

This decision support tool is effective as of November 2015. For more information or to provide feedback on this or any other decision support tool, email certifiedpractice@crnbc.ca

TRICHOMONIASIS

DEFINITION

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

POTENTIAL CAUSES

Protozoan: *Trichomonas vaginalis*

PREDISPOSING RISK FACTORS

Sexual contact in which exchange of body fluid occurs in which one person is infected with *T. vaginalis*.

TYPICAL FINDINGS

Sexual Health History

- sexual contact with at least one partner
- potentially multiple partners
- sexual contact with someone with confirmed trichomoniasis

Physical Assessment

Males:

- generally asymptomatic
- urethral irritation

Females:

- frothy vaginal discharge - whitish yellow in colour
- vaginal irritation
- dysuria
- vulvar erythema

CRNBC monitors and revises the CRNBC certified practice decision support tools (DSTs) at least every four years and as necessary based on best practices. The information provided in the DSTs is considered current as of the date of publication. CRNBC-certified nurses (RN(C)s) are responsible for ensuring they refer to the most current DSTs.

The DSTs are not intended to replace the RN(C)'s professional responsibility to exercise independent clinical judgment and use evidence to support competent, ethical care. The RN(C) must consult with or refer to a physician or nurse practitioner as appropriate, or whenever a course of action deviates from the DST.

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- cervical erythema – “strawberry cervix”
- vaginal pH >4.5
- KOH whiff test (usually negative)

Diagnostic Tests

Full STI screening is recommended including vaginal specimen collection for women

Males:

Diagnostic testing is not recommended for men.

Females:

A speculum exam should be performed on female clients to rule out mucopurulent cervicitis. Collect secretions via swab from vaginal wall and cervix. Diagnostic tests used for *T. vaginalis* will depend on the lab testing platform and/or workplace guidelines and may include:

- *T. vaginalis* (Trichomonas) nucleic acid test (NAT)
- wet-mount microscopy where available
- *T. vaginalis* antigen detection
- Vaginal C&S
- culture for *T. vaginalis*
- assessment of vaginal pH
- KOH whiff test

Notes:

1. If the client is not having a speculum exam, the nurse may collect a *blind swab* by inserting the swab into the vaginal canal to collect secretions for assessment. This method can also be used to assess vaginal pH and whiff test.
2. If the client declines a physical assessment or physical assessment is not possible when vaginal symptoms have been indicated, self collection via vaginal swab may be offered as an alternative.
3. The KOH whiff test involves adding 10% KOH solution (not exceeding .5ml) to collected vaginal secretions and briefly sniffing (1-2 seconds) the vapour to assess for an amine odour. Detection of an amine odour constitutes a positive whiff test.
4. For more information on KOH Whiff testing see: [Safe Use of 10% Potassium Hydroxide in STI Screening](#) located in the BCCDC Communicable Disease (CD) Manual Chapter 5 Sexually Transmitted Infections (see link in references section).

CLINICAL EVALUATION

- treat all clients with positive laboratory result for *T. vaginalis*
- may treat from microscopy results if *T. vaginalis* is identified on wet-mount
- treat all persons identified as sexual contacts to a client who has a confirmed diagnosis of trichomoniasis
- testing is only available for female partners

MANAGEMENT AND INTERVENTIONS

Goals of Treatment

- treatment of *T. vaginalis*
- prevent complications
- prevent the spread of infection

TREATMENT OF CHOICE

First Choice:

metronidazole 2 gm po in a single dose

Second Choice:

metronidazole 500 mg po bid for 7 days

Note:

1. Alcohol must be avoided 12 hours pre-treatment, during treatment and 24 – 48 hours post-treatment with metronidazole.
2. Clients treated with metronidazole 500 mg 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.

ALTERNATE TREATMENT

Refer to physician or nurse practitioner

PREGNANT OR BREASTFEEDING

For all clients who are pregnant or breastfeeding consult/refer to physician or nurse practitioner (NP)

PARTNER COUNSELLING AND REFERRAL

Counsel clients to notify people who may have been exposed through sexual contact within the previous 60 days that they require treatment. Testing is only available for women.

MONITORING AND FOLLOW UP

Follow up (e.g. repeat testing) is unnecessary for clients who are asymptomatic after receiving treatment or who are asymptomatic before receiving treatment.

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 for alternate treatment.

POTENTIAL COMPLICATIONS

- may be associated with infertility or lower sperm count in men
- is associated with an increased risk of HIV acquisition
- is associated with premature rupture membranes in pregnant women

CLIENT EDUCATION

Counsel client:

- to abstain from sexual activity during the 7 day course of treatment or for 7 days post single dose therapy for clients and their contacts
- that all female sexual partners within the last 60 days should receive testing and treatment
- that all male sexual partners within the last 60 days require treatment only
- that if no sexual partners within the past 60 days, the last sexual partner should receive treatment
- regarding special precautions for taking metronidazole: avoid alcohol 12 hours prior to and 24 – 48 hours after treatment
- regarding appropriate use of medications (dosage, side effects and need for re-treatment if medication is taken incorrectly)
- regarding harm reduction (condom use significantly reduces the risk of transmission)
- regarding the benefits of routine STI and HIV screening
- that co-infection risk for HIV acquisition is high when trichomoniasis is present
- that trichomoniasis is most often asymptomatic, especially in men and that diagnostic testing is not recommended for men

CONSULTATION AND/OR REFERRAL

Clients should be referred to a physician or nurse practitioner if the client is:

- pregnant or breastfeeding
- allergic to metronidazole
- experiencing persistent symptoms after receiving treatment with no re-exposure to untreated partner(s)
- unable to avoid alcohol use or alcohol containing medications for the duration of antibiotic treatment

DOCUMENTATION

- infection is not reportable
- as per agency policy

REFERENCES

For help obtaining any of the items on this list, please contact CRNBC Helen Randal Library at circdesk@crnbc.ca

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

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