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	· Presumptive vulvovaginal candidiasis · 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	· Presumptive bacterial vaginosis · 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	· Presumptive trichomoniasis · 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	Remove foreign body Metronidazole 400 mg orally, twice daily for 7 days May cause a discharge similar to bacterial vaginosis, and there may often be cervicitis if present for some time

Peri or postmenopausal women	Consider vaginal oestrogen cream for symptomatic women with negative tests Note: Bacterial vaginosis may be reported in this setting due to the altered microbiome of menopause, and topical oestrogen may be used as treatment

- 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

• Not required if tests negative, and symptoms resolve • If test positive, refer to appropriate guideline
Test of cure • Refer to appropriate guideline if test positive
Retesting • 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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