Infection

Bacterial Vaginosis
Metronidazole 400 mg orally, 12-hourly for 5 days (not on PBS). OR metronidazole 2 g orally, as a single dose (not effective) OR metronidazole gel 0.75% gel 4 g. once for 7 nights (not on PBS).

Warts
Oral 2 g cream, as a single dose with food OR disodium 2% vaginal gel 0.5 g, daily for 7 days (not on PBS). OR disodium cream 300 mg orally, 12-hourly for 7 days (not on PBS).

Herpes
Any of the available imidazole preparations are effective, either
Candidiasis
Candida albicans is usually normal flora

Chancroid
Single dose directly observed therapy is preferred.

Aphthous
1 g single dose, OR clobetasol 50 mg in 2 mL. OR lignocaine intravaginally OR ciprofloxacin 500 mg orally, 12-hourly for 3 days.

Incubation period
Infection
Indolent: C. achata is usually normal flora
How far back to contact trace
If recurrent symptoms
Requirement
No
Usual treatment method
Microscopy of a vaginal smear

Chlamydia
Microscopy or culture of normal flora

Incubation period
6 days to 2 weeks
How far back to contact trace
2 weeks before ulcer appeared or since arrival from endemic area
Requirements
No
Usual treatment method
Usual clinical in resource poor settings. NAAT is ideal.

Gonorrhoea
Microscopy or culture of normal flora

Incubation period
First episode
Suppressive
Oral 200 mg orally, 5 times daily for 5 days.

Incubation period
Often unknown
How far back to contact trace
If recurrent symptoms
Requirements
No
Usual treatment method
Suppressive on a daily basis can reduce prevalence regions.

HIV
HAART has a high success rate for HIV-infected individuals. See the National PrEP Guidelines at

Incubation period
First back to contact trace
At least 12 weeks before a confirmed primary HIV disease.

Requires notification
No
Usual treatment method
Intravenous, intramuscular, subcutaneous or oral route.

Requirements
No

Quick guide to STI management 2019

For more information about contact tracing recommendations view the Australian Contact Tracing Guidelines at www.contacttracing.wa.gov.au

Help with contact tracing
Health care providers can obtain further information about contact tracing from: www.silverbook.health.wa.gov.au

Regional public health units
Goldfields (Kalgoorlie-Boulder)
9080 6200
Southwest (Bunbury)
9781 2300
Great Southern (Albany)
9642 7500
North West (Perth)
9820 1720
Midwest (Geraldton)
9956 1985
Central (Northam)
9690 1720
Wheatbelt (Northam)
9690 1720
Midwest (Geraldton)
9956 1985
Great Southern (Albany)
9642 7500
Southwest (Bunbury)
9781 2300

For more information go to: www.silverbook.health.wa.gov.au OR phone: South Terrace Clinic – 9431 2149 Royal Perth Hospital Sexual Health Clinic – 9324 2170

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Infection First line treatment

**Chlamydia**

Adults

Doxycycline 100 mg orally, 12-hourly for 7 days (preferred treatment) OR Azithromycin 1 g orally, as a single dose. (For GUTS see Silver Book)

Children

Azithromycin 10 mg/kg (max of 1 g) orally, daily for 5 days (restricted PBS availability) OR erythromycin base 25 mg/kg orally, daily for 4 days to 10 days

Children > 8 years

Azithromycin 20 mg/kg (max of 1 g) orally, as a single dose

Azithromycin 250 mg orally, daily for 10 days (category A) OR erythromycin base 500 mg orally, daily for 10 days (category A)

Pregnant women

Azithromycin 1 g orally, as a single dose (category B1) (preferred option) OR erythromycin ethylsuccinate 400 mg orally, daily for 10 days (category A)

Use ZAP pack for empirical treatment of uncomplicated infections contracted in the Goldfields, Kimberley or Pilbara regions of WA.

**Cervicitis**

Infection First line treatment

**Urethritis**

Use ZAP pack for empirical treatment of uncomplicated infections contracted in the Goldfields, Kimberley or Pilbara regions of WA.

**Syphilis**

Penicillin is the drug of choice. In any case where there is any doubt about the clinical stage of the patient in relation to syphilis. Benzathine penicillin (Bicillin L-A) is now on the Emergency Drug Supply Schedule (Prescriber's Bag).

Primary, secondary and early latent syphilis – 2.4 million units intramuscularly, as a single dose. OR erythromycin 200 mg/kg (max of 1 g) orally, daily for 10 days for patients less than 60 kg bodyweight and 1.5 g for patients over 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 1.2 g (1-2.4 million units intramuscularly, once weekly for three doses. If 2nd or 3rd dose is delayed by >5 days, restart with the first course OR erythromycin 200 mg/kg (max of 1 g) orally, daily for 10 days. OR doxycycline 100 mg orally, 12-hourly for 14 days

**Mycoplasma Genitalium**

Doxycycline is used to lower the bacterial load, increasing the chances of successful result.

Doxycycline 100 mg orally, daily for 7 days

Follow-up: it is successful if the patient no longer tests positive

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

Metronidazole 400 mg orally, twice daily for 7 days

If infection known or suspected to be macrolide-resistant: Doxycycline 100 mg orally, daily for 7 days

Follow-up: may be needed for 7 days

**Hepatitis A**

No antiviral therapy available. Post-exposure prophylaxis

Contacts < 1 year old, immunosuppressed, or have chronic liver disease, or have contraindication to the vaccine: Normal human immunoglobulin (HIG) 150 mg, within 2 weeks of sexual exposure

Contacts ≥1 year old, no immunosuppression, or have chronic liver disease, or have contraindication to the vaccine: Normal human immunoglobulin (HIG) 150 mg, within 2 weeks of sexual exposure

**Weight

HIGDose

Under 25 kg – 0.5 g

25–50 kg – 1 l

50–75 kg – 2 l

Post-exposure prophylaxis:**

Ctrl 400 IU intramuscularly, within 2 weeks of sexual exposure. For pregnant/breastfeeding women, inpatient management, and symptomatically better.

Patient to avoid sexual intercourse until they are non-infectious

Patient to avoid sexual intercourse until they are non-infectious and symptomatically better

**Hepatitis B**

Acute infection does not usually require treatment.

Post-exposure prophylaxis:* Patients contacts should be given hepatitis B immunoglobulin (HBIG) 400 IU intramuscularly, as a single dose within 12 hours of exposure

Contacts ≥1 year old, immunosuppressed, or have chronic liver disease, or have contraindication to the vaccine: Normal human immunoglobulin (HIG) 150 mg, within 2 weeks of sexual exposure

Contacts < 1 year old, immunosuppressed, or have chronic liver disease, or have contraindication to the vaccine: Normal human immunoglobulin (HIG) 150 mg, within 2 weeks of sexual exposure

**Hepatitis C**

Highly effective direct-acting antiviral drugs (DAV) are available in Australia for HCV infection, (HCV care, HCV care). GPs-trimodality practitioners in treating chronic hepatitis C can include antiviral (including direct acting antiviral) therapy and appropriate antiviral therapy.

For patients with evidence of cirrhosis should be referred to a specialist for treatment.

**Umbilith/Cervicitis**

Manage as for chlamydia and also gonorrhoea in areas where this is common.