

GENITAL TRACT INFECTIONS

Trichomoniasis

Referral to specialist Sexual Health Services is strongly recommended for management, contact tracing, and partner notification of patients with confirmed trichomoniasis. Treatment in primary care should only be considered if the patient declines referral or referral is not possible. Treatment is also recommended for current sexual partner(s) and any sexual partner within the 4 weeks prior to presentation.

Full screening for sexually transmitted infections (STIs) is strongly recommended, as concurrent infection is present in up to 30% of patients.

Treatment is recommended for all symptomatic patients.

Treatment is recommended for asymptomatic men and women who are not pregnant.

For asymptomatic pregnant women: Seek specialist advice from a Sexual Health Services specialist.

Current sexual partner(s) should be treated simultaneously. Advise sexual abstinence for at least 1 week and until the patient and their partner(s) have completed treatment.

Medication	Dose	Duration of Treatment
Metronidazole <i>(Seek advice from Sexual Health Services specialist if the person has a confirmed metronidazole allergy)</i>	Recommended regimen: 400 mg twice a day	7 days
	Alternative regimen (if compliance is suspected to be an issue): 2g*	Single dose

* In pregnancy or breastfeeding, 2g single dose metronidazole is NOT recommended.

- **Provide a detailed explanation including written information on the diagnosis of trichomoniasis as an STI**, including information on possible complications and measures to reduce the risk of further STIs. Patient information is available from:
 - The NHS website: [Trichomoniasis](#).
 - The British Association for Sexual Health and HIV (BASHH) '[Trichomonas Vaginalis](#)'.

Persistent or recurrent trichomoniasis is due to inadequate therapy, reinfection, or resistance.

If symptoms persist or recur after the [first-line treatment](#) is completed, the person should be referred to a Sexual Health Services clinic or other local specialist Sexual Health Services ([Sexual Health Services Nottingham and Nottinghamshire](#)). If this is declined or not possible:

- **Check adherence to the first-line treatment and exclude vomiting of metronidazole.**
- **Exclude the possibility of reinfection.** Check that current partner(s) have been treated appropriately and simultaneously.
- **Reconsider the diagnosis.** Ensure other causes of symptoms have been excluded, including screening for other STIs. Repeat testing for trichomoniasis may be considered no sooner than 48h after completion of initial treatment.

Accessibility checked. Contains tables which may not be accessible to screen readers.
