Chancroid

**Incubation period**: Indefinite. C. adiacens is usually normal flora.

**How far back to contact trace**: Only current regular partners if recurrent symptoms.

**Requires notification**: No

**Usual testing method**:
- Microscopy or culture of vaginal swab.

**Infection First line treatment**
- Azithromycin 1 g orally, as a single dose
- OR metronidazole 2 g orally, as a single dose (less effective)
- OR clindamycin 300 mg orally, 12-hourly for 7 days
- OR tinidazole 2 g orally, as a single dose with food (not on PBS)
- OR metronidazole 2 g orally, as a single dose (not on PBS)
- OR ciprofloxacin 500 mg orally, 12-hourly for 3 days.
- Repeat for up to four weeks topically twice daily for three days, then do not treat for four weeks.
- Either single dose therapy, or three to seven days of therapy.

**Surgical ablative therapy**: For large or extensive lesions.

**Resolution occurs**: Usually clinical in resource poor settings. NAAT is ideal.

**Commonly 3–6 months but indefinitely**.

**How far back to contact trace**: For patients who are HIV negative and present with genital ulcers. Including those living with HIV who are not on HAART.

**Requires notification**: Yes

**Usual testing method**: Swab lesion for HSV/syphilis or HIV.

**Usual testing method for HIV**

- **Incubation period**: 6 days to 2 weeks.
- **How far back to contact trace**: Depends on date of primary infection.
- **Requires notification**: Yes
- **Usual testing method**: Swabs for HIV IgG/IgM and Western Blot assay.

**Treatment**

- HIV treatment assessment and staging should be done by an HIV/AIDS specialist or by an HIV/AIDS specialist following referral.
- A sexual health specialist should be notified of cases of HIV infection by the patient's attending general practitioner or in urgent situations by phone.

**Pre-exposure prophylaxis (PrEP)**

- Pre-exposure prophylaxis (PrEP) is an important prevention option and can provide highly effective biomedical prevention of all HIV subtypes and variants of HIV/AIDS in people at risk of acquiring HIV.

**NAAT = Nucleic Acid Amplification Test** (e.g., PCR)

**First void urine to detect STIs in first 20 mL of urine passed, collected at any time of the day**

**Equipment for detection of uncomplicated chlamydia and gonorrhoea in the Goldfields, Kimberley and Pilbara regions of WA is a ZAP pack, which contains azithromycin 1 g, amoxycillin 3 g, probenecid 1 g or a LAC pack, which contains azithromycin 1 g and amoxycillin 500 mg with probenecid 1 mg and a patient advice sheet. Please see the WA HIV/STI control guidelines for more information.**

**Regional public health units**

- **Goldfields (Kalgoorlie-Boulder)**: 9090 8200
- **Southwest (Bunbury)**: 9791 2309
- **Great Southern (Albany)**: 9842 7500
- **Midwest (Geraldton)**: 9956 1985
- **Kimberley (Broome)**: 9196 1630
- **Midwest/Gascoyne (Carnarvon)**: 9941 0500
- **Great Southern (Albany)**: 9842 7500
- **Wheatbelt (Northam)**: 9690 1720
- **Perth**
- **Regional public health units**

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- **Perth**

**For more information on contact tracing recommendations view the Australian Contact Tracing Guidelines at**: www.contacttracing.org.au

**Help with contact tracing**

- **Health care providers can obtain further information about contact tracing from**: www.silverbook.health.wa.gov.au
Chlamydia

Adults un complicated genital or pharyngeal infection
Doxycycline 100 mg orally, 12-hourly for 7 days** OR Azithromycin 1 g, as a single dose (For Doxycycline see Silver Book)

Adults anorectal infection
Doxycycline 100 mg orally, 12-hourly for 7 days* or azithromycin 1 g, as a single dose (Doxycycline see Silver Book)

** lokale health districts

Azithromycin 0.5 g (orally) as a single dose, then

Chlamydia

Cervicitis

Urethritis/

Use ZAP pack for empirical treatment of uncomplicated infections

Azithromycin 20 mg/kg oral tablet or syrup to a maximum of

AND

Azithromycin 1 g orally, given together as a single treatment.

Azithromycin 20 mg/kg (oral tablet or syrup) to a maximum of

infections contracted in the Goldfields, Kimberley or Pilbara

Azithromycin 1 g orally, as a single dose

OR doxycycline 100 mg orally, 12-hourly for 7 days.

Children 8–14 years

Azithromycin 10 mg/kg (maximum 1 g) orally, daily for 5 days (contacted PBD available)

Azithromycin 50 mg per day orally, in 4 doses for 10 to 14 days.

Children >14 years

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

OR doxycycline 100 mg orally, 12-hourly for 7 days.

Pregnant women

Azithromycin 1 g orally, as a single dose

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

Gonorrhoea

Treating:

b. uncomplicated gonorrhoea or anorectal gonorrhoea

Adults

Chloramphenicol 500 mg in 2 mL 1% lignocaine intramuscularly AND

Azithromycin 1 g (oral), given together as a single treatment.

b. pharyngeal gonorrhoea

Adults

Ceftrixone 500 mg in 2 mL 1% lignocaine intramuscularly AND

Ceftriaxone 2 (oral), given together as a single treatment.

Children

Ceftriaxone 50 mg (maximum 500 mg) intramuscularly (using the adult dilution)

AND

Ceftriaxone 20 mg (oral tablet or syrup) to a maximum of 1 g (oral), given together within 2 weeks.

