**SEXUALLY TRANSMITTED INFECTIONS GUIDANCE**

**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**

### BBV
- Developed by: Sexual Health & Pharmacy
- Approved by AMG: Feb 2018
- CT update Nov 2018
- Review: Feb 2020

**MALE**

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### 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 HSV 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**: Aciclovir 400mg 3 times daily (5 days).
- **Recurrent**:
  - **Symptomatic treatment**: If non severe (see patient info leaflet).
  - **Episodic treatment**: a) aciclovir 800mg 3 times daily (2 days).

### 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.

### Syphilis
- Refer to Genito-Urinary Medicine.

### Pelvic Inflammatory Disease
- Outpatient treatment: ensure appropriate investigations are sent including self or clinician taken vulvarvaginal 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 (14 days)**.

### HIV
- Refer to HIV team. For other queries email tay.uhb.avservice@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)

**Oncall TSRH consultant:** 07740937069

**Hospital Advice email:** tay-uhb.TSRH@nhs.net

**TSRH Advice email:** tay-uhb.PrimarCareGuidance@tayside.nhs.net