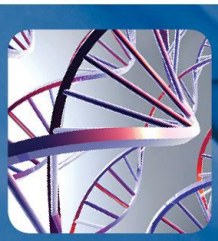




Trichomonas vaginalis—information sheet

What is *Trichomonas vaginalis?*

Trichomonas vaginalis (TV) is a protozoan parasite, and the cause of a common sexually transmitted infection (STI).

How does it present?

Up to 50% of females and the majority of males are asymptomatic. Symptomatic females usually present with vaginal symptoms—malodorous vaginal discharge, which is classically described as profuse and frothy, and vulval irritation and inflammation. Males may present with symptoms of urethritis—urethral discharge and dysuria.

Why test?

Infection can be complicated by pelvic inflammatory disease and prostatitis, resulting in suboptimal fertility. Obstetric complications may occur; premature rupture of the membranes, pre-term delivery, low birth weight and postpartum sepsis. Importantly, patients with *TV* infection are at increased risk of HIV acquisition and transmission.

Who to consider testing?

Symptomatic patients: Vaginal discharge, vaginitis, urethritis.

Asymptomatic patients: High risk patients for STI including due to occupation, origin or high risk behaviours.

Exposed patients: Identified on contact tracing or who have tested positive for another STI.

How to test?

TV infection has previously been underappreciated due to limitations in the sensitivity of previous diagnostic methods, wet mounts and culture. Due to the excellent sensitivity and specificity of nucleic acid amplification testing, PCR is now the test method of choice. The preferred specimen type is a high vaginal swab for females, and a first catch urine for males. The specimen can be self or clinician collected. Testing can be performed on the same swabs, urine samples or ThinPrep specimens as collected for *Chlamydia trachomatis* and *Neisseria gonorrhoeae.*

What other STI testing should I consider?

Please note that the other important sexually transmitted infections of *C. trachomatis* and *N. gonorrhoeae* can be simultaneously tested and detected on the same specimen collected for *TV* testing. It is important to consider HIV and syphilis serology testing.

What is the treatment for *TV*?

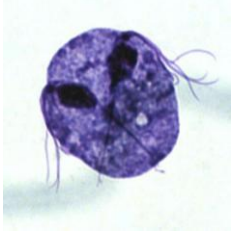
Metronidazole (2g PO with food stat) is the recommended drug of choice. It is important to counsel the patient against alcohol for 24 hours after treatment due to interaction with metronidazole causing adverse effects. Treatment failures generally occur due to reinfection and poor adherence. Although metronidazole resistance has been reported, resistance is thought to be uncommon. To prevent transmission, it is important that patients are advised against sexual contact for 7 days after treatment.

Australian STI management guidelines recommend empirically treating the current sexual partner and contact tracing of previous sexual partners. It is recommended that specialist advice is sought, if the patient has a complicated infection, the patient is pregnant or if the patient cannot receive or is not responding to the metronidazole therapy.

When should I retest?

A test of cure is not recommended. For patients who remain symptomatic or where partner treatment remains uncertain, PCR retesting should be performed after 4-6 weeks. Retesting earlier than 4 weeks may result in false positive results due to detection of non-viable *TV*.

Image[i]**:** *Trichomonas vaginalis* (Mastigophora) longitudinal binary fission.



[i] Image reference: http://www.k-state.edu/parasitology/625tutorials/Protozoa01.html; Original photograph by S. J. Upton