# Australian STI Management Guidelines for Use in Primary Care

## Vaginal discharge

#### **Overview**

- The most common cause of vaginal discharge in people of reproductive age is normal physiological discharge
- Exclude other causes with history, examination and investigations

#### **Possible causes**

- Non-sexually transmitted infections (<u>STIs</u>): Group B streptococcal vaginitis,
   <u>Candida albicans</u>, <u>bacterial vaginosis</u> (BV). While <u>BV</u> is not considered an <u>STI</u>, it is associated with sexual activity.
- Non-infectious causes: hormonal contraception, physiological, cervical ectropion and cervical polyps, malignancy, foreign body (e.g. retained tampon), dermatitis, fistulae, allergic reaction, erosive lichen planus, desquamative inflammatory vaginitis, atrophic vaginitis in lactating and postmenopausal people, and in <u>trans men and non-binary people</u> using gender affirming testosterone replacement.
- STIs: <u>Chlamydia trachomatis</u>, <u>Mycoplasma genitalium</u> (M. Genitalium), <u>Neisseria gonorrhoea</u>, <u>Trichomonas vaginalis</u>, <u>Herpes Simplex</u> Virus (HSV).

#### **Clinical presentation**

Symptoms	Considerations
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Discharge	Physiological: white and clear, non-offensive, varying with menstrual cycle	
Bleeding – intermenstrual or postcoital	<u>Chlamydia</u> , <u>M. genitalium</u> , gonorrhoea, cervical ectropion or polyps, malignancy, vaginitis  Presence can suggest <u>cervicitis</u> or pelvic inflammatory disease ( <u>PID</u> )	
Itch	Candidiasis, trichomoniasis, vulvovaginal dermatitis	
Superficial dyspareunia	Candidiasis, dermatitis, lichen planus, lichen sclerosus	
Deep <u>dyspareunia</u>	Chlamydia, gonorrhoea, <u>M. genitalium</u> , <u>trichomoniasis</u> .  Presence can suggest <u>PID</u>	
Lower abdominal pain	<u>Chlamydia</u> , <u>gonorrhoea</u> , <u>M. genitalium</u> , <u>trichomoniasis</u> .  Presence suggests upper genital tract infection.	
<u>Dysuria</u>	<u>Chlamydia</u> , <u>trichomoniasis</u> , <u>candidiasis</u> , <u>herpes</u> and dermatitis can present with external dysuria, fissuring  Presence can also suggest <u>gonorrhoea</u>	
Systemic symptoms	Presence of systemic symptoms such as fever and tachycardia indicates upper genital tract infection and <u>PID</u>	
Associated factors	Bacterial vaginosis: unclear Candidiasis: spontaneous, recent antibiotics, pregnancy, immunosuppression Chlamydia: age < 30 years, new partner or > 1 partner in 12 months preceding, known contact Gonorrhoea: age < 30 years, new partner or > 1 partner in 12 months preceding, known contact, co-infection with other pathogen; high-risk population (e.g. Aboriginal and Torres Strait Island people in remote community) M. genitalium: age < 30 years, new partner or > 1 partner in 12 months preceding, known contact Trichomoniasis: new partner, patient or partner from high-prevalence population Dermatitis: irritants, eczema	

## Diagnosis

Take a history and perform a physical examination, including inspection of external

genitalia, speculum examination of cervix and vagina, and bimanual palpation. Specifically examine for signs: characteristics of discharge (colour, consistency, distribution, volume and odour), <u>cervicitis</u>, vaginitis, vulvitis, ulceration, upper genital tract infection – <u>PID</u>). Clinician-collected samples are preferred but self-collected samples may be considered if the patient declines examination

Site/specimen	Test	Consideration
High vaginal swab OR Self-collected vaginal swab	Bacterial vaginosis: -microscopy and gram stain -Whiff test (odour during examination indicates a positive whiff test) - pH test (pH > 4.5 indicative of bacterial vaginosis)  Candidiasis: microscopy and culture	Microscopy and gram stain Whiff test (odour during examination indicates a positive whiff test) pH test (pH > 4.5 indicative of bacterial vaginosis)
Endocervical swab OR Self-collected vaginal swab OR FPU	NAAT test: <u>N. gonorrhoeae, C.</u> <u>trachomatis</u>	Endocervical swab, if speculum examination is indicated, or self-collected vaginal swab is the most sensitive
High vaginal swab OR Self-collected vaginal swab OR First pass urine (FPU)	NAAT test: <u>trichomonas</u>	Vaginal swab is the most sensitive

NAAT - Nucleic acid amplification test

## **Specimen collection guidance**

Clinician collected | Self-collection

## **Special considerations**

 Perform cervical screening if overdue. Human papillomavirus (<u>HPV</u>) testing only is indicated for <u>vaginal discharge</u>, a co-test (<u>HPV</u> + cytology) should be ordered for abnormal bleeding, or suspicious findings on examination of the cervix

#### Management

Treat the discharge based on what cause is identified. See <u>bacterial</u> <u>vaginosis</u>, <u>candidiasis</u>, <u>chlamydia</u>, <u>gonorrhoea</u>, <u>M. genitalium</u>, <u>trichomoniasis</u>, <u>pelvic inflammatory disease (PID)</u>

#### **Treatment advice**

- Treat as per guidelines for diagnosis made after consideration of risk and assessment findings: initially presumptively, and then based on results when these become available
- Intravaginal azoles and clindamycin can damage latex condoms
- Avoid alcohol with metronidazole

### Other immediate management

- Consider other <u>STI</u> testing if assessment indicates risk or suspected or proven <u>STI</u>
- Consider advice and referral if complicated presentation, systemically unwell or diagnosis uncertain
- Provide patient with <u>factsheet</u>

#### **Contact Tracing**

- No contact tracing is required for non-STIs
- Contact tracing for <u>chlamydia</u>, <u>gonorrhoea</u>, <u>trichomoniasis</u> and is a high priority and should be performed in all patients with confirmed infection

See <u>Australasian Contract Tracing Manual</u> for more information

#### **Follow Up**

If confirmed <u>STI</u>, follow up provides an opportunity to:

- Confirm patient adherence with treatment and assess for symptom resolution
- Confirm contact tracing procedures have been undertaken or offer more contact tracing support
- Provide further sexual health education and prevention counselling

Even if all test results are negative, use the opportunity to:

- Reassess for resolution or recurrence of symptoms
- Educate about condom use, contraception, HIV PrEP/PEP, safe injecting practices, consent, and CST.
- Vaccinate for <u>hepatitis A</u>, <u>hepatitis B</u>, human papillomavirus (<u>HPV</u>), if susceptible
- Discuss and activate reminders for regular testing according to risk
- Educate about normal genital skin care

## For **test of cure** and **retesting** advice see:

- Chlamydia
- Gonorrhoea
- Trichomoniasis

#### **Auditable Outcomes**

100% of patients diagnosed with <u>bacterial vaginosis</u> are treated with an appropriate antibiotic regimen

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

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