

### TEST IF:

- Female with vaginal discharge or vulval irritation
- Female requesting full sexual health check

### RECOMMENDED TESTS

- It is recommended to test for co-existing STIs (see Sexual Health Check guideline [www.nzshs.org/guidelines](http://www.nzshs.org/guidelines))
- Female:
  - High vaginal culture swab for testing for trichomoniasis, bacterial vaginosis and candida plus vulvovaginal swab for chlamydia and gonorrhoea testing by NAAT (PCR or SDA)
  - Additional anorectal NAAT swab as indicated based on sexual history
- Asymptomatic male contacts:
  - First void urine for chlamydia testing by NAAT and treat empirically for trichomoniasis (no reliable tests available for trichomoniasis in males). Note: Most laboratories are performing dual NAAT testing for chlamydia and gonorrhoea
- Male contacts with dysuria or discharge (see Urethritis in Men guideline [www.nzshs.org/guidelines](http://www.nzshs.org/guidelines))

**Treat immediately if trichomoniasis is clinically suspected or if a sexual contact of trichomoniasis.**

- Start treatment for patient and sexual partner(s) without waiting for lab results

### MANAGEMENT

- Metronidazole 2g po stat (pregnancy category B2) OR
- Ornidazole 1.5g po stat (not recommended in pregnancy) OR
- Metronidazole 400mg po twice daily for 7 days
- Refer full guideline if breastfeeding
- Advise to use condoms or abstain from sex for 7 days after initiation of treatment and until 7 days after all sexual contacts have been treated
- Advise to abstain from alcohol for duration of treatment and for at least 24 hours after completion of treatment (72 hours for ornidazole)

### PARTNER NOTIFICATION

- Be clear about language: 'partner' implies relationship – all sexual contacts in the last 2 months should be advised so they can be treated
- Male contacts should be treated empirically as testing for trichomoniasis is not available outside specialist services
- Contacts should have a sexual health check
- 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 insufficient information or a threat of violence

### FOLLOW-UP (PHONE OR IN PERSON) 1 WEEK LATER

- Any unprotected sex in last week?
- Completed/tolerated medication?
- All notifiable contacts informed?
- Any risk of re-infection? If yes – re-treat
- Check other STI test results and treat if positive (refer to specific guidelines)
- Test of cure only needed if symptoms don't resolve (females)
- Refer suspected treatment failures to specialist sexual health clinic

Further guideline information – [www.nzshs.org](http://www.nzshs.org) or phone local sexual health service.

This Best Practice Guide 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 (February 2015).

### Introduction

- Trichomoniasis is a sexually transmitted infection caused by the protozoan *Trichomonas vaginalis*.
- It infects the vagina, urethra and para-urethral glands in women and the urethra in men.
- It is transmitted by exchange of infected genital secretions during sexual contact.
- It can be transmitted from one female to another in same sex relationships.

### Test

- Women complaining of vaginal discharge, odour or vulval irritation.
- Women requesting a sexual health check.

**Note: If patient is asymptomatic and is concerned about a specific recent sexual event- the recommended testing interval is 2 weeks from time of last unprotected sexual intercourse.**

If the patient is unlikely to return and has not been previously tested then test opportunistically at the time of presentation and offer a re-test in 2 weeks time.

### Symptoms and signs

- Often few or no symptoms or signs, especially in men.
- Incubation period – 5-28 days in women, 10 days in men.

#### Women

- 10 to 50% asymptomatic.
- The commonest symptoms are vaginal discharge, vulval irritation, dysuria or offensive odour.
- There may be signs of vulval, vaginal or cervical inflammation.
- The classic profuse yellow frothy discharge occurs in 10 to 30% of women.

**Note: Symptoms are non-specific therefore tests for other causes of vaginal discharge should also be taken.**

#### Men

- Men are usually asymptomatic.
- They usually present as asymptomatic contacts of infected women.
- They may complain of urethral discharge or dysuria.

### Complications

- Usually no complications.
- Mother to child transmission during delivery is possible, but usually has no adverse consequences.
- May be associated with increase in perinatal complications such as post-lower segment caesarean section (LSCS) infection, premature rupture of membranes (PROM), pre-term birth but a definite causal association is not yet proven.
- Trichomoniasis may enhance HIV transmission.

