

### TEST IF

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

### RECOMMENDED TESTS

- Female: High vaginal swab.
- Male contacts: Sexual health check and treat empirically (no reliable tests available for trichomoniasis).

**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.

### TREATMENT

- Metronidazole 2g stat (pregnancy category B2) OR
- Ornidazole 1.5g stat (not recommended in pregnancy) OR
- Metronidazole 400mg twice daily for 7 days if GI intolerance to stat dose.
- Refer full guideline if breastfeeding.
- Advise no unprotected sex for 7 days or until sexual contacts have been treated.

### 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 without testing for trichomoniasis.
- 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.
- 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 the local sexual health service.

This Best Practice Guide has been produced by NZSHS, and is adapted from the CMDHB Best Practice Guideline. Every effort has been taken to ensure that the information in this guideline is correct at the time of publishing (July 2012).

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### 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.

### Symptoms and signs

- Often few or no symptoms or signs, especially in men.
- Incubation period about 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 or a profuse yellow frothy discharge on examination.

#### 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.
- Transient mother to child transmission during delivery possible, but infection resolves spontaneously during neonatal period.
- 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.

### 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 trichomonads 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 swab for microscopy and culture.

#### Male

- No reliable tests for trichomoniasis are available.

### Management

All regimens greater than 90% effective.

- Metronidazole 2g stat (category B2) OR
- Ornidazole 1.5g stat.

#### 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 stat but refrain from breastfeeding for 12-24 hours.
- Breast milk during that time should be expressed and discarded.

## 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.
- Do not wait for test results – treat empirically for trichomoniasis.
- Advise them to use condoms or abstain from sex for 7 days until results of tests are available.

## 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 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 treatment failure.
- Negative tests in the context of high clinical suspicion.

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

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