

### TEST IF:

- Female with vaginal and vulval symptoms
- Female with evidence of vulvitis and/or vaginitis, "scalded skin" or napkin-distribution dermatitis on examination
- Sexual contacts of trichomoniasis
- Males with persistent urethritis

### RECOMMENDED TESTS

Testing for trichomoniasis varies regionally with some laboratories offering NAAT (e.g. PCR) testing on the chlamydia & gonorrhoea swab

- It is recommended to test for co-existing STIs (see Sexual Health Check guideline [www.nzshs.org/guidelines](http://www.nzshs.org/guidelines))

#### Female:

- If NAAT available, vulvovaginal NAAT swab for trichomoniasis, chlamydia & gonorrhoea testing
- If NAAT not available, high vaginal culture swab for testing for trichomoniasis plus vulvovaginal NAAT swab for chlamydia & gonorrhoea
- Additional anorectal NAAT swab for chlamydia & gonorrhoea testing as indicated based on sexual history

#### Asymptomatic male contacts:

- Full sexual health check (see Sexual Health Check guideline [www.nzshs.org/guidelines](http://www.nzshs.org/guidelines)) including first void urine (first 30ml), preferably  $\geq 1$  hour after last void for trichomoniasis testing by NAAT if available locally
- Treat empirically for trichomoniasis
- Male contacts with dysuria or discharge (see Urethritis in Males guideline [www.nzshs.org/guidelines](http://www.nzshs.org/guidelines))

#### Symptomatic male contacts:

- See Urethritis in Men guideline [www.nzshs.org/guidelines](http://www.nzshs.org/guidelines)

**Treat immediately if trichomoniasis is clinically suspected or if a sexual contact of trichomoniasis.**

- Start treatment for patient and sexual contact/s, without waiting for lab results

### MANAGEMENT

- Metronidazole 2g po stat (pregnancy category B2) OR
- Ornidazole 1.5g po stat (not recommended in pregnancy) OR
- Metronidazole 400mg po twice daily for 7 days
- Refer full guideline ([www.nzshs.org/guidelines](http://www.nzshs.org/guidelines)) if breastfeeding
- Advise to abstain from sex or use condoms for 1 week from the start of treatment and until 1 week after sexual contact/s have been treated
- Advise to abstain from alcohol for duration of treatment and for at least 24 hours after completion of treatment (72 hours for ornidazole)

### PARTNER NOTIFICATION AND MANAGEMENT OF SEXUAL CONTACTS

- Be clear about language: 'partner' implies relationship – all sexual contacts in the last 3 months should be notified
- Male contacts should be treated empirically as testing for trichomoniasis is not available outside specialist services
- Contact/s should have a sexual health check and treatment for trichomoniasis, without waiting for test results
- If contacts test positive for an STI, refer to specific guideline [www.nzshs.org/guidelines](http://www.nzshs.org/guidelines)
- Advise contacts to abstain from sex or use condoms for 1 week from the start of treatment and until results of tests are available
- Most choose to tell contacts themselves; giving written information is helpful
- Notifying all contacts may not be possible, e.g. if there insufficient information or a threat of violence

### FOLLOW-UP (PHONE OR IN PERSON) 1 WEEK LATER

- Any unprotected sex in last week?
- Completed/tolerated medication?
- All notifiable contacts informed?
- Any risk of re-infection? Re-treatment necessary if re-exposed to untreated contact
- Check other STI test results and treat if positive (refer to specific guidelines [www.nzshs.org/guidelines](http://www.nzshs.org/guidelines))
- Test of cure only needed if symptoms don't resolve
- Refer suspected treatment failures to a sexual health specialist
- Offer repeat sexual health check in 3 months

*The Ministry of Health supports the use of these clinical guidelines, developed by clinical experts and professional associations to guide clinical care.*

Further guideline information – [www.nzshs.org/guidelines](http://www.nzshs.org/guidelines) or phone a sexual health specialist.

This STI Management Guideline Summary has been produced by NZSHS. Every effort has been taken to ensure that the information in this guideline is correct at the time of publishing (September 2017).