# SEXUALLY TRANSMITTED INFECTIONS GUIDANCE

NHS Tayside

**GENERAL POINTS**

- This guidance applies to non pregnant ADULT patients ONLY • For pregnant patients refer to Pregnancy and Postnatal Antibiotic Guidance
- 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 all other infections refer to Hospital Antibiotic Adult or Primary Care Antibiotic Adult or Antibiotic Website
- Refer to MicroGuidance 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

Community partner notification Guidance

DO NOT routinely send swabs. See TSRH Guidance page 9 & 10 and updated ICE panel

**Pregnant patients:** Refer to Pregnancy and Postnatal Antibiotic Guidance

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| **Chlamydia** (uncomplicated) | Doxycycline 100mg bd (7 days). If contra-indication: azithromycin 1g od day 1 then 500mg od for 2 days |
| **Gonorrhoea** | Refer to Sexual Health. If patient will not attend, contact TSRH team for advice. |
| **Gonorrhoea** - sexual contacts | 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 OR Clotrimazole 500mg pessary single dose. Add clotrimazole 1% cream 2-3 times daily for symptom relief.<br><br>Severe VVC (extensive erythema/oedema): Fluconazole 150mg on day 1 & day 4 OR Clotrimazole 500mg pessary on day 1 & day 4. Add clotrimazole 1% cream 2-3 times daily for symptom relief<br><br>**Recurrent :** >4 episodes/year with at least 2 confirmed by HVS. Send HVS marked "recurrent thrush" to microbiology. Exclude predisposing factors including HIV test. If confirmed candida: Fluconazole 150mg every 72 hours for 3 doses then weekly for 6 months. Consider referral to Sexual Health if need advice on further management. |
| **Bacterial vaginosis** | **1st Line:** Metronidazole 400mg bd (5 days) or 2g single dose<br>**2nd line:** Clindamycin 2% vaginal cream 5g nightly for 7 nights OR Dequalinium 10mg vaginal tablets daily for 6 days. Neither should be used if ulceration of the vaginal epithelium or vaginal portion of the cervix.<br>**Recurrent :** >4 episodes/year with at least 2 confirmed by HVS. Consider referral to Sexual Health |
| **Trichomoniasis** | Metronidazole 400mg bd (7 days) or 2g single dose |
| **Vaginal discharge** | Follow flow chart in TSRH Primary Care Guidance p9 & 10. Do not routinely send swabs. |
| **Genital herpes (HSV)**<br><br>Patient info leaflet | **First episode:** Aciclovir 400mg 3 times daily (5 days)<br>**Recurrent:** *Symptomatic treatment* - if non severe (see patient info leaflet)<br>*Episodic treatment* – aciclovir 800mg 3 times daily (2 days) or 400mg 3 times daily (5 days)<br>**Suppressive:** If > 6 recurrences/year and highly symptomatic discuss suppressive therapy with patient and ensure HIV negative. Aciclovir 400mg bd (if breakthrough recurrences increase to 400mg tds) for 12 months then treatment interruption<br>Await >2 recurrences before considering reintroducing suppressive therapy.<br>Consider referral to Sexual Health if need advice on further management. |
| **Genital warts (HPV)** | **Refer to flow chart for treatment options**<br>**Warning: podophylltoxin/ imiquimod/catephen treatments contraindicated in pregnancy.**<br>**Latex condoms may be weakened if in contact with podophyllotoxin, imiquimod or catephen.** |
| **Syphilis** | Refer all to Sexual Health |
| **Pelvic Inflammatory Disease** | For full guidance, referral criteria, inpatients and pregnant patients refer to separate guidance document<br>Outpatient treatment: ensure appropriate investigations are sent including self or clinician taken vulvovaginal swab for chlamydia and gonorrhoea tests.<br>***High risk of gonorrhoea or <18 years*** – refer to Sexual Health for IM ceftriaxone 1g IM single dose then doxycycline 100mg bd + metronidazole 400mg bd (14 days)<br>***Low risk of gonorrhoea*** - ofloxacin 400mg bd + metronidazole 400mg bd (14days) |
| **Penile Urethritis** (non gonococcal) | Doxycycline 100mg bd (7 days)<br>If intolerant: azithromycin 1g od day 1 then 500mg od for 2 days |
| **Epididymo-orchitis** | **For full guidance and treatment options** refer to separate guidance document.<br>Send MSSU for C&S and first pass urine for chlamydia and gonorrhoea tests.<br>If STI likely (<35y or new partner in last 3mth) doxycycline 100mg bd (14 days)<br>If UTI likely (>35y and no new partner) ofloxacin 200mg bd or ofloxacin 400mg od or ciprofloxacin 500mg bd (14 days). Refer to quinolone warnings. See full guidance for alternatives if quinolone not suitable. |

## BBV

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| **HIV** | Refer to HIV team. For other queries email tay.arvservice@nhs.scot To check drug interactions hiv-druginteractions.org or email as above |
| **HIV Post Exposure Prophylaxis following sexual exposure (PEPSE)** | Refer to Sexual Health Clinic (Emergency Dept if out of hours) |
| **HIV Pre Exposure Prophylaxis (PrEP)** | Assessment and prescribing done by Sexual Health Service |
| **Hepatitis B or C** | Refer to Hepatitis team |

**Sexual Health Clinics Contact details:** 01382 425542 **BBV&SH Website**

**Oncall TSRH consultant:** 07740937069 **TSRH advice email:** tay.tsrh@nhs.scot

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