SEXUALLY TRANSMITTED INFECTIONS

TRICHOMONIASIS

Keywords: Trichomonas vaginalis, Trichomonads, treating trichomoniasis, STI, Sexually transmitted infection

BACKGROUND

Trichomoniasis is caused by a protozoan *Trichomonas vaginalis* and is one of the most common sexually transmitted infections (STI) that can infect the vagina, urethra and paraurethral glands. Most men and approximately 50% of women are asymptomatic. Trichomoniasis has been associated with premature rupture of membranes, premature labour, increased HIV transmission risk, and inflammatory conditions (e.g. candidiasis). There is a higher prevalence among older women, and if untreated, women can remain infected for several years. It is also linked to pelvic inflammatory disease (PID) in HIV positive women.

CLINICAL SYMPTOMS

Symptoms may include:
- Copious vaginal discharge
- Frothy, green/yellow or grey discharge (frothiness is present in only a third or less of cases)
- pH is >4.5
- Pain: During sexual intercourse, dysuria, vulvovaginal soreness/itching
- Microscopic ulcers on the cervix

DIAGNOSIS

Trichomoniasis can be difficult to demonstrate:
- Usually associated with a pH >4.5
- Trichomonads can be seen on immediate wet preparation – sensitivity 50-70%
- Culture is the gold standard– sensitivity 85-87%
- A Trichomonas PCR (available through Pathwest) is the most sensitive test
- Cervical cytology (Pap smear) is also a possible way of making the diagnosis.

TREATMENT

- **Metronidazole** 2g orally stat as a single dose—advise patient to avoid alcohol during treatment and for 24 hours after OR
- **Tinidazole** 2g orally stat as a single dose with food—advise the patient to avoid alcohol during treatment and for 24 hours after. Avoid use during pregnancy.
- Alternative therapy (for cases that relapse after this treatment) – **Metronidazole** 400mg orally twice a day for 5 days
- Pregnancy (1st trimester) – use Clotrimazole vaginal pessary 100mg, one each night for 6 nights; OR Clotrimazole vaginal cream (1%) or Acigel PV for 7 days. Alternatively, Metronidazole 2g PO as a single dose (category B2) OR Metronidazole 400mg PO bd for 5 days (cat B2) can be used in the first trimester.
- If possible, and the woman is asymptomatic, delay treatment with **Metronidazole** until 37 weeks gestation. It may be preferable to use a lower dose, longer course of **Metronidazole**. If the woman is symptomatic, treatment in pregnancy is prudent.

See also Clinical Guideline [Antibiotic Treatment for Vaginal Infections](#) for medication treatment of Trichomoniasis.
Treatment Failure (Controversial management with many variations)

There is no universally successful treatment. Options include:

- **Metronidazole** 2g once per day for 3-5 days
- **Tinidazole** 2g once a day for 3-5 days (in vitro data support this preferably)
- **Metronidazole** 1g three times a day plus intravaginal metronidazole 500mg once a day for 14 days.
- **Tinidazole** 500mg three times a day plus intravaginal tinidazole 500mg twice a day for 14 days.
- **Tinidazole** 1g three times a day plus intravaginal tinidazole 500mg three times a day for 14 days.
- **Tinidazole** 2g twice a day, ampicillin 500mg three times a day (Doxycycline 100mg twice a day if allergic to penicillin) plus Clotrimazole pessary 500mg at night for 14 days.

Other treatment regimes

- **Nitazoxanide** 500mg twice a day for 3 days. Not marketed in Australia.
- **Mebendazole**
- **Nifuratel**
- **Nonoxynol-9**
- **Paromomycin** cream – high incidence of vulvo-vaginal reactions, so not widely used.

MANAGEMENT

- Sexual partners of patients should be treated. Re-infection is high if partners are not treated. As males are often asymptomatic, without NAAT/ PCR, diagnosis is difficult. Screen for other STI’s, provide empirical treatment with single dose Metronidazole or Tinidazole when they attend and consider when infection may have occurred.
- Patients should be advised to avoid sex until the Trichomoniasis is cured.
- Offer testing for other sexually transmitted infections.
- Repeat testing after one week may be useful to assess symptom cessation and review contact tracing. Consider retesting for gonorrhoea after treatment as trichomoniasis may inhibit culture of gonorrhoea.
- Trichomoniasis is not a notifiable disease.
- If a child is diagnosed with a STI, consider presence of child abuse/ assault. See also OD 0344/11: Mandatory Reporting of Sexual Abuse of Children Under 18 Years and OD 0296/10: Interagency Management of Children Under 14 Years who are Diagnosed with a Sexually Transmitted Infection (STI).
REFERENCES (STANDARDS)


Related Policies -

Other related documents –
- Clinical Guidelines Sexually Transmitted Infections
- Dept of Health WA Trichomoniasis Fact Sheet
- Let Them Know website (for advice/ fact sheets and ways of informing sex partners, including anonymous)

RESPONSIBILITY

Policy Sponsor Nursing & Midwifery Director OGCCU
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