SEXUALLY TRANSMITTED INFECTIONS GUIDANCE

NHS Tayside

GENERAL POINTS

- This guidance applies to ADULT patients ONLY
- STOP and think before you prescribe antibiotics. Does your patient actually have an infection that requires treatment?
- Normal renal and hepatic function assumed – adjust doses if necessary.
- For pregnant patients refer to Pregnancy and Postnatal Antibiotic Woman
- For all other infections refer to Hospital Antibiotic Man or Primary Care Antibiotic Man or Antibiotic Website
- Refer to MicroMan for 'Antibiotic Rules of Thumb' and basic microbiology information on common infections
- Guidance on taking sexual history, testing and referral criteria is available in TSRH Primary Care Guidance p4 (add link)

FEMALE

Pregnant patients: Refer to Pregnancy and Postnatal Antibiotic Woman

Chlamydia (uncomplicated)	Doxycycline 100mg bd (7 days). If intolerant: azithromycin 1g od day 1 then 500mg od for 2 days
Gonorrhoea	Refer to Sexual and Reproductive Health Service. If patient will not attend contact TSRH team for advice.
Gonorrhoea (sexual contacts)	A full sexual health screen should be offered but antimicrobial treatment should not be prescribed without testing. Antimicrobial resistance is very high.
Vulvovaginal candidiasis	Fluconazole 150mg as a single dose plus clotrimazole 1% cream 2-3 times daily or Clotrimazole 500mg pessary stat plus clotrimazole 1% cream 2-3 times daily **Recurrent :** >4 episodes/year - send HVS marked "recurrent thrush" to microbiology and consider referral to Genito-Urinary Medicine if need advice on further management. Exclude predisposing factors.
Bacterial vaginosis	Metronidazole 400mg bd (7 days) or 2g single dose **Recurrent :** Consider referral to Genito-Urinary Medicine
Trichomoniasis	Metronidazole 400mg bd (7 days) or 2g single dose
Vaginal discharge	Follow flow chart in TSRH Primary Care Guidance
Genital herpes (HSV)	**First episode:** Acidovir 400mg 3 times daily (5 days) **Recurrent:** *Symptomatic treatment* - if non severe (see patient info leaflet) *Episodic treatment* – acidovir 800mg 3 times daily (2 days)
Patient info leaflet	**Suppressive:** If > 6 recurrences/year and highly symptomatic discuss suppressive therapy with patient. Aciclovir 400mg bd for 12 months then treatment interruption. Await >2 recurrences before considering reintroducing suppressive therapy. Consider referral to Genito-urinary medicine if need advice on further management.
Genital warts (HPV)	Consider no treatment – 30% will resolve in <6 months Podophyllotoxin 0.5% solution or 0.15% cream – bd for 3 days then 4 days rest repeated for 4-5 cycles - suitable for soft, non keratinised, external genital warts. Unlicensed for perianal warts. Cream may be easier to apply to vulval or perianal warts Imiquimod 5% cream – 3 times weekly for up to 16 weeks - suitable for both keratinised and non keratinised, external genital and perianal warts (not recommended for internal use). **Latex condoms may be weakened if in contact with podophyllotoxin or imiquimod.** Cryotherapy – if available and trained clinician
Warning: podophylltoxin and imiquimod treatments contraindicated in pregnancy	
Syphilis	Refer to Genito-Urinary Medicine
Pelvic Inflammatory Disease	Refer to separate guidance for full advice, referral criteria, inpatients and pregnant patients Outpatient treatment: ensure appropriate investigations are sent including self or clinician taken vulvovaginal swab for Chlamydia and Gonococcal PCR. *High risk of GC or <18 years* – IM ceftriaxone 500mg IM single dose then doxycycline 100mg bd + metronidazole 400mg bd (14 days) *Low risk of GC* - Ofloxacin 400mg bd + metronidazole 400mg bd (14days)

MALE

Chlamydia (uncomplicated)	Doxycycline 100mg bd (7 days). If intolerant: azithromycin 1g od day 1 then 500mg od for 2 days
Gonorrhoea	Refer to Sexual and Reproductive Health Service. If patient will not attend contact TSRH team for advice.
Gonorrhoea (sexual contacts)	A full sexual health screen should be offered but antimicrobial treatment should **not** be prescribed without testing. Antimicrobial resistance is very high.
Trichomoniasis	Metronidazole 400mg bd (7 days) or 2g single dose
Urethritis (non gonococcal)	Doxycycline 100mg bd (7days) if contraindicated or not tolerated: Azithromycin 500mg day 1 then 500mg daily for 2 days
Genital herpes (HSV)	as per female section above
Genital warts (HPV)	as per female section above
Syphilis	Refer to Genito-Urinary Medicine
Epididymo-orchitis	Send MSSU, gonorrhoea & chlamydia tests. If STI likely (<35 or new partner in last 3mth) doxycycline 100mg bd (14 days). If UTI likely (>35 and no new partner) ofloxacin 200mg bd or ciprofloxacin 500mg bd (14 days). Refer to full guidance document.

BBV

HIV	Refer to HIV team. For other queries email tay.uhb.arvservice@nhs.net. To check drug interactions www.hiv-druginteractions.org
HIV Post Exposure Prophylaxis following sexual exposure (PEPSE)	Refer to Sexual Health Clinic (A&E if out of hours)
HIV Pre Exposure Prophylaxis (PrEP)	Assessment and prescribing done by Sexual and Reproductive Health Service
Hepatitis B or C	Refer to Hepatitis team

Sexual Health Clinics Contact details: **01382 425542** **BBV&SH Website (link to be added)**
MOT (MenOnlyTayside) Clinics: **see website**
Oncall TSRH consultant: 07740937069 **TRSH advice email:** tay-uhb.TSRH@nhs.net

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