

Trichomoniasis – RD 5

DEFINITION

Infection of the penis, vagina, Skene's or Bartholin's glands, or vulva with the protozoan *Trichomonas vaginalis*. Currently the most common nonviral STI in the world. Not a reportable disease. Annual screening recommended for asymptomatic women with positive HIV infection.

SUBJECTIVE

Should include:

1. Sexual history
2. LMP

May include:

1. No symptoms or symptoms that come and go
2. Discharge that may be yellow-green or malodorous
3. Vaginal odor
4. Vulvovaginal or meatal itching, irritation or burning
5. Abdominal pain
6. Dyspareunia
7. Dysuria
8. Known exposure to trichomonas vaginalis
9. Burning with ejaculation
10. Discharge from penis, urethritis, epididymitis, or prostatitis
11. Vaginal hygiene practices

OBJECTIVE

May include:

1. Mildly offensive to malodorous discharge
2. Yellow, yellow-green, thin frothy watery discharge
3. Erythematous and/or excoriated vulva and/or vagina
4. Strawberry patches on cervix (often visible in only 1-2% of cases without colposcopy) and/or vaginal walls
5. Thin grey pseudo membrane over cervix
6. Urethritis in males

LABORATORY

May include:

1. Microscopic evaluation of saline wet mount reveals motile trichomonads
2. Vaginal pH >4.5
3. Positive KOH "Whiff" test
4. Positive Trichomonas Rapid (CLIA waived), Affirm VPIII is not CLIA waived
5. Trichomoniasis found on pap smear. (The rate of false positive is high. Confirmatory tests may be needed if asymptomatic and of low risk.)
6. There is no point of care tests for males. Culture testing is available for men; however, NAAT has superior sensitivity. DNA tests are also available for males and females
7. Oral and rectal screening is not recommended

ASSESSMENT

Trichomoniasis

PLAN

1. Examine and screen for other STDs and HIV as appropriate

Effective Date: December 2024

Last Reviewed: November 2024

Next Scheduled Review: November 2025

2. Trichomoniasis found on pap smear should be confirmed with a wet mount or other reliable test
3. Recommended treatment options include:
 - For women:** Metronidazole 500 mg PO BID x 7 days
 - For men:** Metronidazole 2 g PO in a single dose
 - Alternative regimen either gender:** Tinidazole 2g PO in a single dose with food
 - a. **Pregnancy:** Same as recommended regimen for women. Tinidazole is not recommended in pregnant or breastfeeding women. (There may be an increase in preterm labor with treatment using metronidazole in pregnancy)
 - b. **Recommended treatment for HIV-infected patients**
Metronidazole 500 mg orally twice a day for 7 days
4. (EPT not approved for trich treatment; approved for gonorrhea and chlamydia treatment but not trichomoniasis) CDC does not list trich as an infection for expedited partner therapy

CLIENT EDUCATION

1. Provide client education handout(s) with review of symptoms, treatment options, and medication side effects. According to the 2021 CDC STD Treatment Guidelines (page 85) there are no studies providing convincing evidence of a disulfiram-like reaction with alcohol and metronidazole. Thus, refraining from alcohol use while taking metronidazole or tinidazole is unnecessary per CDC guidelines.
2. Advise to avoid intercourse or use condoms until patient's and partner's treatment is complete (3-5 days after last medication dose was taken)
3. Multiple reported case studies demonstrated no evidence of adverse effects on infants exposed to metronidazole in breast milk; some clinicians advise deferring breastfeeding during and for 12-24 hours after maternal treatment
4. Review safer sex education, as appropriate
5. Recommend client RTC in 3 months for repeat testing and if symptoms persist or reoccur, PRN

CONSULT / REFER TO PHYSICIAN

1. Resistant infections (for cultures)
2. Multiple recurrent infections (for cultures)
3. Extreme excoriation
4. Clients with allergies to Metronidazole/Tinidazole; desensitization needed
5. Contraindications to Metronidazole/tinidazole

REFERENCES

1. U.S. Centers for Disease and Control. (2022). *Sexually transmitted infections treatment guidelines, 2021*. Retrieved from <https://www.cdc.gov/std/treatment-guidelines/pid.htm>
2. Marrazzo, J. M., & Park, I. U. (2025). Reproductive tract infections, including HIV and other sexually transmitted infections. In R. A. Hatcher, P. Cason, C. Cwiak, A. Edelman, D. Kowal, J. M. Marrazzo, A.L. Nelson, & M. S. Policar (Eds.), *Contraceptive technology* (pp. 621-666). (22nd ed.). Jones & Bartlett Learning