**FEMALE**

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

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**BBV**

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**MALE**

**Chlamydia (uncomplicated)**
Doxycycline 100mg bd (7 days).
If intolerant: azithromycin 1g od on 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 plus clotrimazole 1% cream 2-3 times daily.

**Bacterial vaginosis**
1st Line: Metronidazole 400mg bd (7 days) or 2g single dose
2nd line: Clindamycin 2% vaginal cream 5g nightly for 7 nights OR Dequainilium 10mg vaginal tablets daily for 6 days. Neither should be used if ulceration of the vaginal epithelium or vaginal portion of the cervix.

**Trichomoniasis**
Metronidazole 400mg bd (7 days) or 2g single dose.

**Vaginal discharge**
Follow flow chart in TSRH Primary Care Guidance (add link)

**Genital herpes (HSV)**

**First episode:**
Aciclovir 400mg 3 times daily (5 days)

**Recurrent:**
Symptomatic treatment - if non severe (see patient info leaflet)
Episodic treatment - aciclovir 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.

**Genital warts (HPV)**
Consider no treatment – 30% will resolve in <6 months

**Warning:** podophyllotoxin and imiquimod treatments contraindicated in pregnancy

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 vulvovaginal swab for Chlamydia and Gonococcal PCR. *High risk of GC* or <18 years – IM ceftriaxone 1g IM single dose then doxycycline 100mg bd + metronidazole 400mg bd (14 days)

**Low risk of GC** – Ofoxacin 400mg bd + metronidazole 400mg bd (14 days)

**FEMALE**

**MATING**

**Chlamydia (uncomplicated)**
Doxycycline 100mg bd (7 days).
If intolerant: azithromycin 1g od on 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**
Doxycycline 100mg bd (7days)
if contraindicated or not tolerated: Azithromycin 500mg day 1 then 500mg daily for 2 days.

**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.

**HIV**
Refer to HIV team. For other queries email tayuhb.aservice@nhs.net
To check drug interactions www.hiv-druginteractions.org

**HIV Post Expose Prophylaxis following sexual exposure (PEP)**
Refer to Sexual Health Clinic (A&E if out of hours)

**HIV Pre Expose Prophylaxis (PEP)**
Assessment and prescribing done by Sexual and Reproductive Health Service

**Hepatitis B & 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