Chancroid

Any of the available imidazole preparations are effective, either as vaginal or topical creams.

- Clindamycin 300 mg orally, 12-hourly for seven days (not on PBS)
- Clindamycin 2% vaginal cream 5 g, daily for seven days (not on PBS)
- Tinidazole 2 g orally, as a single dose with food (not on PBS)
- Metronidazole gel 0.75% gel 5 g, nocte for five nights
- Metronidazole 2 g orally, as a single dose (less effective)
- Metronidazole 400 mg orally, 12-hourly with food for five days
- Ciprofloxacin 500 mg orally, 12-hourly for three days
- Ceftriaxone 500 mg in 2 mL 1% lignocaine intramuscularly
- Azithromycin 1 g orally, as a single dose

Suppressive treatment is recommended if recurrent symptoms occur. The usual dose is:
- Valaciclovir 500 mg orally, 12-hourly for five to ten days
- Famciclovir 500 mg orally, 12-hourly for five to ten days
- Aciclovir 10 mg/kg/8 hrs or 200 mg/12 hrs

For episodic treatment, recommend:
- Aciclovir 200 mg/6 hrs for two to three days
- Famciclovir 250 mg/12 hrs for two to three days
- Valaciclovir 1 g orally, as a single dose

Chancroid single dose directly observed therapy is preferred.

- Aciclovir 200 mg/6 hrs for two to three days
- Famciclovir 250 mg/12 hrs for two to three days
- Valaciclovir 1 g orally, as a single dose

Other treatments include:
- Podophyllotoxin paint (0.5%) (not on PBS) or cream (0.15%) topically for three days, do not treat for four days.
- Imiquimod 5% cream topically, three times a week for up to four weeks

It is recommended to screen for other STIs.

Genital Herpes

- Initial infection: 5 to 10 days
- Recurrent lesions: 3 to 5 days

The incubation period is often much longer. Commonly 3–6 months but may be years.

- Incubation period: Unknown
- Requires notification: No

- Incubation period: Unlimited
- Infecetivc: C. albicans is usually normal flora
- How far back to contact trace: Only current regular partner/s if recurrent symptoms
- Requires notification: No

- Incubation period: 6 days to 2 weeks
- How far back to contact trace: 2 weeks before ulcer appeared or 6 weeks after the last outbreak
- Requires notification: Yes

Usual testing method: 4-6 days to 2 weeks

- Incubation period: Often unknown
- Requires notification: No

- Incubation period: Commmunity–3–6 months but often much longer
- How far back to contact trace: Consider current partner(s)
- Requires notification: No

- Incubation period: 1-12 weeks
- How far back to contact trace: At least 12 weeks before a confirmed primary HIV infection. If the date of primary infection cannot be confirmed, the traceback period may be years, depending on the patient’s history of risk behaviour and clinical presentation.
- Requires notification: Yes

HIV

- Incubation period: Unknwon
- Requires notification: No

- Usual testing method: Microscopy of a vaginal smear

- Incubation period: Unlimited
- Infecetivc: C. albicans is usually normal flora
- How far back to contact trace: Only current regular partner/s if recurrent symptoms
- Requires notification: No

- Incubation period: 6 days to 2 weeks
- How far back to contact trace: 2 weeks before ulcer appeared or 6 weeks after the last outbreak
- Requires notification: Yes

Usual testing method: 4-6 days to 2 weeks

- Incubation period: Often unknown
- Requires notification: No

- Incubation period: Commmunity–3–6 months but often much longer
- How far back to contact trace: Consider current partner(s)
- Requires notification: No

- Incubation period: 1-12 weeks
- How far back to contact trace: At least 12 weeks before a confirmed primary HIV infection. If the date of primary infection cannot be confirmed, the traceback period may be years, depending on the patient’s history of risk behaviour and clinical presentation.
- Requires notification: Yes

Help with contact tracing

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

- www.silverbook.health.wa.gov.au
- 9224 2178

Pre-exposure prophylaxis


Post-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 occupational directive Protocol for non-occupational post-exposure prophylaxis (NPEP) to prevent HIV in Western Australia at www.health.wa.gov.au/circularsnew/circular.cfm?Circ_ID=13218 Patients who identify themselves as having had a high risk exposure to HIV may also call the NPEP telephone line or PEP line on 1300 787 161.

