

Aotearoa New Zealand STI Management Guidelines for Use in Primary Care

Vaginal discharge

Overview

- Vaginal discharge is a common complaint
- Vaginal discharge consists of cervical mucous, vaginal transudate, vaginal epithelial cells and vaginal flora
- The most common cause of vaginal discharge in people of reproductive age is normal physiological discharge
- Consider other causes with history, examination and investigations

Cause

Bacterial vaginosis

Vulvovaginal candidiasis

Sexually transmitted infections

- *Chlamydia trachomatis*
- *Neisseria gonorrhoeae*
- *Trichomonas vaginalis*
- Herpes simplex virus (HSV) (cervical infection)

Non-infectious causes

- Hormonal contraception, physiological, cervical ectropion and cervical polyps
- Foreign body (e.g. retained tampon)

- Atrophic vaginitis in lactating and postmenopausal women or women on hormonal contraception e.g. hormone releasing intrauterine device (IUD), Mirena, Depo-Provera or more rarely combined oral contraception
- Desquamative inflammatory vaginitis (DIV) or aerobic vaginitis

Rare

- Bacterial vaginitis e.g. streptococcal or staphylococcal
- Cervical malignancy

Clinical presentation

Symptoms

- Volume of discharge
- Change in characteristics e.g. yellow, green or white, curd-like, frothy
- Odour – fishy smelling, malodorous
- Associated vulval symptoms – itching, tenderness, rash
- Other relevant symptoms – abnormal vaginal bleeding, dyspareunia, pelvic pain may indicate pelvic inflammatory disease (PID)

Indications for testing

- Change from usual vaginal discharge

Recommended tests

- Examination recommended, including inspection of external genitalia, speculum examination of cervix and vagina, and bimanual palpation (if indicated)
- Specifically, examine for:
 - Characteristics of discharge (colour, consistency, distribution, volume and odour)
 - Cervicitis
 - Vaginitis
 - Vulvitis
 - Ulceration

- Signs of PID
- foreign body (e.g. tampon or condom)

Investigations

- As per sexual health check guideline

Management

- Syndromic management of vaginal discharge described below
- Refer to appropriate guideline if results known.

Examination findings	Treatment
Vulvovaginitis Thick white curd-like discharge Itching and tenderness	<ul style="list-style-type: none"> · Presumptive vulvovaginal <u>candidiasis</u> · Clotrimazole 2% vaginal cream 3-day course · OR clotrimazole 1% vaginal cream 6 nights (preferred regimen for pregnancy as less likely to respond to shorter course) · OR fluconazole 150 mg orally, as a single dose (not in pregnancy)
Fishy smelling white or grey adherent discharge NO vulvovaginitis	<ul style="list-style-type: none"> · Presumptive <u>bacterial vaginosis</u> · Metronidazole 400 mg orally, twice daily for 7 days (preferred regimen for pregnancy) · OR metronidazole 2 g orally, as a single dose if adherence an issue (less effective)
Offensive purulent frothy discharge +/- vulvovaginitis	<ul style="list-style-type: none"> · Presumptive <u>trichomoniasis</u> · Metronidazole 400 mg orally, twice daily for 7 days (preferred regimen for pregnancy) · OR metronidazole 2 g orally, as a single dose

Special situations

Situation	Recommendation
Foreign body/retained tampon	<p>Remove foreign body</p> <p>Metronidazole 400 mg orally, twice daily for 7 days</p> <p>May cause a discharge similar to bacterial vaginosis, and there may often be cervicitis if present for some time</p>

Peri or postmenopausal women	<p>Consider vaginal oestrogen cream for symptomatic women with negative tests</p> <p>Note: <u>Bacterial vaginosis</u> may be reported in this setting due to the altered microbiome of menopause, and topical oestrogen may be used as treatment</p>
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- Treat initially empirically as above, and then based on results when they become available
- More than one pathology may be present e.g. bacterial vaginosis and vulvovaginal candidiasis
- If sexually transmitted infection (STI) suspected, advise no unprotected sexual intercourse until results available
- Vaginal creams can damage latex condoms

Partner notification and management of sexual contacts

- Contact tracing is only required for STIs – see appropriate guideline

Follow up

<ul style="list-style-type: none"> • Not required if tests negative, and symptoms resolve • If test positive, refer to appropriate guideline
<p>Test of cure</p> <ul style="list-style-type: none"> • Refer to appropriate guideline if test positive
<p>Retesting</p> <ul style="list-style-type: none"> • Refer to appropriate guideline if test positive

Indications for specialist referral

Referral to or discussion with a sexual health specialist is recommended for:

- Persistent or recurrent vaginal discharge
- Lack of response to appropriate treatment
- Complicated clinical situations for further management

Auditable outcomes

Useful patient resources

What's going on down there

Endorsement: These guidelines have been endorsed by the Blood Borne Viruses and Sexually Transmitted Infections Standing Committee (BBVSS).

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