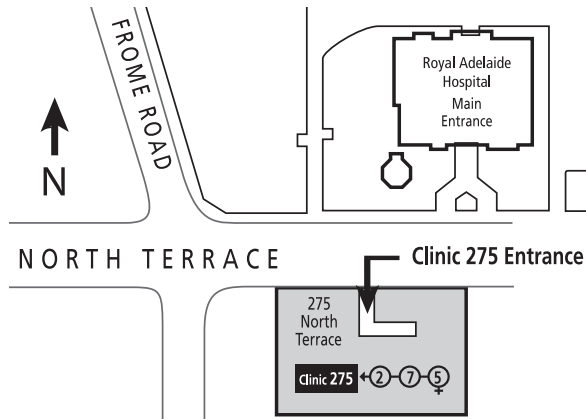


Disclaimer

The information contained within this publication is for general information only. Readers should always seek independent, professional advice where appropriate. Royal Adelaide Hospital will not accept any liability for any loss or damage arising from reliance upon any information in this publication.

Please refer any questions about this information to your treating medical officer and/or nursing staff.

Location



For more information

STD Services web site:
www.stdservices.on.net/std/trichomoniasis

Email: std.services@health.sa.gov.au

Monday, Thursday and Friday
10am – 4.30pm

Tuesday and Wednesday
11am – 6.30pm

1st floor, 275 North Terrace
Adelaide 5000

Telephone: 8222 5075

Toll free country call: 1800 806 490

Non-English speaking: for information in languages other than English, call the Interpreting and Translating Centre on (08) 8226 1990 and ask them to call the Royal Adelaide Hospital. This service is free.

© Department of Health, Government of South Australia.
All rights reserved. RAH.07.09.153

Trichomoniasis

No appointment necessary
Free and confidential advice, testing and
treatment for all STDs including HIV/AIDS

Trichomoniasis

Trichomoniasis ('Trich') is a genital infection caused by the organism *Trichomonas vaginalis*. It is mainly detected in women and is rarely diagnosed in men.

In South Australia, trichomoniasis is a relatively unusual condition. It is found more often in Aboriginal women or women who have recently had sex outside Australia.

Symptoms

The symptoms of trichomoniasis vary widely.

In women, infection may produce a discharge from the vagina that may be yellow-green in colour and foul smelling. Itching and burning may also be present.

Many women are infected without symptoms.

Men usually do not have symptoms and act as carriers of the infection. However in some cases men may experience a discharge from the penis and discomfort when passing urine.

Transmission

The infection is caught by having sexual intercourse with an infected person.

Non-sexual transmission is thought to be rare. However, there is evidence that *Trichomonas vaginalis* can survive for short periods on toilet seats and in bath water.

Occasionally, trichomoniasis may recur after the initial infection has been treated.

Diagnosis

To diagnose trichomoniasis, a doctor must perform a vaginal examination and take a swab from the vagina. The doctor then smears the swab on to a slide that is examined in the laboratory under a microscope.

At Clinic 275, if *Trichomonas vaginalis* is present, can be diagnosed 'on the spot'.

The organism is difficult to isolate from men and diagnosis can therefore be uncertain.

If there is a discharge from the penis, a swab can be sent to the laboratory for microscopic examination. Otherwise, a specimen of urine is collected.

Treatment

Treatment is with antibiotic tablets, either tinidazole (Fasigyn) which is taken as a single large dose, or metronidazole (Flagyl), which is taken for five days. Topical creams are not recommended.

Notes on metronidazole and tinidazole

Do not take tinidazole if you are pregnant or breastfeeding.

Metronidazole or tinidazole may cause nausea or an upset stomach. You can reduce these side effects by taking the tablets after meals.

Avoid alcohol during treatment and for three days afterwards, or a severe hangover may result.

Some people experience an unpleasant taste in the mouth when taking metronidazole. This disappears soon after the treatment is completed.

Follow-up

After treatment, you should return to the clinic in one week for another test. Do not have sex until this test demonstrates that the condition has been cured.

Regular sexual partners should also be tested and treated to prevent reinfection. Do not have intercourse until a week after both of you have been treated.