

Trichomoniasis in Nonpregnant Adolescents and Adults – Clinician Guide



Background¹

- *Trichomoniasis vaginalis* is the most prevalent nonviral sexually transmitted infection (STI).
- Infects 2.6 million people in the United States yearly. Not a reportable disease.
- Most patients (70%) have no symptoms.
- Men may have symptoms of urethritis, epididymitis, or prostatitis.
- Women may have symptoms including vaginal discharge (diffuse, malodorous, or yellow-green) or vulvar irritation.
- Readily passed between sex partners during penile-vaginal sex, or transmission of vaginal fluids or fomites among women who have sex with women.
- Can increase risk of preterm birth, premature rupture of membranes, infants small for gestational age, and HIV acquisition and transmission.

Risk Factors¹

- Sexual activity with inconsistent or incorrect use of condoms (external or internal).
- Multiple sexual partners or history of sexually transmitted infections.
- Partner of uncircumcised male.
- Douching.

Diagnosis Over Telemedicine¹

- Many assays for gonorrhea and chlamydia may test for trichomoniasis as well, including some that are available as self-collected samples (urine, vaginal self-swab).
- Testing is required for diagnosis which can occur over telemedicine in three ways:
 - Initial evaluation over telemedicine with in-person followup for sample collection.
 - Initial evaluation over telemedicine and laboratory followup for patient self-collected sample (urine and vaginal self-collected samples).
 - Evaluation over telemedicine with at-home patient self-collected samples (urine and vaginal self-collected samples).
- Nucleic acid amplification testing (NAAT) is very sensitive including clinician-collected endocervical swabs, clinician-collected vaginal swabs, self-collected vaginal swabs, female urine samples, and liquid Pap smear specimens. Some NAAT tests are also approved for male urine samples. Some tests can be self-collected.
- Antigen-detected rapid tests are available for vaginal and urine samples from women only, including self-collected tests. These tests have low sensitivity in men.

Treatment¹

- Recommended for women: metronidazole 500 mg PO (orally) twice a day for 7 days.
 - Alternative regimen for women: metronidazole 2 g PO once.
- Recommended for men: metronidazole 2 g PO once.

Anticipatory Guidance¹

- Abstain from sexual activity for 7 days after treatment and until all sex partners are treated.
- Test for other STIs (e.g., HIV, chlamydia, gonorrhea, syphilis, etc.), some of which can be performed with testing in a laboratory including self-collected samples.
- Women treated for trichomoniasis should be retested in 3 months, using a similar approach as that detailed above.

Partner Treatment¹

- Vital for preventing reinfections.
- Refer partners for evaluation, testing, and treatment, which may require an in-person visit.
- If partners cannot present to a clinician for evaluation, testing, or treatment, and if state laws allow, the patient can deliver one dose of metronidazole 2 g to the partner.²

References

1. Centers for Disease Control and Prevention. Trichomoniasis. September 21, 2022. <https://www.cdc.gov/std/treatment-guidelines/trichomoniasis.htm>. Accessed May 27, 2026.
2. Centers for Disease Control and Prevention. Legal status of expedited partner therapy (EPT). <https://www.cdc.gov/sti/php/ept-legal-status/index.html>. Accessed May 27, 2026.