

## **Information sheet**

Please find enclosed replacement stocks of Azithromycin, Ceftriaxone and Metronidazole treatment for chlamydia, gonorrhoea and trichomoniasis for the period 1 January to 30 June 2022. The Aboriginal and Torres Strait Islander sexually transmissible infections (STI) drug replacement program facilitates providing eligible patients with free observed and immediate treatment for chlamydia, gonorrhoea and trichomoniasis at participating health services. The program is a long-standing commitment coordinated by Communicable Diseases Branch to provide single dose treatment quantities of Azithromycin, Ceftriaxone, and Metronidazole dispatched by Central Pharmacy twice a year.

### **New webpage is live!**

As part of the 2020-2021 program review, Communicable Diseases Branch have developed a drug replacement program webpage, with information about eligibility, and forms for enrolment and ordering. See the new webpage at <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/sex-health/sti-drug-replacement-program> or scan the QR code on the next page.

Please feel free to promote the program and the webpage to services in your area with many First Nations patients, or who offer STI testing to patients who are at high-risk of not accessing or completing treatment.

### **Contact for further information about the drug replacement program**

If you still need further information about the drug replacement program after visiting the webpage, please contact Communicable Diseases Branch via e-mail at [BBVCDU@health.qld.gov.au](mailto:BBVCDU@health.qld.gov.au).

### **Your input is required – changes in recommended treatment options**

Recommendations for treatment options for some uncomplicated infections have changed from immediate administration (e.g. Azithromycin 1g PO, stat; Metronidazole 2g PO with food, stat) to 7 days and alternative medication or dosage (e.g. Doxycycline 100mg PO, BD 7 days; Metronidazole 400mg PO with food, BD for 7 days). Single dose treatment is still listed as an alternative option when required.

### **We are keen to hear your views about introducing these changes for the drug replacement program and ask your feedback on the below four questions:**

1. In principle, do you feel that the drug replacement program should offer 7-day treatment replacement in alignment with current best-practice guidelines?
2. Is provision of 7 days of medication (to be taken twice daily) likely to work for your client group or would the benefits of immediate and observed single dose treatment be lost?
3. If both were offered for replacement, what proportions of each do you think would be needed for your service? For example: half and half, or 75% single dose and 25% 7-day treatment?
4. Do you have any other comments about potentially adding 7-day treatment to the drug replacement program, or feedback about the program as a whole?

### **Please send through your feedback by Friday 30<sup>th</sup> September either by:**

- E-mailing your thoughts about potential treatment changes to [BBVCDU@health.qld.gov.au](mailto:BBVCDU@health.qld.gov.au); or
- Providing feedback on these four questions through a 2-minute online survey <https://www.surveymonkey.com/r/P95MNP8>. We will email you this link as well.

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See the Australian STI Management Guidelines for Use in Primary Care (at [www.sti.guidelines.org.au](http://www.sti.guidelines.org.au)), the Queensland Primary Clinical Care Manual (at <https://www.health.qld.gov.au/rrcsu/clinical-manuals/primary-clinical-care-manual-pccm>), or your local clinical guidelines for more detailed information on diagnosis, management, special treatment situations, contact tracing and follow up recommendations.

Scan for the new Aboriginal and Torres Strait Islander STI drug replacement program webpage