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

Adults

Ampicillin 3 g orally AND

Probenecid 1 g orally AND

Azithromycin 1 g orally, given together as a single treatment.

Children

weighting <45 kg

Ampicillin 100 mg orally divided four times daily, followed by

Probenecid 25 mg orally and

Ampicillin 20 mg/kg oral tablet or syrup to a max of 1 g orally, given together as a single treatment.

Chlamydia

Penicillin remains the drug of choice. If there is any doubt about the clinical stage of the patient or culture fails to grow Chlamydia, refer to a specialist for treatment of the patient.

Benzylpenicillin benzylpenicillin (Beta-Lactamase +) is now on the Emergency Drug Supply Schedule (Prescriber’s Guide).

Primary, secondary and early latent syphilis (up to 24 months)

Benzylpenicillin 1.2 g (orally) or procaine penicillin 1 g 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)

Benzylpenicillin 1.2 g (orally) or procaine penicillin intramuscularly, once weekly for three doses.

If penicillin is not used, azithromycin 2 g orally, given together as a single dose

Ceftriaxone 1 g intramuscularly, followed by

Children

Ceftriaxone 50 mg/kg (maximum 500 mg) intramuscularly

Children >8 years

Azithromycin 2 g (oral), given together as a single treatment.

Doxycycline 100 mg orally, 12-hourly for 14 days.

Children

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

OR doxycycline 100 mg orally, 12-hourly for 7 days.

Pregnant women

Azithromycin 1 g orally, as a single dose

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

Urine infections

Acute infection does not usually require treatment.

Puerperal endometritis

Penicillinase producing Escherichia coli (PPPEC) should be given.

Hepatitis B immunoglobulin (HBIG) 400 IU intramuscularly, as a single dose

PLUS Dicycloxacin 500mg in 2ml of 1% lignocaine intramuscularly, daily for 14 days

PLUS Metronidazole 400mg orally, b.d. daily for 14 days

Asymptomatic adults

- azithromycin 1 g orally, as a further single dose 1 week later

- severe Bacteraemia or other responses to bacteraemia

- no clinical follow-up evaluation

- pelvic abscess

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

For pregnant breastfeeding women, inpatient management, and M. penicillin-resistant PBD refer to the PID section of www.health.wa.gov.au

Acute infection does not usually require treatment.

Puerperal endometritis

Serology (HBsAg positive).

Requires notification

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

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

Chlamydia

Chlamydia trachomatis

Mycoplasma genitalium

Doxycycline is used to lower the bacterial load, increasing the sensitivity of the NAAT in males, primary syphilis (100mg daily, 12-hourly for 7 days), and tinted by acinetobacter baumannii as a single dose, then

500mg daily for 2 days (total 1.5g).

If infection known or suspected to be macrolide-resistant: Doxycycline orally, 12-hourly for 7 days.

Follow up: Cervical smear – 1 year, or 100mg daily for 5 days.

For Pelvic inflammatory disease (PID) caused by M. genitalium only

Most common symptoms are for 14 days.

If insufficient fallopian tubes cannot be used, seek specialist advice.

Mycoplasma resistence has an increasing incidence in Australia.

Therefore a test of cure should always be performed at 3 weeks.

Hepatitis A

No antiviral therapy available. Post-exposure prophylaxis

Contact* 1 year old, or immunosuppressed, or have chronic liver disease, or have in concert with the vaccination Normal

Human immunoglobulin (HbIG) 150 mg, within 2 weeks of sexual exposure

Weight

Hepatitis B

Dose

Under 25 kg 0.5 mL

25–50 kg 1 mL

Over 50 kg 2 mL

Required notification

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

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

Contact tracing not generally required for Hepatitis B

Hepatitis A

Incubation period

Unknown but symptoms

How far back to contact trace

Naat of vaginal, cervical, anal, or throat, or first void urine.**

Requires notification

Usual testing method

SeroLogic. Ultimate can be naat.

Hepatitis C

Incubation period

Unknown but symptoms

How far back to contact trace

Naat of vaginal, cervical, anal, or throat, or first void urine.**

Requires notification

Usual testing method

SeroLogic. Ultimate can be naat.

Hepatitis B

Incubation period

Unknown but symptoms

How far back to contact trace

Naat of vaginal, cervical, anal, or throat, or first void urine.**

Requires notification

Usual testing method

SeroLogic. Ultimate can be naat.

Hepatitis C

Incubation period

Unknown but symptoms

How far back to contact trace

Naat of vaginal, cervical, anal, or throat, or first void urine.**

Requires notification

Usual testing method

SeroLogic. Ultimate can be naat.

Hepatitis B

Incubation period

Unknown but symptoms

How far back to contact trace

Naat of vaginal, cervical, anal, or throat, or first void urine.**

Requires notification

Usual testing method

SeroLogic. Ultimate can be naat.

Hepatitis C

Incubation period

Unknown but symptoms

How far back to contact trace

Naat of vaginal, cervical, anal, or throat, or first void urine.**

Requires notification

Usual testing method

SeroLogic. Ultimate can be naat.

Hepatitis B

Incubation period

Unknown but symptoms

How far back to contact trace

Naat of vaginal, cervical, anal, or throat, or first void urine.**

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SeroLogic. Ultimate can be naat.

Hepatitis C

Incubation period

Unknown but symptoms

How far back to contact trace

Naat of vaginal, cervical, anal, or throat, or first void urine.**

Requires notification

Usual testing method

SeroLogic. Ultimate can be naat.