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

Incubation period
Unusually

Usual testing method
Microscopy of a vaginal smear

Clindamycin 300 mg orally, 12-hourly for seven days (not on PBS)

Tinidazole 2 g orally, as a single dose with food (not on PBS)

Metronidazole 400 mg orally, 12-hourly with food for five days

Ceftriaxone 500 mg in 2 mL 1% lignocaine intramuscularly

Azithromycin 1 g orally, as a single dose

Severity and frequency of outbreaks.

Valaciclovir, famciclovir, aciclovir on a daily basis can reduce suppressive therapy is indicated in significant, frequent disease. Suppressive therapy is initiated early on by the patient at the first sign of prodrome or very five days duration of valaciclovir, famciclovir or aciclovir should be.

Repeat for up to four weeks

Topical antiviral treatment for large or extensive lesions. Not pregnant

Imiquimod 5% cream topically, three times a week for up to four weeks

Podophyllotoxin paint (0.5%) (not on PBS) or cream (0.15%) up to seven days of therapy.

C. albicans is usually reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.

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Perth:

Metropolitan

Telephoner (08) 6152 6744 or 6152 6745.

Sexual Health specialist and ideally followed by shared care with

Initial HIV assessment and staging should be done by an HIV/• Sexual Health specialist and ideally followed by shared care with

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At least 12 weeks before a

If the date of primary infection is not confirmed, the time-back period may be years, depending on the patient’s history of risk behaviour and clinical presentation.

Requires notification: Yes

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Infection First line treatment

**Urethral Cervicitis** Manage as for chlamydia and/or gonorrhoea in areas where this is common.

**Syphilis** Penicillin remains the drug of choice. If there is any doubt about the clinical stage of the patient’s infection, treat as far late syphilis.

Primary, secondary and early latent syphilis (up to 24 months) Benzathine penicillin G intramuscularly, as a single dose OR procaine penicillin G 1 g for patients less than 60 kg bodyweight and 1.5 g for patients greater than 60 kg bodyweight intramuscularly, daily for 10 consecutive days. If allergic to penicillin - doxycycline 100 mg orally, 12-hourly for 14 days.

Late latent syphilis (more than 24 months) Benzathine penicillin G intramuscularly, once weekly for three to five doses. If treatment is delayed more than 14 months, restart OR procaine penicillin G 1 g for patients less than 60 kg bodyweight and 1.5 g for patients greater than 60 kg bodyweight intramuscularly, daily for 15 days. If allergic to penicillin - doxycycline 100 mg orally, 12-hourly for 28 days.

**Pediculosis - lice** Basic treatment - combing, washing and re-combing. Non-pharmacological treatment is preferred for pediculosis capitis, corporis and pubis.

**Viral Hepatitis A** No antiviral therapy available. Post-exposure prophylaxis: Within two weeks of sexual exposure, recommend monovalent hepatitis A vaccine for those immunocompromised, who do not have chronic liver disease, and for those without these conditions but who are exposed to persons with acute hepatitis A infection. For those who are > 1 year old and are immunocompetent, or have chronic liver disease, or for whom confinement is not contraindicated.

Weight: N/HS Dose: Under 25 kg - 5 mL. Over 25 kg - 1 x 7 mL.

**Viral Hepatitis B** Acute infection does not usually require treatment. Post-exposure prophylaxis: Pericoccal contacts should be given hepatitis B immunoglobulin (HBIg) 400 IU intramuscularly, as a single dose when within 72 hours of exposure.

Individuals sexually exposed should be given HBIG 400 IU intramuscularly and vaccine within two weeks of sexual contact for maximum protection. If more than two weeks vaccination should still be commenced. Hepatitis B vaccination and immunoglobulin can be given at the same time, but at different sites.

**Viral Hepatitis C** Direct-acting antiviral drugs are highly effective in curing hepatitis C (≥75% cure rate) and are available on the PBS. OR other medical conditions deemed to be in the treatment of chronic hepatitis C infection are eligible to independently prescribe treatment under the PBS without consulting an infectious diseases physician, hepatologist or gastroenterologist.

Prevent any other infections, by consultation with an infectious diseases physician, hepatologist or gastroenterologist.

Perioperative prophylaxis HCV-PCR test to confirm active infection. All patients with evidence of chronic hepatitis should be referred to an infectious diseases physician, hepatologist or gastroenterologist.

**Trichomoniasis** Metronidazole 2 g orally, as a single dose OR tinidazole 2 g orally, as a single dose for women OR metronidazole 400 mg orally, 12-hourly for five days.