

BCCDC Certified Practice Decision Support Tool: Trichomoniasis

The BCCDC decision support tools (DST) aim to provide more equitable, inclusive, and affirming care for all people, particularly for sexually diverse, transgender, Two-Spirit and non-binary people. While anatomy and site-specific testing language are used throughout this document, nurses should always strive to foster safer conversations and gender-affirming care by using an individual's chosen terminology when providing STI assessment and management.

Scope

Registered Nurses with **Reproductive Health – Sexually Transmitted Infections** Certified Practice designation (RN(C)) are authorized to manage, diagnose, and treat individuals with trichomoniasis¹.

Etiology

Infection caused by transmission of the protozoan *Trichomonas vaginalis* (*T. vaginalis* or TV)².

Epidemiology

T. vaginalis is the most common cause of STI-associated vaginitis².

Risk Factors³

- Sexual contact with at least one partner where there is transmission through the exchange of body fluids
- Sexual contact with someone with confirmed positive laboratory test for STI

Clinical Presentation^{3,4}

- Generally asymptomatic
- Individuals reporting signs and symptoms of TV should be offered a pelvic exam. Refer to [BCCDC Certified Practice – Assessment and Diagnostic Guideline: Sexually Transmitted Infections](#)
- Change in normal vaginal discharge
- Painful (dysuria) or difficult urination

Physical Assessment ^{3,4}

- Vaginal discharge that is frothy, whitish-yellow or greenish-yellow in colour
- Malodourous vaginal discharge
- Vulvar erythema
- Vaginal and/or urethral irritation
- pH greater than (>) 4.5 (not applicable after vaginoplasty)
- Cervical erythema (“strawberry cervix”)
- Postcoital bleeding⁵

Diagnostic & Screening Tests ^{3, 4}

Full STI screening is recommended. See [BCCDC Certified Practice - Assessment and Diagnostic Guideline: Sexually Transmitted Infections](#).

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

- *T. vaginalis* NAAT vaginal swab
- *T. vaginalis* NAAT urine
- *T. vaginalis* C&S vaginal swab
- *T. vaginalis* antigen vaginal swab

There are currently no provincial recommendations for routine trichomoniasis screening in BC. Screening should be offered to all individuals with vaginal symptoms.

Diagnostic testing is not available for people with penile anatomy unless specifically called into the BCCDC Public Health Laboratory (BCCDC PHL) by an ordering physician or nurse practitioner (NP)¹.

Management

Diagnosis & Clinical Evaluation ^{2,4,7}

Treat all individuals with confirmed trichomoniasis by positive laboratory results.

Consultation & Referral ^{2,7}

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

- Are pregnant
- Breast/Chest feeding
- Are allergic to metronidazole
- Have persistent symptoms after receiving treatment with no re-exposure to untreated partner(s)

Treatment ^{2, 7-9}

Treatment	Notes
<p>First Choice</p> <p>Metronidazole 500 mg orally twice a day for 7 days</p>	<p>Allergy and Administration:</p> <p>1. Ingestion of alcohol is not contraindicated during metronidazole therapy. Individuals may, however, wish to avoid alcohol and alcohol-containing medications (e.g., Nyquil®) for 12 hours prior to initiating treatment, during treatment, and for 24-48 hours after treatment completion as a means to limit the risk of possible adverse side effects ^{11,12}.</p>
<p>Alternate</p> <p>Metronidazole 2 g orally in a single dose</p>	

Monitoring and Follow-up

Individuals 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.

Partner Notification

- Notification of all sexual partners within the last 60 days
- Sexual contacts within the last 60 days require treatment
- Sexual contacts within the last 60 days with vaginal/vulvar anatomy also require testing
- If no sexual partners within the last 60 days, the last sexual partner should be offered treatment
- See [BCCDC Certified Practice Decision Support Tool: Treatment of STI Contacts](#)

Potential Complications

Untreated infection with *T. Vaginalis* can lead to:

- Infertility or lower sperm count in people with external gonads⁷

- Preterm birth and premature rupture of membranes in pregnant individuals⁸

Additional Education

- Abstaining from sexual activity during the 7-day course of treatment or for 7 days post-single-dose therapy for individuals and their contacts
- [Sexually Transmitted & Blood-Borne Infections: Standard Education](#)

Documentation

- Trichomoniasis is not reportable
- As per agency policy

References

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