

TEST IF:

- Female with vaginal and vulval symptoms
- Female with evidence of vulvitis and/or vaginitis, “scalded skin” or napkin-distribution dermatitis on examination
- Sexual contacts of trichomoniasis
- Males with persistent urethritis

RECOMMENDED TESTS

Testing for trichomoniasis varies regionally with some laboratories offering NAAT (e.g. PCR) testing on the chlamydia & gonorrhoea swab

- It is recommended to test for co-existing STIs (see Sexual Health Check guideline www.nzshs.org/guidelines)

Female:

- If NAAT available, vulvovaginal NAAT swab for trichomoniasis, chlamydia & gonorrhoea testing
- If NAAT not available, high vaginal culture swab for testing for trichomoniasis plus vulvovaginal NAAT swab for chlamydia & gonorrhoea
- Additional anorectal NAAT swab for chlamydia & gonorrhoea testing as indicated based on sexual history

Asymptomatic male contacts:

- Full sexual health check (see Sexual Health Check guideline www.nzshs.org/guidelines) including first void urine (first 30ml), preferably ≥1 hour after last void for trichomoniasis testing by NAAT if available locally
- Treat empirically for trichomoniasis
- Male contacts with dysuria or discharge (see Urethritis in Males guideline www.nzshs.org/guidelines)

Symptomatic male contacts:

- See Urethritis in Men guideline www.nzshs.org/guidelines

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

- Start treatment for patient and sexual contact/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 (www.nzshs.org/guidelines) if breastfeeding
- Advise to abstain from sex or use condoms for 1 week from the start of treatment and until 1 week after sexual contact/s 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 AND MANAGEMENT OF SEXUAL CONTACTS

- Be clear about language: ‘partner’ implies relationship – all sexual contacts in the last 3 months should be notified
- Male contacts should be treated empirically as testing for trichomoniasis is not available outside specialist services
- Contact/s should have a sexual health check and treatment for trichomoniasis, without waiting for test results
- 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 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? Re-treatment necessary if re-exposed to untreated contact
- Check other STI test results and treat if positive (refer to specific guidelines www.nzshs.org/guidelines)
- Test of cure only needed if symptoms don’t resolve
- Refer suspected treatment failures to a sexual health specialist
- 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).

Introduction

- Trichomoniasis is a sexually transmitted infection caused by the protozoan *Trichomonas vaginalis*.
- It infects the vagina, urethra and para-urethral glands in females and the urethra in males.
- Co-infection with other STIs is common.
- 60–80% of trichomoniasis cases have co-existent Bacterial Vaginosis.
- The prevalence of trichomoniasis in New Zealand is not known as this is not reported by ESR. Small studies quote a prevalence of around 2.2% in women of reproductive age group.

Test

- Females complaining of vaginal discharge, odour, vulval irritation, dysuria and dyspareunia.
- Females with evidence of vulvitis and/or vaginitis, “scalded skin” or napkin-distribution dermatitis on examination.
- Sexual contacts of trichomoniasis.
- Males with persistent urethritis.

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

- Incubation period – 4–28 days .

Females

10–50% asymptomatic.

- Symptoms associated with trichomoniasis are vaginal discharge, vulval irritation, dysuria, offensive odour, pain or bleeding associated with sex and lower abdominal pain.
- There may be signs of vulval, vaginal or cervical inflammation “scalded skin”. A small percentage of women will have punctate haemorrhages on vaginal walls and cervix (“strawberry cervix”).
- The classic profuse yellow frothy discharge occurs in 10–30% of women.

Note: Symptoms are non-specific therefore tests for other causes of vaginal discharge should also be taken – see Sexual Health Check guideline www.nzshs.org/guidelines

Males

- Males are usually asymptomatic.
- They usually present as asymptomatic contacts of infected women.
- Up to 70% of male sexual contacts of females diagnosed with trichomoniasis will have the infection.
- If symptomatic, males may experience dysuria, urethral irritation or discharge.

Complications

- Usually no complications.
- In pregnancy, trichomoniasis has been associated with low birth weight, premature rupture of membranes, and preterm delivery. However, it is unclear whether treatment of asymptomatic infection in pregnancy reduces these outcomes.
- Increased risk of post-surgical and post-partum infections are also associated with concurrent trichomoniasis.
- Mother to child transmission during delivery is possible, but usually has no adverse consequences.
- Trichomoniasis increases the risk of HIV acquisition and transmission.
- Trichomoniasis increases the risk of PID in women with HIV.
- In males, it can sometimes cause prostatitis.

Diagnostic Tests

- Nucleic acid amplification tests (NAAT) for *T. vaginalis* are now commercially available and have high sensitivity and specificity. These are now considered Gold Standard for the diagnosis of trichomoniasis. However, the availability of these tests in New Zealand is currently limited.
- Be familiar with the test offered by your local laboratory.

Recommended Specimens

Female

- If NAAT available: Self-collected or clinician-collected vulvovaginal NAAT swab or first void urine (first 30ml) preferably \geq 1 hour after last void.
- If NAAT unavailable: High vaginal culture swab for microscopy and culture for trichomoniasis, bacterial vaginosis & candida plus self-collected or clinician-collected vulvovaginal NAAT swab for chlamydia & gonorrhoea testing.
- Females with symptoms of vaginal discharge, dysuria, lower abdominal pain, abnormal bleeding, anal pain or discharge should have a speculum examination for proper clinical assessment.

Note: The presence of trichomoniasis-like organisms is sometimes reported on cervical smears. Generally cervical smears are not used to diagnose trichomonas and need confirmation using a NAAT test or culture depending on availability. Currently used liquid-based cytology tests for cervical screening have low sensitivity but high specificity for trichomoniasis.

Male

- All male sexual contacts of females with trichomoniasis should be treated even if asymptomatic.
- Diagnostic tests other than NAAT generally lack sensitivity in males due to low numbers of organisms in urethra.
- If NAAT available, then a FVU can be used to diagnose *T. vaginalis* infection in males.
- A routine sexual health check for other sexually transmitted infections should be done in male contacts of females with trichomoniasis (see Sexual Health Check guideline 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 abstain from sex or use condoms for 1 week from the start of treatment and until 1 week after sexual contact/s 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).
- Provide the patient with a fact sheet.
- Partner notification.

Pregnancy (including first trimester)

- Metronidazole 400mg twice daily for 7 days (pregnancy category B2).

Breastfeeding

- Metronidazole 400mg twice daily for 7 days (pregnancy category B2).
- Breast milk during that time may have an altered taste.
- Alternate regimen:
- Metronidazole 2g stat dose and avoid breastfeeding for 24 hours following dose.

Women with HIV

- Metronidazole 400mg twice daily for 7 days.

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 treatment for trichomoniasis without waiting for test results.
- 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 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.

Note: Trichomoniasis can be passed on through sexual contact in women who have female sexual contacts. 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 1 week after treatment to ensure symptom resolution, give results, check that all sexual 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 during the follow-up interval.

Test of Cure

- Not required unless symptoms persist. Retest in 1 month after treatment and if persisting infection refer to sexual health specialist.
- Resistance to metronidazole can rarely occur.

Referral Guidelines

Referral to a specialist sexual health service is recommended for:

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

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