

Pelvic Inflammatory Disease (PID)

MANAGEMENT SUMMARY

TEST IF

- Woman at risk of STIs presents with lower abdominal/pelvic pain – see Express STI Testing Questionnaire www.nzshs.org/guidelines

Note: Most laboratories are automatically performing multiplex NAAT testing for chlamydia & gonorrhoea (+/-trichomoniasis).

False positive gonorrhoea results are possible in low prevalence populations – see NZSHS Management of Gonorrhoea 2017, and Response to the Threat of Antimicrobial Resistance www.nzshs.org/guidelines.

RECOMMENDED TESTS – see Sexual Health Check Guideline www.nzshs.org/guidelines

- Vulvovaginal NAAT swab for chlamydia & gonorrhoea testing prior to speculum insertion. Insert speculum, examine vagina and cervix.
- Endocervical culture swab for gonorrhoea (if gonorrhoea culture available)
- High vaginal culture swab for candida & BV & trichomoniasis (if NAAT for trichomoniasis not available)
- Additional anorectal NAAT swab for chlamydia & gonorrhoea testing as indicated based on sexual history
- Bimanual examination for pelvic masses or tenderness
- Urine pregnancy test and urinalysis dipstick
- Universal serology for HIV and syphilis
- Targeted hepatitis B and C serology if hepatitis B status unknown and risk factors present
- Full blood count (FBC) and C-reactive protein (CRP) in severe cases or diagnostic uncertainty
- Vital signs: Temperature, pulse, blood pressure
- Pain score: Mild PID = normal vital signs and pain score <5/10, moderate PID = normal vital signs and pain score ≥5/10

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

SEVERITY ASSESSMENT

PID IS SEVERE IF:

- Acute abdomen
- Pregnant
- Fever, vomiting or systemically unwell
- Intolerant of oral therapy
- Clinical failure at review

REFER

- Severe PID
- Ectopic pregnancy suspected
- Severe drug allergies to usual regimen
- Persistent or repeat PID where reinfection is excluded as *Mycoplasma genitalium* testing may be required

MILD/MODERATE PID

- **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.*)
- For drug allergies refer to full guideline at www.nzshs.org/guidelines
- Advise treatment may take time to work
- Advise to abstain from sex until abdominal pain has settled and to use condoms for 2 weeks after initiation of treatment and until 1 week after sexual contact/s have been treated

PARTNER NOTIFICATION AND MANAGEMENT OF SEXUAL CONTACTS

- Be clear about language: 'partner' implies relationship – all sexual contacts in the last 3 months should be notified
- Contact/s should have a sexual health check and if asymptomatic be treated for chlamydia with azithromycin 1g po stat, without waiting for test results
- If sexual contact/s has symptoms of urethritis (see Urethritis in Males guideline www.nzshs.org/guidelines)
- If contacts test positive for an STI, refer to specific guideline www.nzshs.org/guidelines
- Advise contacts to abstain from sex or use condoms for 1 week from the start of treatment and until results of tests are available
- 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 sexual health check in 3 months

The Ministry of Health supports the use of these clinical guidelines, developed by clinical experts and professional associations to guide clinical care.

Further guideline information – www.nzshs.org/guidelines or phone a sexual health specialist.

This STI Management Guideline Summary has been produced by NZSHS. Every effort has been taken to ensure that the information in this guideline is correct at the time of publishing (September 2017).