

UNIVERSITY STUDENT HEALTH SERVICES • Fact Sheet

TRICHOMONIASIS**WHAT IS IT?**

Trichomoniasis is a sexually transmitted infection (STI) caused by a one-celled protozoan called *Trichomonas vaginalis*. The CDC estimates that in 2018, there were more than 2 million cases in the United States. Women are more often affected than men.

HOW IS IT TRANSMITTED?

Trichomoniasis is an infection that only develops in the urogenital tract, primarily the vagina or urethra. It is transmitted sexually through penis-to-vagina intercourse or from vagina to vagina.

The likelihood of transmitting the disease outside of sexual contact is extremely low. Although *Trichomonas* has been reported to survive on fomites (inanimate objects like wet towels, washcloths, bathing suits, etc.), fomites have not been proven to play a role in spreading infection.

HOW LONG DOES IT TAKE FOR SYMPTOMS TO APPEAR?

Trichomonas can lie dormant in the body for a long period of time before causing symptoms. However, most individuals develop symptoms within 5-28 days of exposure.

WHAT ARE THE SYMPTOMS?

About 70% of those infected do not have any signs or symptoms. Women are more likely to have symptoms than men. Symptoms can range from mild to severe and may be intermittent. Those with no symptoms can still pass the infection to a partner.

- ❖ **Women** with symptoms may experience:
 - Vaginal discharge that is classically profuse and watery. It may be yellow/green and have an unpleasant “fishy” odor.
 - Vaginal irritation and itching that can be mild to severe.
 - Pain with urination and increased urinary frequency.
 - Pain and/or bleeding with intercourse.
 - Worsening of symptoms during or immediately after menses.

- ❖ **Men** usually do not have symptoms at all.
 - Most men seek treatment because their female partners have been diagnosed with trichomoniasis.
 - Even if the man does not have symptoms, it is still important for him to receive treatment.

If a man does have symptoms, they may include:

- Burning after urination or ejaculation.
- Penile discharge (usually in small amounts).
- Itching or irritation in the penis.

Symptoms in men are usually due to urethritis (inflammation of the urinary tube that connects the bladder to the outside of the body). However, trichomoniasis is an uncommon cause of urethritis. Most cases of urethritis are due to gonorrhea, chlamydia, or other types of bacteria.

WHAT ARE POSSIBLE COMPLICATIONS?

- Trichomoniasis during pregnancy can lead to premature birth as well as low birth weight babies.
- Other STIs such as gonorrhea, chlamydia, or syphilis often accompany trichomoniasis; they can cause serious complications, such as pelvic inflammatory disease (PID) and infertility in women.
- Trichomoniasis has also been associated with epididymitis, prostatitis, prostate cancer, and infertility in men.
- Trichomoniasis increases the risk of transmitting and/or acquiring HIV infection. Therefore, it is very important that you and your sexual partner(s) get tested for HIV and other STIs if you have been diagnosed with trichomoniasis.

HOW IS IT DIAGNOSED?

- ❖ **Women** usually require a pelvic exam for an accurate diagnosis.
 - A sample of vaginal discharge will be taken and examined under the microscope.
 - If *Trichomonas* organisms are not identified with the microscopic exam, other tests may be ordered.
 - Small red ulcerations may be seen on the vagina and cervix.
 - Trichomoniasis is also sometimes incidentally identified on a routine Pap smear, which is a screening test for cervical cancer.
- ❖ **Men** with trichomoniasis generally have small numbers of the organism. Therefore, it can be difficult to identify *Trichomonas* by a microscopic examination. Other tests of the urine or penile discharge are usually necessary.

HOW OFTEN SHOULD I GET STI TESTING?

If you are sexually active and have no symptoms, you should get an STI screen once a year. More frequent screening is recommended if you have multiple partners or engage in other higher-risk behaviors. However, if you think you have an STI or have been exposed, seek medical evaluation as soon as possible.

HOW IS IT TREATED?

Treatment of trichomoniasis is recommended for both symptomatic and asymptomatic patients. Untreated infections may last months to years.

- ❖ **Metronidazole (Flagyl)** is the antimicrobial drug most commonly used for treatment.
 - In men, the recommended regimen is metronidazole given as a single dose (four 500mg tablets taken by mouth at one time).
 - In women, the preferred dosing is metronidazole 500mg taken by mouth twice daily for 7 days. Studies show lower cure rates in women treated with a single dose regimen. However, the single dose option is a reasonable alternative in patients unable to complete the 7-day regimen.
- ❖ **Tinidazole (Tindamax)** is another effective treatment option.
 - It has the same dosing regimens as metronidazole.
 - Tinidazole has fewer side effects but is more expensive.

WHAT ARE POSSIBLE MEDICATION SIDE EFFECTS?

- ❖ It is best to avoid alcohol WHILE taking metronidazole or tinidazole. Alcohol should also be avoided for 72 hours AFTER finishing these medications.
 - Drinking alcohol with these medications can cause severe nausea, vomiting, headache, and flushing.
 - These medications interfere with the metabolism of alcohol. Even the small amount of alcohol present in many cough syrups can cause significant side effects.
- ❖ Some patients taking metronidazole complain of an unpleasant metallic taste, and about 10% of patients complain of nausea. Taking metronidazole with food may decrease these side effects.

DO SEXUAL PARTNERS NEED TREATMENT?

Yes, all sexual partners should be treated even if they have no symptoms.

- A single dose treatment regimen is recommended to increase compliance.
- Do NOT have sexual contact until symptoms have resolved AND it has been at least 7 days after you and your partner(s) have completed treatment.

DO I NEED TO GET RETESTED?

It is recommended that all women treated for a documented *Trichomonas* infection get repeat testing 2 weeks to 3 months after completing treatment due to the high risk of reinfection.

HOW CAN I PROTECT MYSELF AGAINST INFECTION?

- Use latex barriers (condoms, dental dams, finger cots) consistently. The best way to prevent trichomoniasis is using a latex barrier from the beginning to the end of skin contact. Substitute a polyurethane condom if either you or your partner is sensitive to latex. Read our fact sheet "Safer Sex and Condom Use" for more information.
- Know your partner. Share your sexual history with each other, and consider STI testing before becoming intimate. Avoid sex with casual partners or strangers.
- Limit your number of partners. The more partners you have, the higher the risk of getting an STI.

RECOMMENDED WEBSITES: www.cdc.gov, www.ashasexualhealth.org

UNIVERSITY STUDENT HEALTH SERVICES
(804) 828-8828, Monroe Park Campus
(804) 828-9220, MCV Campus

The person giving you this notification has been treated for TRICHOMONIASIS, a sexually transmitted infection.

1. Even if you do not have any signs or symptoms, you need to be examined and treated.
2. You should see your healthcare provider or go to the public health department at once.
3. When you go, show this card to your healthcare provider so that you can be properly tested and treated.

.....

Dear Healthcare Provider:

The person presenting this notification has been told that he/she has been exposed to trichomonas.

The Center for Disease Control recommends the following for the treatment of trichomoniasis:

Preferred Regimens:

Metronidazole 2000mg orally in a single dose or
Tinidazole 2000mg orally in a single dose

Alternate Regimen:

Metronidazole 500mg orally twice a day for 7 days

If you have any questions, please call VCU Student Health Services at the numbers listed above or your local health department.

Thank you for your cooperation.