Help with contact tracing

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

- www.silverbook.health.wa.gov.au
- 9224 2178

Regional public health units:

- Goldfields (Kalgoorlie-Boulder) 0860 8200
- Great Southern (Kalbarry) 9642 7500
- Kimberley (Broome) 9194 1630
- MidWest/Gascoyne (Carnarvon) 9941 0500
- MidWest (Geraldton) 9999 1985
- Pilbara (South Hedland) 9174 1080
- Southeast (Bunbury) 9781 2350
- Wheatbelt (Bunbury) 9622 4320

Perth

Metropolitan Communicable Disease Control 9222 8588

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Incubation period
2–10 days for male urethral infection, occasionally up to 3 months in females. Most common incubation period is 2–6 days in women and anal infections in men and women remain asymptomatic. Most common incubation period is 1–4 days in women. How far back to contact trace
Contact to asymptomatic or sexual history; usually up to 6 months.

Non-oral treatment method
NAAT of vaginal, cervical, anal, throat, and rectalswab (if available) • Urethritis
Cervicitis
Vaginitis
Gonorrhoea
Chlamydia
Syphilis
Perinatal transmission and maternal and infant care
Primary stage
Assuming prior unknown history, prefer to test vaginal smear, defer testing of anal and oral sites.

Symptoms
Primary, secondary and early latent syphilis (up to 24 months) Incubation period 1–4 months, as a single drug OR pretreatment 1 g in pregnant patients for less than 60 kg bodyweight and 1.5 g in patients over 60 kg. Intramuscularly, start treatment 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) Benazolin 1.5 g intramuscularly, once weekly for three to four weeks. If treatment is missed more than once, rest pretreatment 1 g in patients for less than 60 kg bodyweight and 1.5 g in patients over 60 kg bodyweight, intramuscularly, daily for 15 days. If allergic to penicillin - doxycycline 100 mg orally, 12-hourly for 28 days.

Fetal Medicine
Ulcer swab can be tested by Serology.

How far back to contact trace
Primary syphilis - 3 months plus duration of symptoms. Secondary syphilis - 4 months plus duration of symptoms. Early latent syphilis - 12 months. Cervicitis
Urethritis/
Cervicitis
Symptoms
•  severe illness or no response
•  surgical emergency - appendicitis or ectopic pregnancy
•  cannot take therapy.
•  severe illness or no response

Therapy
•  surgical emergency - appendicitis or ectopic pregnancy
•  no clinical follow-up
•  severe illness or no response

Viral Hepatitis C
Direct-acting antiviral drugs are highly effective in curing hepatitis C (>95% cure rate) and are available on the PBS. Medical practitioners NOT experienced in the treatment of hepatitis C should consult an infectious diseases physician, gastroenterologist or hepatologist for advice about prescribing hepatitis C treatment under the PBS. All patients with evidence of cirrhosis should be referred to an infectious diseases physician, hepatologist or gastroenterologist for treatment. Hepatitis C treatment form (see www2.health.wa.gov.au/Silver-book/Notifiable-infections/Hepatitis-C).

Viral Hepatitis B
Hepatitis B vaccination and immunoglobulin can be given at the same time, but at different sites.

Hepatitis A
No antiviral therapy available. Post-exposure prophylaxis: Within two weeks of sexual exposure, recommend monovalent hepatitis A vaccine to avoid immunosuppression, who do not have chronic liver disease, and for whom hepatitis A vaccine is contraindicated. For patients who are >3 years of age and are immunosuppressed, or have chronic liver disease, or for whom vaccination is contraindicated.

Weight: HIB Dose
Less than 10 kg - 5 mL
10–25 kg - 10 mL
Over 50 kg - 2 mL

Infection
Hepatitis A

Incubation period
3 stages (range 2–7 weeks)
How far back to contact trace
Up to 7 weeks from onset of symptoms
Requires notification Yes

Usual testing method
Serology (HAV IgM positive)

Hepatitis B

Incubation period
3–6 months (mean 4 months)
How far back to contact trace
Up to 5 months prior to index
Requires notification Yes

Usual testing method
Serology (HBsAg positive)

Hepatitis C

Incubation period
6 months (range 4–9 months)
How far back to contact trace
Contact tracing not generally necessary
Requires notification No

Usual testing method
Serology (anti-HCV positive)

Hepatitis A

Incubation period
2 months (range 1–4 months)
How far back to contact trace
To a maximum of 6 months
Requires notification Yes

Usual testing method
Serology (HAV IgM positive)

Hepatitis B

Incubation period
(3–5 weeks)
How far back to contact trace
Contact tracing not generally necessary
Requires notification No

Usual testing method
Serology (HBsAg positive)

Hepatitis C

Incubation period
6 months (range 4–9 months)
How far back to contact trace
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Usual testing method
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