

Vaginal discharge in a child (vulvovaginitis)

V2.1	Last reviewed: 19/01/2023	Review date: 31/01/2026
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GENITAL TRACT INFECTIONS

Vaginal Discharge in a Child (Vulvovaginitis)

Organisms

- Streptococcus pyogenes (Group A streptococcus)
- Haemophilus influenza
- Streptococcus pneumoniae
- Candida

A vulval swab (Amies charcoal bacterial swab) should be sent to confirm the diagnosis. The possibility of an underlying cause should be considered, e.g., foreign body, [vaginal candidiasis](#), [recurrent UTI](#), or [threadworms](#) travelling from the anus.

Screening for STIs may be indicated, especially for gonorrhoea. For legal reasons, first, seek specialist Paediatrician/Safeguarding advice if this is suspected.

Treat if the swab is positive or if there is a high suspicion of infection:

Drug	Dose	Duration of Treatment
Amoxicillin	Child 1mth-11mth: 125mg three times a day 1-4yrs:250 mg three times a day >5yrs: 500 mg three times a day	5 days

Resources

- [Vulvovaginitis in Children – Parent Information](#)
- [Vulvovaginitis in girls – Parent Information](#)
- [Vaginal discharge - NHS](#)

Vaginal Discharge in a Child			
Version	Author(s)	Date	
V1.1	Karen Robinson, Interface Pharmacy Technician	19.07.21	Updated the children's doses, in line with British National Formulary for children, Sept 20-21
V2.1	Shary Walker, Interface and Formulary Pharmacist	22.12.22	1. Added & linked to other possible underlying causes. 2. Candida was added as a potential causative organism. 3. Resources links added.