### Diagnostic tests

- Diagnostic tests generally lack sensitivity in men due to low numbers of organisms in urethra.
- **All male sexual contacts of women with trichomoniasis should be treated even if asymptomatic.**

**Note:** The presence of trichomoniasis type organisms is sometimes reported on cervical smears. This is an unreliable method of diagnosis and should be confirmed with a specific test for trichomoniasis.

### Recommended specimens

#### Female

- High vaginal culture swab for microscopy and culture for trichomoniasis, bacterial vaginosis and candida plus clinician-taken or self-taken vulvovaginal swab for chlamydia and gonorrhoea testing by NAAT (PCR or SDA).
- Women complaining of vaginal discharge, abnormal bleeding or pelvic pain should have a speculum examination for proper clinical assessment
  - If gonorrhoea is clinically suspected or if a contact of gonorrhoea, an endocervical swab for gonorrhoea culture should be taken (see Gonorrhoea guideline [www.nzshs.org/guidelines](http://www.nzshs.org/guidelines)).

## Male

- No reliable tests for trichomoniasis for men are available outside of specialist sexual health services.
- A routine sexual health check for other sexually transmitted infections should be done in male contacts of women with trichomoniasis (see Sexual Health Check guideline [www.nzshs.org/guidelines](http://www.nzshs.org/guidelines)).

## Management

All regimens are greater than 90% effective.

- Metronidazole 2g po stat (pregnancy category B2) OR
- Ornidazole 1.5g po stat (not in pregnancy).
- Advise to use condoms or abstain from sex for 7 days after initiation of treatment and/or until 7 days after all sexual contacts have been treated.
- Advise to abstain from alcohol for duration of treatment and for at least 24 hours after completion of treatment (72 hours for ornidazole).

## Pregnancy (including first trimester)

- Metronidazole 2g stat (category B2) OR
- Metronidazole 400mg twice daily for 7 days (if intolerant to stat dose).

## Breastfeeding

- Metronidazole 2g po stat but refrain from breastfeeding for 12-24 hours (category B2).
- Breast milk during that time should be expressed and discarded primarily as it will have an unpleasant taste.

## Partner notification and management of sexual partners

### 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.
- Contacts should be treated without waiting for their test results.
- Most choose to tell contacts themselves.
- Giving written information is helpful.
- Notifying all contacts may not be possible, e.g. if there insufficient information or a threat of violence.

### Management of sexual partners/contacts

- Perform a full sexual health check.  
**Note:** No reliable tests for trichomoniasis are available for males.
- Asymptomatic male contacts should have a first-void urine for chlamydia testing by NAAT. Note most laboratories will do dual testing for chlamydia and gonorrhoea on specimens sent for chlamydia testing.
- Symptomatic male contacts (symptoms or signs of urethritis, e.g. dysuria or urethral discharge), will need a urethral swab for gonorrhoea culture prior to providing a first void urine sample for chlamydia and gonorrhoea testing by NAAT (see Urethritis in Men guideline [www.nzshs.org/guidelines](http://www.nzshs.org/guidelines)).
- Do not wait for test results – treat empirically for trichomoniasis.
- Advise to use condoms or abstain from sex for 7 days after initiation of treatment until results of tests are available.

**Note:** Trichomoniasis can be passed on through sexual contact in women who have female sex partners. Female contacts should have a full sexual health check including tests for trichomoniasis and be given empirical treatment.

## Follow-up

- The index case should be followed-up by phone or in person 7 days after treatment to ensure symptom resolution, give results, check that all partners/contacts have been notified and to check compliance with treatment.
- All female patients should be asked to re-attend for a sexual health check in 3 months (test of re-infection).
- Re-treatment is required if there has been any unprotected sex with untreated sexual contacts/partners during the follow-up interval.

## Test of cure

- Not required unless symptoms persist (females) – repeat culture at 1 week.
- Resistance to metronidazole can rarely occur.

## Referral guidelines

### Referral to a specialist sexual health service is recommended for:

- Management of sexual partners if clinician wishes.
- Suspected antibiotic resistance.
- Hypersensitivity to metronidazole or ornidazole.
- Negative tests in the context of high clinical suspicion.

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