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## **STD Service of the Royal Adelaide Hospital releases new guidelines for the Diagnosis and Management of STDs in South Australia**

The Sixth edition (2005) of the handbook "Diagnosis and Management of STDs" contains new information with guidelines designed specifically for South Australian conditions. These guidelines will be mailed to Medical Practitioners who have notified an STD on three or more occasions in the last two years. The guidelines will also be available on the Internet at [www.stdservices.on.net/management](http://www.stdservices.on.net/management). Information on antibiotic use may differ from some national guidelines because the recommendations are based on local epidemiology.

### **Management of Gonorrhoea**

Most gonococcal infections in metropolitan Adelaide are associated with male-to-male sexual activity and there is substantial evidence to suggest that gonorrhoea facilitates the transmission of HIV infection in both men and women. Data on antibiotic sensitivity of *N. gonorrhoeae* collected by the IMVS and analyzed by STD services indicate that Ciprofloxacin should no longer be recommended as first line treatment for gonorrhoea. Overall In 2004, 22% of isolates were resistant to ciprofloxacin. Where the infections were believed to be acquired in South Australia, 13% were resistant to ciprofloxacin; for those acquired interstate, 17% were resistant and for infections acquired overseas, 75% were resistant to ciprofloxacin. There has also been increasing, but less dramatic, resistance to tetracycline while resistance to penicillin continues at high levels.

**Intramuscular Ceftriaxone (250mg) is now the drug of choice for patients presenting with gonorrhoea.** Infections acquired in remote or rural Australia should be discussed with a consultant sexual health physician or infectious disease physician. Currently no third generation cephalosporin suitable for oral, single dose therapy for gonorrhoea is on the market in Australia.

Only gonorrhoea cases diagnosed by culture can be tested for antibiotic sensitivity, as PCR testing does not produce isolates for further testing. **The STD service recommends that any positive PCR test for gonorrhoea be confirmed with a culture**, this will also produce an isolate for antibiotic testing. To ensure treatment has been effective, all cases of gonorrhoea should have a culture as test of cure one week after treatment.

### **Management of Chlamydia infection**

There have also been changes to the management of Chlamydia infection. Chlamydia is the most common bacterial STD reported in the South Australia. There were 2425 chlamydia cases reported last year, which represents a 22% increase from 2003 and a three-fold increase since 1995. Adolescents ages 15-19 accounted for 23 percent of cases in 2004.

First line therapy remains Azithromycin 1 gram as a stat dose. **The PCR test for chlamydia is not recommended for test of cure. It is recommended that the patient should be recalled at 3 months to test for reinfection.**