unk	( ) Cefixime 400 mg DOT* ( ) yes ( ) no	( ) New partner within the last 3 months	( ) Unprotected sex with the same sex
HIV Status: _____	( ) Cotrimoxazole 125 mg ( ) Ciprofloxacin 500 mg	( ) More than 2 partners in the last 3 months	( ) Sex with transgender partner
Antibody: ( ) pos ( ) neg ( ) unk	( ) Amoxicillin 500 mg tid x 7d	( ) Casual sex while traveling outside of Canada	( ) Previous STI
Reason client was tested: ( ) Health Provider Recommended ( ) Client Requested ( ) Clinical Sign & Symptoms ( ) Other	( ) Bicillin ( ) 1st, ( ) 2nd, ( ) 3rd dose	( ) Street involved / home less	( ) Sex with a known STI case
	( ) erythromycin 333mg ii tid x 7d <u>or</u> other dosage _____	( ) Infant born to infected mother	
	( ) doxycycline 100mg bid x 7d <u>or</u> other dosage _____		
G) REFERRAL TO PUBLIC HEALTH (check ALL that apply)			
( ) Education ( ) Hepatitis B immunization ( ) Contact follow up - complete Section H ( ) To order STI medications - indicate amount: _____			
( ) Azithromycin ( ) Cefixime ( ) Amoxicillin ( ) Erythromycin ( ) Doxycycline ( ) Notification Forms			
H) SEXUAL PARTNER INFORMATION ** Please include information on additional contacts on a separate sheet			
Last Name / Alias / Maiden Name: _____ First Name: _____		Last Name / Alias / Maiden Name: _____ First Name: _____	
Full Resident Address: _____		Full Resident Address: _____	
Phone #: ( ) H ( ) W ( ) C: _____		Phone #: ( ) H ( ) W ( ) C: _____	
DOB: ____/____/____ Age: _____ ( ) Male ( ) Female	DOB: ____/____/____ Age: _____ ( ) Male ( ) Female		
Physical Description: _____	Physical Description: _____		
Marital Status: ( ) S ( ) M ( ) Com Law ( ) Sep/Div	Marital Status: ( ) S ( ) M ( ) Com Law ( ) Sep/Div		
Living with: ( ) Client ( ) Parents ( ) Other	Living with: ( ) Client ( ) Parents ( ) Other		
Pregnant: ( ) Y ( ) N Place of Employment: _____	Pregnant: ( ) Y ( ) N Place of Employment: _____		
Name of School (if student): _____	Name of School (if student): _____		
Contact's common language: _____	Contact's common language: _____		
Relationship to client: ( ) Marital/CL ( ) Casual ( ) Reg. partner ( ) Sex trade ( ) Unprotected sex ( ) Protected sex	Relationship to client: ( ) Marital/CL ( ) Casual ( ) Reg. partner ( ) Sex trade ( ) Unprotected sex ( ) Protected sex		
Exposure Dates: (1st) ____/____/____ to ____/____/____	Exposure Dates: (1st) ____/____/____ to ____/____/____		
Will the testing Physician/Nurse follow-up this contact? ( ) Yes ( ) No	Will the testing Physician/Nurse follow-up this contact? ( ) Yes ( ) No		
If yes, date contact notified: ____/____/____	If yes, date contact notified: ____/____/____		
Will index case be notifying contact ( ) yes ( ) no	Will index case be notifying contact ( ) yes ( ) no		
Comments: _____	Comments: _____		

CD 66 - March 2009

Copy 1-MHO

Copy 2 - Reporting Physician / Nurse

# Questions & Answers?

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# Resources

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- Sask Health Communicable Disease Control manual (Section 5) <http://www.health.gov.sk.ca/cdc-section5>
- Canadian Guidelines on STI's (2008) [http://www.phac-aspc.gc.ca/std-mts/sti\\_2006/qr-eng.php](http://www.phac-aspc.gc.ca/std-mts/sti_2006/qr-eng.php)
- Public Health Agency of Canada <http://www.phac-aspc.gc.ca/std-mts/index-eng.php>
- Saskatchewan Ministry of Health <http://www.health.gov.sk.ca/sti-information>





# Websites for the Public

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- [www.spiderbytes.ca](http://www.spiderbytes.ca)
- [www.sexualityandu.ca](http://www.sexualityandu.ca)
- [www.cfsh.ca](http://www.cfsh.ca)
- [www.serc.mb.ca](http://www.serc.mb.ca)
- [www.Publichealth.gc.ca/sti](http://www.Publichealth.gc.ca/sti)

# Additional Slides

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Syphilis

Treatment Options

Resources



# Syphilis

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- Syphilis infection is caused by the bacterium *Treponema pallidum subsp. pallidum*.
- Not a commonly reported STI in SCHR.
  - Clusters occurring in Saskatchewan.
- Transmission
  - Unprotected oral, vaginal, or anal sex.
  - Mother to newborn in utero or during labor via contact with an active genital lesion.



