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

**Chancroid**

Single dose directly observed therapy is preferred. Azithromycin 1 g orally is as effective as doxycycline 100 mg twice daily for 7 days.

**Herpes**

Valaciclovir 500mg orally, 12-hourly for 5 days is recommended for primary infection and for recurrences.

**HIV**

**Treatment**

For HIV infection and staging should be done by an HIV specialist. Sexual Health specialises in the treatment and follow-up of shared care patients. Contact Clinical Trials (RCH/RRH) on 08 9326 1830, F King Edward Memorial Hospital on 08 9224 2895, or the Infectious Diseases Department at Sir Charles Gairdner Hospital on 08 9326 1740 or 08 9224 6740.

**Pre-exposure prophylaxis**

Pre-exposure prophylaxis (PrEP) is an important new prevention tool and can provide highly effective prevention of new HIV infections. The PrEP guidelines are based on the National Preventive HIV-1 Pre-Exposure Prophylaxis Guidelines: www.hiv.gov.au/prp-pre-exposure-prophylaxis-guidelines, and are available in the National HIV Infection First line treatment severity and frequency of outbreaks.

**Episodic treatment**

For infrequent recurrences (i.e. once every 4 months) either single dose therapy, or three to seven days of therapy. OR famciclovir 500mg stat and 250mg twice daily for 3 doses OR very early lesions.

**Suppressive therapy**

Is indicated in significant, frequent disease. OR aciclovir 200 mg orally five times daily for 5 to 10 days. Valaciclovir 500 mg orally, 12-hourly for 5 days OR ciprofloxacin 500 mg orally, 12-hourly for 3 days. Azithromycin 1 g orally, as a single dose directly observed therapy.

**Candidiasis**

Monosporonyx 1mg orally is as effective as ketoconazole 200mg daily for 2 weeks.

**Hepatitis**

First episode: Valaciclovir 1 g orally daily for 7 days. Subsequent episodes: Aciclovir 200mg 5 times daily for 5 days.

**Genital Herpes**

**Incubation period**

Varies from 2 days to 21 days. 

**Suppressive therapy**

Is indicated in significant, frequent disease. Valaciclovir 500mg stat and 250mg twice daily for 3 doses OR aciclovir 200mg orally daily for 5 days.

**Rashes**

Patients with a rash should be referred to a dermatologist for diagnosis and management.

**Non-occupational post-exposure prophylaxis (NPEP)** to prevent HIV in Western Australia available in the Public Health Frameworks at www.health.wa.gov.au/About-us/Policy-frameworks/Public-Health/directive

**Pre-exposure prophylaxis**

Non-occupational post-exposure prophylaxis (NPEP) is a course of antiretroviral drugs (e.g. Truvada® [emtricitabine 200 mg and tenofovir 300mg Oral tablets] (once daily for four weeks) that should be commenced as soon as possible and (definitely within 72 hours).

**Post-exposure prophylaxis**

Is indicated in significant, frequent disease. OR famciclovir 500mg stat and 250mg twice daily for 3 doses OR very early lesions.

**Suppressive therapy**

Is indicated in significant, frequent disease. OR aciclovir 200 mg orally five times daily for 5 to 10 days. Valaciclovir 500 mg orally, 12-hourly for 5 days.

**Candidiasis**

Monosporonyx 1mg orally is as effective as ketoconazole 200mg daily for 2 weeks.

**Hepatitis**

First episode: Valaciclovir 1 g orally daily for 7 days. Subsequent episodes: Aciclovir 200mg 5 times daily for 5 days.

**Genital Herpes**

**Incubation period**

Varies from 2 days to 21 days. 

**Suppressive therapy**

Is indicated in significant, frequent disease. Valaciclovir 500mg stat and 250mg twice daily for 3 doses OR aciclovir 200mg orally daily for 5 days.

**Rashes**

Patients with a rash should be referred to a dermatologist for diagnosis and management.

**Non-occupational post-exposure prophylaxis (NPEP)** to prevent HIV in Western Australia available in the Public Health Frameworks at www.health.wa.gov.au/About-us/Policy-frameworks/Public-Health/directive

**Pre-exposure prophylaxis**

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**Post-exposure prophylaxis**

Is indicated in significant, frequent disease. OR famciclovir 500mg stat and 250mg twice daily for 3 doses OR very early lesions.

