

## Treatment for common sexually transmitted infections

These guidelines have been adapted from the current guidelines available from the British Association of Sexual Health and HIV (BASHH), to provide a simple guide to the treatment of uncomplicated sexually transmitted infections in primary care. For fully comprehensive and up to date information on the diagnosis, management and treatment of common sexually transmitted infections, please access the BASHH website on:

[www.bashh.org](http://www.bashh.org)

### **Chlamydia**

***Doxycycline 100mg bd for 7 days (contraindicated in pregnancy)***

**Or**

***Azithromycin 1g orally in a single dose*** (not licenced for use in pregnancy although available data indicates that it is safe)

In pregnancy:

***Erythromycin 500mg four times daily for 7 days***

**Or**

***Erythromycin 500mg three times daily for 14 days***

**Or**

***Amoxicillin 500mg three times daily for 7 days***

- Partner/s require screening and treatment
- Follow up by appointment, or phone, to assess compliance with treatment and partner notification
- Test of cure indicated only in pregnancy, or if poor compliance with treatment (no sooner than 6 weeks following treatment)
- Advise to avoid intercourse until patient and partner have completed treatment, or for 1 week if treated with Azithromycin

### **Gonorrhoea**

***Cefixime 400mg orally as a single dose***

**Or**

***Ciprofloxacin 500mg orally as a single dose***

**Or**

***Ofloxacin 400mg orally as a single dose***

In pregnancy:

***Cefixime 400mg orally as a single dose***

Consider also giving treatment for potential concomitant chlamydia

- Partner/s require screening and treatment
- Follow up by appointment, or phone, to assess compliance with treatment and partner notification
- Test of cure indicated only in pregnancy or if poor compliance with treatment
- (no sooner than 2 weeks following treatment)
- Advise to avoid intercourse until patient and partner have completed treatment or for 1 week if given stat dose treatment.

## ***Trichomonas***

***Metronidazole 2g orally as a single dose***

***Or***

***Metronidazole 400mg twice daily for 5-7 days***

In pregnancy:

***Metronidazole 400mg twice daily for 5-7 days –avoid stat dose***

- Partner/s require treatment –testing of male partner for TV not indicated
- Follow up by appointment, or phone, to assess compliance with treatment and partner notification
- Test of cure indicated only in pregnancy or if poor compliance with treatment
- (no sooner than 2 weeks following treatment)
- Advise to avoid intercourse until patient and partner have completed treatment or for 1 week if given stat dose treatment.

## ***Herpes***

Recommended regimens (all for five days):

***Aciclovir 200mg orally five times daily***

***or***

***Aciclovir 400mg orally three times daily***

***or***

***Valaciclovir 500mg orally twice daily***

***or***

***Famciclovir 250 mg orally three times daily***

In pregnancy:

Aciclovir not licenced for use in pregnancy, but there is substantial evidence for its safety. Refer to GUM for advice.

## ***Non-gonococcal urethritis (NGU), or non-specific urethritis (NSU)***

***Azithromycin 1g orally as a stat dose***

***Or***

***Doxycycline 100mg twice daily for 7 days***

- Partner/s require screening and treatment
- Follow up by appointment, or phone, to assess compliance with treatment and partner notification
- Test of cure indicated only in pregnancy or if poor compliance with treatment
- (no sooner than 2 weeks following treatment)
- Advise to avoid intercourse until patient and partner have completed treatment or for 1 week if given stat dose treatment.

## ***Bacterial vaginosis***

***Metronidazole 400mg twice daily for 5-7 days***

***Or***

***Metronidazole 2g as a single dose***

***Or***

***Intravaginal clindamycin cream 2% once daily for 7 days***

In pregnancy

***Metronidazole 400mg daily for 5-7 days***

## ***Genital warts***

***Podophyllotoxin 0.15% cream (Warticon)*** applied twice daily for 3 days followed by 4 days rest for 4-5 cycles (contraindicated in pregnancy)

***Imiquimod 5% cream (Aldara)*** applied three times weekly and washed off after 6-10 hours later for up to 16 weeks (contraindicated in pregnancy)

In pregnancy ( or if extensive warts):

Refer to GUM for cryotherapy

## ***Pelvic Inflammatory Disease***

***Cefixime 400mg orally as a single dose***

***Plus***

***Doxycycline 100mg orally twice daily for 14 days***

***Plus***

***Metronidazole 400mg orally twice daily for 14 days***

- Partner/s require screening and treatment
- Follow up by appointment, to assess symptoms and compliance with treatment and partner notification
- Advise to avoid intercourse until patient and partner have completed treatment

## ***Candida***

***Clotrimazole vaginal pessary 500mg stat***

***Or***

***Fluconazole 150mg capsule orally single dose***

There is no evidence to support the treatment of asymptomatic male sexual partners.

Please refer to [www.bashh.org](http://www.bashh.org) for guidance on treatment of recurrent candidosis (defined as four or more episode of symptomatic candidosis annually)

For information and advice,  
GUM Sexual Health Advisors can be contacted on:

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