

GENITAL TRACT INFECTIONS

Bacterial Vaginosis

Bacterial vaginosis (BV) is a dysbiosis of the vagina, characterized by an overgrowth of predominantly anaerobic organisms, such as *Gardnerella vaginalis*, *Prevotella* species, *Mycoplasma hominis*, and *Mobiluncus* species) and a loss of lactobacilli. The vagina loses its normal acidity, and vaginal pH increases to greater than 4.5.

BV is not generally regarded as a sexually transmitted infection; however, the prevalence is higher amongst sexually active women (than non-sexually active women).

This condition is often characterised by a fishy-smelling profuse thin, grey or white vaginal discharge caused by an alteration in the vaginal bacterial flora. Bacterial vaginosis is not usually associated with soreness, itching, or irritation. If these symptoms are present, consider [trichomoniasis](#) or [candidiasis](#).

Examination and investigation

In **women with characteristic symptoms** of bacterial vaginosis, examination and further tests may be omitted, and **empirical treatment started if all the following apply:**

- ✓ The woman is at low risk of an sexually transmitted infection (STI).
- ✓ The woman does not have symptoms of other conditions.
- ✓ Symptoms have not developed pre- or post-gynaecological procedure.
- ✓ The woman is not postnatal or post-miscarriage.
- ✓ The woman is not pre- or post-termination of pregnancy.
- ✓ This is the first episode of suspected bacterial vaginosis, or if recurrent, a previous episode of recognisably similar symptoms was previously diagnosed as bacterial vaginosis following examination.
- ✓ The woman is not pregnant.

Refer women who are at high risk of STIs to the Sexual Health Services (SHS) to facilitate screening for infections and partner notification.

Risk factors for STIs include: Age <25 years, no condom use, recent (<12 months) or frequent change of sexual partner or a history of STI previously.

If pH testing is available (using narrow-range pH paper – pH 3.8-5.5; urine pH dipsticks are not suitable) a pH of >4.5 is suggestive of the diagnosis of BV. Be aware that the presence of blood or semen in the vagina, or inadvertently testing cervical rather than vaginal pH, can artificially raise the pH result.

If the diagnosis cannot be confirmed through history, examination and pH testing, a high vaginal swab should be taken during the examination and the sample sent to the laboratory for Gram staining/microscopy and culture.

Home swabbing is not recommended.

Treatment for asymptomatic women:

- BV may be incidentally found on microscopy of a high vaginal swab (HVS); approximately 50% of women with BV are asymptomatic.
- **Non-pregnant women with asymptomatic bacterial vaginosis do not usually require treatment.**
- For pregnant women who are asymptomatic, discuss with an obstetrician whether treatment is appropriate.

(See treatment table on page 2)

Treatment for symptomatic women (including pregnancy and breastfeeding):

Treating partners does not reduce relapse.

Medication	Dose	Duration of Treatment	Comments
Treatment of Choice			
Oral Metronidazole	400mg twice a day	5 days	Metronidazole vaginal gel not licensed for use in children under 18 years.
	Or 2g*	Single dose	
Alternative			
Metronidazole 0.75% vaginal gel	5g applicatorful at night	5 nights	
Or Clindamycin 2% cream	5g applicatorful at night	7 nights	

***Avoid the metronidazole 2g single dose during pregnancy & breastfeeding.**

The topical treatment gives similar cure rates but is more expensive.

A 5 days course of oral metronidazole is slightly more effective than a 2g single dose.

Patient information leaflets and other resources:

[Bacterial vaginosis – British Association for Sexual Health & HIV](#)

[Bacterial vaginosis – BMJ Best Practice](#) (log-in required)

[Bacterial vaginosis – NHS](#)

[Examination and investigations – NICE CKS](#)

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