**Suppressive therapy**

Is indicated in significant, frequent disease. OR aciclovir 200 mg orally five times daily for 5 to 10 days. Valaciclovir 500 mg orally, 12-hourly for 5 days.
**Infection First line treatment**

**Chlamydia**

Adults

- Doxycycline 100mg orally, 12-hourly for 7 days (preferred treatment)
- Ofloxacin 3 g orally, as a single dose (FDA & New Zealand)

Children

- Azithromycin 10 mg/kg (max of a maximum of 1 g/ day, orally for 5 days (restricted PBS availability)
- Ofloxacin 10 mg/kg per day orally in 4 doses for 10 to 14 days

**Syphilis**

Primary syphilis: 1 g of benzathine penicillin G, intramuscularly (category A or B), for 10 days (category A).

- Doxycycline 100 mg orally, twice daily for 14 days (category B).
- If pregnant, erythromycin 500 mg orally, 4 times daily for 14 days as an alternative.

Secondary syphilis: 1 g of benzathine penicillin G, intramuscularly (category A or B), for 10 days:

- 0.5 mL for patients weighing less than 25 kg
- 1 mL for patients weighing 25–50 kg
- 2 mL for patients weighing more than 50 kg

- Alternatively, 1 g of doxycycline orally, twice a day for 14 days (category B).

Non-pregnant women who are not breastfeeding:

- A single dose of 1 g of penicillin G 14 days

Non-pregnant breastfeeding women:

- A single dose of 1 g of penicillin G + 1 g of probenecid orally

**Gonorrhoea**

Adults

- Ofloxacin 3 g orally
- Probenecid 25 mg/kg orally
- Probenecid 1 g orally
- Amoxicillin 3 g orally (category A) or (using the adult dilution)
- Ceftriaxone 500 mg (2 g if patients over 80 kg bodyweight) intramuscularly, daily for 10 days
- Ceftriaxone 1 g (category A) for patients less than 60 kg bodyweight and 1.5 g for patients over 60 kg bodyweight intramuscularly, daily for 10 days

Children

- Ofloxacin 10 mg/kg orally, 12-hourly for 7 days

**Trichomoniasis**

Monoxame 2 g orally, as a single dose
- Or tinidazole 2 g orally, as a single dose (category B).

**Hepatitis B**

Acute infection does not usually require treatment.

Post-exposure prophylaxis: Pretreatment should be considered for anyone who has had recent sexual exposure, no chronic liver disease and no contraindication to the vaccine: Monovalent hepatitis B vaccine: 2 weeks after sexual exposure

Contacts <1 year old, or immunocompromised, are at higher risk of infection, and can receive the vaccine: Normal human immunoglobulin (NHiG) 150 mg, within 2 weeks of sexual exposure

- Usual testing method
- Serology (HAV IgM positive).

**Hepatitis C**

No antiviral therapy available. Post-exposure prophylaxis: Preexposure prophylaxis should be given to hepatitis B immunoglobulin (HBIG) 400 IU intramuscularly, as a single dose within 12 hours of exposure.

Individuals sexually exposed should be given HBIG 400 IU intramuscularly along with usual contact for maximum protection. If more than 2 weeks vaccination should still be given:

- Usual testing method
- Serology (HCV antibody positive).

**Mycoplasma Genitalium**

Doxycycline is used to lower the bacterial load, increasing the chance of cure with subsequent antibiotic.

Followed by Azithromycin 1 g orally, as a single dose, then 1 g/day for 7 days (total 2.5 g).

If infection known or suspected to be doxycycline-resistant: Doxycycline 100mg orally, 12-hourly for 7 days. Followed by Azithromycin 1 g orally, as a single dose.

- Usual testing method
- Serology.

**Pelvic Inflammatory Disease (PID) caused by M. genitalium only**

- Metronidazole 400 mg orally, 12-hourly for 14 days

- Metronidazole 400 mg orally, 12-hourly for 14 days

- Metronidazole 400 mg orally, 12-hourly for 14 days

**Viral Hepatitis A**

No antiviral therapy available. Post-exposure prophylaxis: Preexposure prophylaxis should be considered for anyone who has had recent sexual exposure, no chronic liver disease and no contraindication to the vaccine: Monovalent hepatitis B vaccine: 2 weeks after sexual exposure

Contacts <1 year old, or immunocompromised, are at higher risk of infection, and can receive the vaccine: Normal human immunoglobulin (NHiG) 150 mg, within 2 weeks of sexual exposure

- Usual testing method
- Serology (HAV IgM positive).

**Viral Hepatitis C**

- Effective direct-acting antiviral drugs (DAA) are available for treatment of chronic hepatitis C (HCV) in 2020.
- If there are high-risk individuals for hepatitis C who cannot access a specialist (ie. infectious diseases physician, hepatologist or gastroenterologist).

- Usual testing method
- Serology (HCV antibody positive).

**Viral Hepatitis G**

- Effective direct-acting antiviral drugs (DAA) are available for treatment of chronic hepatitis C (HCV) in 2020.