



Trichomoniasis

DEFINITION	Infection of the penis, vagina, Skene's or Bartholin's glands, or vulva with the protozoan <i>Trichomonas vaginalis</i> .
SUBJECTIVE	Should include: <ol style="list-style-type: none">1. Sexual history2. Vaginal hygiene practices3. LMP May include: <ol style="list-style-type: none">1. No symptoms or symptoms that come and go2. Discharge with or without vulvovaginal or meatal itching or burning, or irritation3. Discharge with or without odor (may be yellow-green)4. Abdominal pain5. Dyspareunia6. Dysuria7. Known exposure to <i>trichomonas vaginalis</i>8. Burning with ejaculation9. Discharge from penis, male symptoms of urethritis, epididymitis, or prostatitis.
OBJECTIVE	May include: <ol style="list-style-type: none">1. Mildly offensive to malodorous discharge2. Yellow, yellow-green, thin frothy watery discharge3. Erythematous and/or excoriated vulva and/or vagina4. Strawberry patches on cervix and/or vaginal walls5. Thin grey pseudo membrane over cervix6. Urethritis in males
LABORATORY	May include: <ol style="list-style-type: none">1. Microscopic evaluation of saline wet mount reveals motile trichomonads.2. Vaginal pH >4.5.3. Positive KOH "Whiff" test.4. Positive <i>Trichomonas Rapid</i> (CLIA waived) , <i>Affirm VPIII</i> 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. Oral and rectal screening is not recommended.
ASSESSMENT	Trichomoniasis
PLAN	<ol style="list-style-type: none">1. Examine and screen for other STDs and HIV as appropriate.2. Trichomoniasis found on pap smear should be confirmed with a wet mount or other reliable test.3. Treatment options include: Recommended regimens: For women: Metronidazole 500 mg bid x 7 days. No alcohol during treatment and for 48 hours after last dose. For men: Metronidazole* 2 g PO in a single dose. Alternative regimen either gender: Tinidazole 2g PO dose with food.<ol style="list-style-type: none">a. Pregnancy: 2 Gm orally in a single dose. (There may be an increase in preterm labor with treatment using metronidazole in pregnancy.b. Recommended treatment for HIV-infected patients and alternative regimen for all other non-pregnant patients: Metronidazole* 500 mg orally twice a day for 7 days



	4. Recent and current partners should receive treatment, EPT is acceptable.
CLIENT EDUCATION	<ol style="list-style-type: none">1. Provide client education handout(s) with review of symptoms, treatment options, and medication side effects. (Metronidazole - No alcohol during treatment and for 48 hours after last dose. Breastfeeding should be delayed during treatment and for 48 hours after last dose. Okay for use in pregnancy. Tinidazole is contraindicated in patients with metronidazole allergies, as there is cross sensitivity. Delay breastfeeding during treatment and for 12-24 hours after last dose. Has not been well evaluated in pregnancy)2. Metronidazole gel does not reach therapeutic levels in the urethra and perivaginal glands. Because it is less efficacious than oral metronidazole, it is not recommended for treatment of Trichomoniasis.3. 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)4. Review safer sex education, as appropriate5. Recommend client RTC in 3 months for repeat testing and if symptoms persist or reoccur, PRN
CONSULT/ REFER TO PHYSICIAN	<ol style="list-style-type: none">1. Resistant infections (for cultures)2. Multiple recurrent infections (for cultures)3. Extreme excoriation4. Clients with allergies and/or contraindications to Metronidazole/Tinidazole.5. Resistant infections or for desensitization for Metronidazole

References:

1. <https://www.cdc.gov/std/treatment-guidelines/STI-Guidelines-2021.pdf>
2. Hatcher RA, Nelson A, Trussell J, Cwiak C, Cason P, Policar MS, Edelman A, Aiken ARA, Mrazek JJ, Kowal D, eds. Contraceptive Technology. 21 edition. New York, NY: Ayer Company Publishers, Inc., 2018. pp 600-601