**Candidiasis**

Any of the available imidazole preparations are effective, either as cream or pessaries. Various preparations are available for either single dose therapy, or three to seven days of therapy.

**Chancroid**

Single dose ofloxacin 500 mg or ceftriaxone 500 mg intramuscularly or cefixime 400 mg orally, 12-hourly for 3 days.

**Chlamydia**

**First episode**

- **Drug of choice**: ofloxacin 500 mg orally, 12-hourly for 3 days.
- **Other options**:
  - clindamycin 300 mg orally, 12-hourly for 7 days
  - clindamycin 2% vaginal cream 5 g, daily for 7 days
  - tinidazole 2 g orally, as a single dose with food
  - metronidazole gel 0.75% gel 5 g, nocte for 5 nights
  - metronidazole 2 g orally, as a single dose (less effective)
  - metronidazole 400 mg orally, 12-hourly with food for 5 days

**Recurrent**

- **Drug of choice**: ofloxacin 500 mg orally, 12-hourly for 3 days.
- **Other options**:
  - azithromycin 1 g orally, as a single dose
  - clarithromycin 500 mg orally, 12-hourly for 7 days

**Genital Herpes**

First episode

- **Drug of choice**: valaciclovir 500 mg stat and 250 mg twice daily for 3 doses
- **Other options**:
  - aciclovir 200 mg orally five times daily for 5 to 10 days
  - famciclovir 500mg stat and 250mg twice daily for 3 doses

Episodic

- **Drug of choice**: valaciclovir 500 mg orally, 12-hourly for 5 days
- **Other options**:
  - aciclovir 200 mg orally five times daily for 5 to 10 days
  - famciclovir 500mg stat and 250mg twice daily for 3 doses

**Genital Warts**

- **Non pregnant**
  - Podophyllotoxin paint (0.5%) or cream (0.15%) (not on PBS) or cream (0.15%)
  - Liquid nitrogen
- **Pregnant**
  - 1-2 weeks before ultrasound examination

**Hepatitis**

**HIV**

**First line treatment**

- **Drug of choice**: cART based on NAAT and donovanosis in high prevalence regions
- **Other options**:
  - ART contained in ZAP pack, which contains azithromycin 1 g, amoxycillin 3 g, probenecid 1 g

**Incubation period**

HIV: 2-6 weeks
C. albicans: usually normal

**How far back to contact trace**

- Only current regular partner/s
- Requires notification

**Hpv**

- **First episode**
  - **Drug of choice**: aciclovir 200 mg orally five times daily for 5 to 10 days
  - **Other options**:
    - valaciclovir 500 mg orally, 12-hourly for 5 days

Episodic

- **Drug of choice**: valaciclovir 500 mg orally, 12-hourly for 5 days
- **Other options**:
  - aciclovir 200 mg orally five times daily for 5 to 10 days
  - famciclovir 500mg stat and 250mg twice daily for 3 doses

**Infection**

- **First line treatment**
  - **Drug of choice**: cART based on NAAT and donovanosis in high prevalence regions
  - **Other options**:
    - ART contained in ZAP pack, which contains azithromycin 1 g, amoxycillin 3 g, probenecid 1 g

**Incubation period**

- **HIV**: 1-12 weeks
- **Other infections**: 1-12 weeks

**Infection**

- **First line treatment**
  - **Drug of choice**: cART based on NAAT and donovanosis in high prevalence regions
  - **Other options**:
    - ART contained in ZAP pack, which contains azithromycin 1 g, amoxycillin 3 g, probenecid 1 g

**Incubation period**

- **HIV**: 1-12 weeks
- **Other infections**: 1-12 weeks
**Gonorrhoea**

Infection First line treatment

Infection First line treatment

Primary, secondary and early latent syphilis (up to 2 months)

Benzathine penicillin 1.8 g (=2,400,000 units) intramuscularly, as a single dose OR procaine penicillin 1 g for 10 days

Secondary syphilis – 6 months plus duration of symptoms

Late latent syphilis (more than 24 months)

Benzathine penicillin 1.8 g (=2, 400,000 units) intramuscularly, once weekly for three doses. If treatment is missed for more than two weeks, the initial dose must be repeated. If patients less than 60 kg bodyweight and 5 g and 1 mg for patients over 60 kg bodyweight, intramuscularly, daily for 14 days.

Cephalosporins should not be used in patients with known or suspected β-lactam allergy.

Benzathine penicillin is the preferred antibiotic. Alternative antibiotics should only be used in patients with serious illness or no response to outpatient treatment, and those with evidence of contraindication to penicillin.

**Pelvic Inflammatory Disease**

Infection First line treatment

Infection First line treatment

Primary syphilis - 3 months plus 6 months asymptomatic infection and no contraindication to the vaccine: Monovalent, bivalent or tetravalent

Primary syphilis – 3 months plus duration of symptoms

Secondary syphilis – 6 months plus duration of symptoms

Latent syphilis – 1 year

Primary syphilis – 1 year

Secondary and early latent syphilis – 1 year

Late latent syphilis – 1 year

According to symptoms or sexual history; usually up to 6 months

Ceftriaxone 500mg intramuscularly, as a single dose OR procaine penicillin 1 g for 10 days

Cephalosporins should not be used in patients with known or suspected β-lactam allergy.

Benzathine penicillin 1.8 g (=2,400,000 units) intramuscularly, as a single dose OR procaine penicillin 1 g for 10 days

Secondary syphilis – 6 months plus duration of symptoms

Latent syphilis (more than 24 months)

Benzathine penicillin 1.8 g (=2, 400,000 units) intramuscularly, once weekly for three doses. If treatment is missed for more than two weeks, the initial dose must be repeated. If patients less than 60 kg bodyweight and 5 g and 1 mg for patients over 60 kg bodyweight, intramuscularly, daily for 14 days.

Cephalosporins should not be used in patients with known or suspected β-lactam allergy.

Benzathine penicillin is the preferred antibiotic. Alternative antibiotics should only be used in patients with serious illness or no response to outpatient treatment, and those with evidence of contraindication to penicillin.