TRICHOMONIASIS

WHAT IS IT?
Trichomoniasis is a sexually transmitted infection (STI) caused by a one-celled protozoan called *Trichomonas vaginalis*. In the United States, an estimated 3.7 million people have trichomoniasis. Women are more often affected than men.

HOW IS IT TRANSMITTED?
Trichomoniasis is a very specific 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 4-28 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.

Women with symptoms may experience:
- Vaginal discharge that is classically profuse and watery. It may be yellow/green and have an unpleasant 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:
- Frequent and/or painful urination.
- Penile discharge (usually in small amounts).
- Mild itching or burning in the penis after sex.

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 can cause 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 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.

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 discharge are usually necessary.

HOW IS IT TREATED?

Treatment 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.
- The usual treatment is a single dose of metronidazole (four 500mg tablets taken by mouth at one time), which is about 90% effective.
- If single-dose treatment doesn’t work, metronidazole 500mg may be taken by mouth twice a day for 7 days.

Tinidazole (Tindamax) is another effective treatment option. It is also taken as a single oral dose (four 500mg tablets taken by mouth at one time). Tinidazole has fewer side effects but is more expensive.

WHAT ARE POSSIBLE MEDICATION SIDE EFFECTS?

It is very important to avoid alcohol WHILE taking metronidazole or tinidazole. Alcohol should also be avoided for 24 hours AFTER finishing metronidazole and for 72 hours AFTER finishing tinidazole.
- 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 the metronidazole with food may decrease these side effects.

DO SEXUAL PARTNERS NEED TREATMENT?

- All sexual partners should be treated even if they have no symptoms.
- Do NOT have sexual contact until symptoms have resolved AND it has been at least seven 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?

The best way to prevent trichomoniiasis in sexually active individuals is to use condoms correctly and consistently, from the beginning to the end of skin contact. If you or your partner is sensitive to latex, substitute a polyurethane condom. Read our fact sheet “Condoms & Other Barrier Methods” for more information.

Other guidelines for STI prevention include the following:
- Know your partner. Avoid sex with casual partners or strangers. Ask your partner about his or her sexual history before becoming intimate, and be prepared to share your history as well.
- Limit your number of partners. The more partners you have, the higher the risk of getting an STI.
- Get regular STI screening. Screening tests are used to detect infections in people without symptoms. STI screening is recommended once a year if you are sexually active and more often if you have multiple partners or engage in other higher-risk behaviors. Testing can prevent STI exposure if both partners are screened before becoming sexually intimate. However, if you have think you have an STI or have been exposed, seek medical evaluation as soon as possible.


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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.