Symptoms of Syphilis include:

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# Chlamydia Treatment

*Table 1. Chlamydia. Adults (non-pregnant and non-lactating): Urethral, endocervical, rectal, conjunctival infection*

Preferred	Alternative
<ul style="list-style-type: none"><li>• <b>Doxycycline</b> 100 mg PO bid for 7 days OR</li><li>• <b>Azithromycin</b> 1 g PO in a single dose if poor compliance is expected*</li></ul>	<ul style="list-style-type: none"><li>• <b>Ofloxacin</b> 300 mg PO bid for 7 days OR</li><li>• <b>Erythromycin</b> 2 g/day PO in divided doses for 7 days<sup>†</sup> OR</li><li>• <b>Erythromycin</b> 1 g/day PO in divided doses for 14 days<sup>†</sup></li></ul>

Source: Canadian Guidelines on Sexually Transmitted Infections 2010.

\*If vomiting occurs more than 1 hour post-administration, a repeat dose is not required.

<sup>†</sup>Erythromycin dosages refer to erythromycin base. Equivalent dosages of other formulations may be substituted (with the exceptions of the estolate formulation being contraindicated in pregnancy). If erythromycin has been used for treatment, test of cure should be performed 4 weeks after completion of therapy.

## Notes:

- In Saskatchewan azithromycin is generally the preferred treatment due to poor compliance of multiday treatments.

# Chlamydia Treatment - Pregnancy

**Table 5. Pregnant women and nursing mothers: urethral, endocervical, rectal infection**

- **Amoxicillin** 500 mg PO tid for 7 days\* [A-I]  
OR
- **Erythromycin** 2 g/day PO in divided doses for 7 days\*† [B-I]  
OR
- **Erythromycin** 1g/day PO in divided doses for 14 days\*† [B-I]  
OR
- **Azithromycin** 1 g PO in a single dose, if poor compliance is expected‡ [B-I]

\* If erythromycin or amoxicillin has been used for treatment in nursing mothers, test of cure should be performed 3-4 weeks after the completion of treatment.

† Erythromycin dosage refers to the use of erythromycin base. Equivalent dosages of other formulations may be substituted (**with the exception of the estolate formulation being contraindicated in pregnancy**). Gastrointestinal side effects are more severe with erythromycin than amoxicillin.

‡ If vomiting occurs more than 1 hour post-administration, a repeat dose is not required.

**Note:** Test of cure should be performed 3-4 weeks after the completion of treatment in all pregnant women.

# Gonorrhea Treatment

Table 1. Gonorrhea. Youth and Adults (non-pregnant and non-lactating): Urethral, endocervical, rectal, pharyngeal

Preferred	Alternatives
<ul style="list-style-type: none"> <li>Cefixime 400 mg PO in a single dose<sup>†‡</sup></li> </ul>	<ul style="list-style-type: none"> <li>Ceftriaxone 125 mg IM in a single dose<sup>†-‡</sup> OR</li> <li>Azithromycin 2 g PO in a single dose<sup>§</sup> OR</li> <li>Spectinomycin 2 g IM in a single dose<sup>#</sup> (available only through Special Access Program [SAP]) OR</li> <li>Ciprofloxacin 500 mg PO in a single dose<sup>*</sup> OR</li> <li>Ofloxacin 400 mg PO in a single dose<sup>*</sup></li> </ul>
<p><b>All regimens should be followed by empiric treatment for chlamydial and non-gonococcal infections (see <i>Urethritis</i> chapter in the Canadian STI Guidelines)</b></p>	

Source: Canadian Guidelines on Sexually Transmitted Infections 2010.

# Gonorrhoea Treatment - Pregnancy

Table 2. Gonorrhoea. Pregnant women and nursing mothers: Urethral, endocervical, rectal or pharyngeal infection

Preferred	Alternatives
<ul style="list-style-type: none"> <li>Cefixime 400 mg PO in a single dose<sup>*‡</sup></li> </ul>	<ul style="list-style-type: none"> <li>Ceftriaxone 125 mg IM in a single dose<sup>*†</sup></li> <li>OR</li> <li>Spectinomycin 2 g IM in a single dose<sup>‡</sup> (available only through SAP)</li> </ul>
<p><b>All regimens should be followed by empiric treatment for chlamydial and non-gonococcal infections (see <i>Urethritis</i> chapter in the Canadian STI Guidelines)</b></p>	

Source: Canadian Guidelines on Sexually Transmitted Infections 2010.

\* Cefixime and ceftriaxone should not be given to persons with a cephalosporin allergy or a history of immediate and/or anaphylactic reactions to penicillins.

‡ Cefixime is preferred over ceftriaxone as a factor of cost and ease of administration.

† The preferred diluent for ceftriaxone is 1% lidocaine without epinephrine (0.9 mL/250 mg, 0.45 mL/125 mg) to reduce discomfort.

‡ Not effective for pharyngeal infection. Test of cure is recommended.





# RQHR Sexual Health Clinic

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## □ Location

- 2110 Hamilton Street, Regina, Sk
- 766-7788

## □ Hours of operation (drop in and appointments)

- Monday 1:00 - 4:00 pm & 6:00 - 8:30 pm
- Tuesday 9:00 – 11:30am & 1:00 - 4:00 pm
- Wednesday 9:00 – 11:30am & 1:00 - 4:00 pm
- Thursday 1:00 - 4:00 pm & 6:00 - 8 30 pm
- Friday 9:00 - 11:30 am & 1:00 - 4:00 pm