

## Trichomonas (modified from NZSHS guidelines)

### 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 and it is not routinely tested for in many parts of NZ including Taranaki

### Who to Test

- Females complaining of vaginal discharge, odour, vulval irritation or itch, 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

### 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.

### Males

- 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.

### 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.
- Taranaki pathology services have a NAAT test available with standard aptima STI swabs **BUT IT NEEDS TO BE SPECIFICALLY REQUESTED IN THE ADDITIONAL TEST SECTION.**

## MANAGEMENT GUIDELINES

### Recommended Specimens

#### Female

- Self-collected or clinician-collected vulvovaginal NAAT swab (aptima swab=orange) or first void urine (first 30ml) preferably  $\geq 1$  hour after last void.
- 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.

## Male

- All male sexual contacts of females with trichomoniasis **should be treated even if asymptomatic**.
- 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](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 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.

## 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. Most choose to tell contacts themselves.
- Contact/s should have a sexual health check and treatment for trichomoniasis without waiting for test results.

**NOTE: patients should be specifically advised to tell contacts the name "trichomonas". If they don't, trichomonas testing/treatment will NOT be done as part of a routine male sexual health check.**

- Advise contacts to abstain from sex or use condoms for 1 week from the start of treatment and until results are available.
- 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

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](http://www.nzshs.org/guidelines) or phone a sexual health specialist.

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 (September 2017).

Other useful resources

[file \(nzshs.org\)](http://file.nzshs.org)

[Trichomoniasis | Health Navigator NZ](#)

[Just the facts about trichomoniasis symptoms and treatment](#)

The sexual health team is available to help by phone or email. We prefer booked appointments but do accept walk ins. Our clinic is free to all.