

# Certified Practice

## DST 909 Care and Treatment Plan: Trichomoniasis

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### Definition

Infection caused by the transmission of *Trichomonas vaginalis* (*T. vaginalis* or TV) during sexual contact in which body fluids are exchanged.

Registered Nurses with **Reproductive Health – Sexually Transmitted Infections** Certified Practice designation (RN(C)) are authorized to manage, diagnose, and treat individuals with trichomoniasis.

### Causes

Protozoan:

- *Trichomonas vaginalis*

### Predisposing Risk Factors

- Sexual contact where there is transmission through the exchange of body fluids

### Typical Findings

#### Sexual History

- Sexual contact with at least one partner
- Sexual contact with someone with confirmed positive laboratory test for STI

#### Physical Assessment

- Generally asymptomatic
- Vaginal and/or urethral irritation
- Abnormal change in vaginal discharge (frothy, whitish yellow in colour)
- Painful (dysuria) or difficult urination
- Vulvar erythema
- Cervical erythema (“strawberry cervix”)
- pH greater than (>) 4.5 (not applicable after vaginoplasty)

## Diagnostic Tests

Full STI screening is recommended. See *DST 900: Assessment and Diagnostic Guideline: STI*

Diagnostic testing is not available for men unless specifically called into the BCCDC Public Health Laboratory (BCCDC PHL) by an ordering physician or nurse practitioner (NP). For transgender clients, some laboratories in British Columbia will accept specimens if “transgender client” is indicated on the requisition. There are currently no provincial recommendations for routine trichomoniasis screening in BC. Screening should be offered to all clients with vaginal symptoms and considered in high prevalence populations.

Diagnostic tests used for trichomoniasis will depend on the lab testing platform and/or workplace guidelines and may include the following:

- Trichomoniasis NAAT vaginal swab
- Trichomoniasis NAAT urine
- Trichomoniasis C&S vaginal swab
- Trichomoniasis antigen vaginal swab
- Wet-mount microscopy

## Clinical Evaluation/Clinical Judgement

Treat all clients with confirmed trichomoniasis by positive laboratory result. May treat based on microscopy results if trichomoniasis is identified on wet mount.

## Management and Interventions

### Goals of Treatment

Treatment	Notes
<p><b>First Choice</b> Metronidazole 2g PO in a single dose</p>	<p><b>General:</b></p> <p>1. Clients treated with metronidazole 500mg PO BID for 7 days for presumptive bacterial vaginosis (BV) clinical management at the time of assessment and testing; do not require further treatment with metronidazole if the diagnostic test results are positive for trichomoniasis.</p> <p><b>Allergy and Administration:</b></p>
<p><b>Alternate Treatment</b> Metronidazole 500mg PO BID for 7 days</p>	

Treatment	Notes
	<ol style="list-style-type: none"> <li>1. Alcohol must be avoided 12 hours pre-treatment, during treatment and 24-48 hours post-treatment with metronidazole.</li> <li>2. Metronidazole 500mg PO BID for 7 days is acceptable and safe to administer in breast-/chest-feeding clients. Consult/refer for other first choice or alternate treatment recommendations in pregnant clients.</li> </ol>

## Pregnant or Breast/Chest-Feeding Clients

For clients who are pregnant, consult with or refer to physician or NP. For clients who are breast/chest-feeding, metronidazole 500mg PO BID for 7 days is acceptable and safe to administer.

## Partner Counselling and Referral

People who have confirmed laboratory test for trichomoniasis should notify all the people who may have been exposed through sexual contact in the previous 60 days. If no sexual contact in the previous 60 days, then the client should notify their last sexual contact (see *DST 901: Care and Treatment Plan - Treatment of STI Contacts*).

## Monitoring and Follow-up

Clients who continue to experience symptoms and have not been re-exposed to an untreated partner after completing treatment should be referred to a physician or NP.

## Potential Complications

- Infertility or lower sperm count in men
- Premature rupture membranes in pregnant clients

## Client Education

Counsel client regarding:

- Abstaining from sexual activity during the 7-day course of treatment or for 7 days post-single-dose therapy for clients and their contacts.

- Notification of all sexual partners within the last 60 days require treatment; testing and treatment is indicated for contacts with vaginas; if no sexual partners within the past 60 days, the last sexual partner requires follow-up for treatment and testing if appropriate.
- Appropriate use of medications (dosage, side effects, and need for re-treatment if dosage not completed, or symptoms do not resolve).
- Special precautions for taking metronidazole: avoid alcohol 12 hours prior to starting treatment, during the course of treatment and for 24-48 hours after treatment completion.
- Harm reduction (condom use significantly reduces the risk of transmission).
- Cleaning sex toys between use and using condoms if sharing sex toys.
- Benefits of routine STI screening.
- Potential complications of untreated trichomoniasis.
- Co-infection risk for HIV when another STI is present.
- The asymptomatic nature of STI.

## Consultation and/or Referral

Consult with or refer to a physician or NP for clients who:

- Are pregnant
- Are allergic to metronidazole
- Have persistent symptoms after receiving treatment with no re-exposure to untreated partner(s)
- Is unable to abstain from alcohol during recommended treatment period

## Documentation

- Trichomoniasis is not reportable
- As per agency policy

## References

More recent editions of any of the items in the References List may have been published since this DST was published. If you have a newer version, please use it.

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Stewart, C.M., Shoeman, S.A., Booth, A.R., Smith, S.D., Wilcox M.H., & Wilson, J.D. (2012). [Assessment of self-taken swabs versus clinician taken swab cultures for diagnosing gonorrhoea in women: single centre, diagnostic accuracy study](#). *BMJ*, 34, p.e8107.

van Liere, G.A.F.S., Hoebe, C.J.P.A., Wolfs, P.F.G., Dukers-Muijrs, N.H.T.M. (2014). *High co-occurrence of anorectal chlamydia with urogenital chlamydia in women visiting an STI clinic revealed by routine universal testing in an observational study: A recommendation towards a better anorectal chlamydia control in women*. *BMC infectious diseases*. 2014;14(1):274.