



Notes

1. For the symptomatic partner, refer to the optimal usage guide on the syndromic approach.
2. On receipt of a positive result confirming a genotype *C. trachomatis* infection associated with *Lymphogranuloma venereum* (LGV) in the infected patient or partner, the recommended regimen for the asymptomatic partner is doxycycline 100 mg PO BID for 21 days (doxycycline is contraindicated for pregnant women but, if required, is compatible with breastfeeding for treatment under 3 weeks). If treatment was initiated with doxycycline AND the partner's screening test results are negative for *C. trachomatis*, discontinue treatment after 7 days.
3. If the person vomits within an hour after taking azithromycin, administer prophylactic antiemetic and then another dose of azithromycin.
4. Given that doxycycline is contraindicated for pregnant women, amoxicillin 500 mg PO TID for 7 days is the recommended alternative regimen if the pregnant woman has an allergy or intolerance to azithromycin.
5. Indicators for choosing Option A: the availability of ceftriaxone and the patient's receptiveness to intramuscularly administration.
Indicator for choosing Option B: the anticipated compliance to a follow-up visit in the case of a positive screening test result. Option B is acceptable only if throat swabs for NAAT AND culture were performed on the partner.

IM: intramuscular; NAAT: nucleic acid amplification test