Chancroid Incubation period

Genital Herpes

Any of the available imidazole preparations are effective, either

Candidiasis

Vaginosis

Bacterial Infection First line treatment

Episodic treatment is indicated for infrequent recurrences (i.e.

Valaciclovir 500 mg orally, 12-hourly for 5 to 10 days

Repeat for up to four weeks

PODophyllotoxin paint (0.5%) (not on PBS). OR clindamycin 300 mg orally, 12-hourly for 7 days (not on PBS).

OR metronidazole gel 0.75% gel 5 g, nocte for 5 nights

Clindamycin 2% vaginal cream 5 g, daily for 7 days (not on PBS).

Metronidazole 2 g orally, as a single dose (less effective)

Metronidazole 400 mg orally, 12-hourly with food for 5 days

OR surgical ablative therapy for large or extensive lesions.

Cryotherapy: apply liquid nitrogen to visible warts weekly until

resolution occurs

Valaciclovir, famciclovir, aciclovir on a daily basis can reduce

Suppressive therapy is indicated in significant, frequent disease.

Valaciclovir 200 mg orally, 5 times daily for 5 days.

**First void urine to detect STIs is first 20 mL of urine passed, collected at any time of the day

Pre-exposure prophylaxis

Non-occupational post-exposure prophylaxis (NPEP) is a course of antiretroviral drugs (e.g. Truvada® [300 mg Tenofovir and 200 mg Emtricitabine] once daily for four weeks) that should be commenced as soon as possible (and definitely within 72 hours), following exposure to HIV. NPEP may help reduce the risk of HIV transmission after unsafe sex, sharing of injecting equipment or a needle-stick injury when it is known or likely that there has been a high risk of exposure. For more information, see the Department of Health’s operational directive Protocol for non-occupational post-exposure prophylaxis (NPEP) to prevent HIV in Western Australia available in the Public Health Frameworks at


Patients who identify themselves as having a high risk of exposure.

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*NAAT = Nucleic Acid Amplification Test (e.g. PCR)

**First void urine to detect STIs in first 20 mL of urine passed, collected at any time of the day

The standard treatment for uncondoned chlorpromazine and gonorrhoea contracted in the Goldfields, Kimberley or Pilbara regions in WA is a ZAP pack, which contains azithromycin 1 g, amoxicillin 2 g, probenecid 1 g or a LAC pack, which contains azithromycin 1 g and ceftriaxone 500mg with lignocaine 1% 2ml and a patient advice sheet.

For more information on contact tracing recommendations view the Australian Contact Tracing Guidelines at

www.contacttracing.health.gov.au

Help with contact tracing

Health care providers can obtain further information on contact tracing from:

www.silverbook.health.wa.gov.au

Regional public health units

Goldfields (Kalgoorlie-Boulder) 0860 8200

Southwest (Bunbury) 08 9781 2290

Great Southern (Albany) 08 9861 7550

Kimberley (Broome) 08 9114 1630

Midwest/Gascoyne (Carramull) 08 9941 0500

Midwest (Geraldton) 0999 1995

Pilbara (South Hedland) 08 9174 1960

For more information go to: www.silverbook.health.wa.gov.au

Quick guide to STI management 2019

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Children

- Use ZAP pack for empirical treatment of uncomplicated infections contracted in the Goldfields, Kimberley or Pilbara
- Ceftriaxone 50 mg/kg (maximum 500 mg) intramuscularly
- Children
  - Azithromycin 20 mg/kg (to a maximum of 1 g) orally, daily for 3 days
  - For patients who may be non-adherent to Doxycycline, consider replacing with Azithromycin 1g orally, as a further single dose
- Pregnant women
  - Doxycycline 100 mg orally, 12-hourly for 7 days
  - OR Azithromycin 1g orally, as a single dose (For LGV see Silver Book).

Syphilis

Penicillin remains the drug of choice. If there is any doubt about the clinical stage of the patient or infection (eg. serologic syphilis), Benzathine penicillin G (Benzil-LA) is now on the Emergency Drug Supply Schedule (Prescriber’s Bag).

Primary, secondary and early latent syphilis

- Benzathine penicillin G 800,000 units intramuscularly, as a single dose or 2.4 million units intramuscularly, divided for 10 intramuscular doses, if allergic to penicillin – doxycycline 100 mg orally, 12-hourly for 4 weeks
- Late latent syphilis (more than 24 months)
  - Benzathine penicillin G 1.2 g (4, 000, 000 units) intramuscularly, intramuscularly, oxacillin
  - OR metronidazole 400 mg orally, 12-hourly for 5 days.

Gonorrhoea

- Use non-steroidal anti-inflammatory for pain relief
- Antibiotic resistance testing
- There is pus, a swab for culture
- Requires notification
- How far back to contact trace
- The clinical stage of the patient’s infection, treat as for late latent syphilis
- Requires notification
- Use usual testing method
- Serology. Vaccination can be used by NAAT.

Pelvic Inflammatory Disease

Begin treatment early. Delayed treatment is associated with a significantly increased risk of tubal infertility or ectopic pregnancy.

- Sexual activity in pregnancy
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- Present any Candida infection with passes during the treatment period.

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