

TEST IF

- Woman at risk of STIs presents with lower abdominal or pelvic pain.

RECOMMENDED TESTS

- Vulvovaginal swab for chlamydia and gonorrhoea testing by NAAT (e.g. PCR or SDA) (see Chlamydia guideline and/or Gonorrhoea guideline www.nzshs.org/guidelines)
- High vaginal culture swab for bacterial vaginosis, trichomoniasis and candidiasis
- Additional anorectal NAAT swab as indicated based on sexual history
- Bimanual examination for pelvic masses or tenderness
- Urine pregnancy test and urinalysis dipstick
- Serology for HIV and syphilis
- Full blood count (FBC) and C-reactive protein (CRP) (*for severe cases or diagnostic uncertainty*)
- Vital signs: Temperature, pulse, blood pressure

Treat immediately on the basis of symptoms of lower abdominal pain and EITHER uterine OR cervical OR adnexal tenderness.

MANAGEMENT

- **Ceftriaxone 500mg** im stat (make up with 2ml lignocaine 1% or as per data sheet) PLUS
- **Doxycycline 100mg** po twice daily for 2 weeks PLUS
- **Metronidazole 400mg** po twice daily for 2 weeks. (*Metronidazole may be discontinued at review if not tolerated.*)
- Advise treatment may take time to work
- Advise to abstain from sex until abdominal pain has settled and to use condoms for 14 days after initiation of treatment and until 7 days after all sexual contacts have been treated

PID IS CLASSIFIED AS SEVERE IF

- Acute abdomen
- Pregnant
- Fever, vomiting or systemically unwell
- Clinical failure or intolerant of oral therapy

REFER IF

- Ectopic pregnancy cannot be excluded
- Severe PID
- Severe drug allergies to above

PARTNER NOTIFICATION

- Be clear about language: 'partner' implies relationship – all sexual contacts in the last 2 months should be advised so they can have a sexual health check and treatment
- Contact(s) should have a sexual health check and if asymptomatic treat empirically for chlamydia with azithromycin 1g po stat
- If sexual contact(s) has symptoms of urethritis (see Urethritis in Men guideline www.nzshs.org/guidelines)
- Contacts should be treated without waiting for their test results and advised to use condoms or abstain from sex for 7 days; if positive for an STI, refer to specific guideline
- Most choose to tell contacts themselves. Giving written information is helpful
- Notifying all contacts may not be possible, e.g. if there is insufficient information or a threat of violence

72 HOUR FOLLOW-UP FOR MODERATE/SEVERE PID

- Repeat bimanual exam to assess resolution of signs and refer if not improved
- No unprotected sex?
- Tolerated medication?
- Notifiable contacts informed?
- Any risk of reinfection? Will need further treatment if re-exposed to untreated contact

1 TO 2 WEEK FOLLOW-UP FOR MILD PID (PHONE OR IN PERSON)

- As above – bimanual where practical or where symptoms not improved
- Re-infection is common; offer repeat STI check in 3-6 months

Further guideline information – www.nzshs.org or phone local sexual health service.