



SHARP FACTS

Trichomoniasis



What is trichomoniasis?

Trichomoniasis is a common sexually transmitted disease (STD) that affects both women and men, although symptoms are more common in women.

What causes trichomoniasis?

Trichomoniasis is caused by the single-celled protozoan parasite *Trichomonas vaginalis*. The vagina is the most common site of infection in women, and the urethra is the most common site of infection in men.

How do people get trichomoniasis?

Trichomoniasis is a sexually transmitted disease that is spread through genital-to-genital contact with an infected partner.



How common is trichomoniasis?

Trichomoniasis is the most common curable STD in young, sexually active women. An estimated 5 million new cases occur each year in women and men.

What are the signs and symptoms of trichomoniasis?

Most men with trichomoniasis do not have signs or symptoms. Men with symptoms may have an irritation inside the penis, mild discharge, or slight burning after urination or ejaculation.

Many women do have signs or symptoms of infection. In these women, trichomoniasis causes a frothy, yellow-green vaginal discharge with a strong odor. The infection may also cause discomfort during intercourse and urination. Irritation and itching of the female genital area and, in rare cases, lower abdominal pain can also occur.

When do symptoms appear?

Symptoms usually appear within 5 to 28 days of exposure in women.

What are the complications of trichomoniasis?

Trichomoniasis in pregnant women may cause premature rupture of the membranes and preterm delivery. The genital inflammation caused by trichomoniasis might also increase a woman's risk of acquiring HIV infection if she is exposed to HIV. Trichomoniasis in a woman who is also infected with HIV can increase the chances of transmitting HIV infection to a sex partner.

How is trichomoniasis diagnosed?

To diagnose trichomoniasis, a health care provider must perform a physical examination and laboratory test. In women, a pelvic examination can reveal small red ulcerations on the vaginal wall or cervix. Laboratory tests are performed on a sample of vaginal fluid or urethral fluid to look for the disease-causing parasite. The parasite is harder to detect in men than in women.

Who is at risk for trichomoniasis?

Any sexually active person can be infected with trichomoniasis.

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What is the treatment for trichomoniasis?

Trichomoniasis can usually be cured with the prescription drug metronidazole given by mouth in a single dose. The symptoms of trichomoniasis in infected men may disappear within a few weeks without treatment. However, an infected man, even a man who has never had symptoms or whose symptoms have stopped, can continue to infect a female partner until he has been treated. Therefore, both partners should be treated at the same time to eliminate the parasite. Persons being treated for trichomoniasis should avoid sex until they and their sex partners complete treatment and have no symptoms. Metronidazole can be used by pregnant women.

How can trichomoniasis be prevented?

Abstain from sex or delay sex

Refraining from having sexual intercourse is the best way to prevent transmission of trichomoniasis and other STDs, including HIV. People can choose to not have sex. People can also decide to wait, or delay sex, until a later time in their life. They may choose to have personal relationships that do not involve sex.

Choose Outer-course vs. intercourse

Outer-course is non-penetrative contact, such as massaging, hugging, and kissing. Choosing only non-genital contact can eliminate transmission risk for trichomoniasis and other STDs, including HIV.

Monogamy

Monogamy is sex between two people, who only have sex with each other, as part of a long-term relationship. If neither partner is infected, there is no risk of disease transmission. Getting to know your partner and his/her sexual history before you decide to have sex can also reduce your chance of exposure to disease. A series of short-term relationships is not as safe because of the increased risk that one of those partners will be infected.

Use Condoms and other barriers

Although not as safe as abstinence or monogamy, the correct and consistent use of latex condoms during sexual intercourse - vaginal, anal, or oral - can reduce a person's risk of acquiring or transmitting trichomoniasis and other STDs, including HIV. A variety of male condoms are available. Female condoms and oral barriers are also available. Condoms can reduce both the risk of pregnancy and the risk of disease transmission.

If you think you are infected, avoid sexual contact and see a health care provider. Any genital symptoms such as discharge or burning during urination or an unusual sore or rash should be a signal to consult a health care provider immediately. If you are told you have trichomoniasis or any other STD and receive treatment, you should notify all your sex partners so that they can see a health care provider and be treated.

Where can I get more information?

A medical provider should be consulted if you suspect you may have trichomoniasis. CDC provides information through their National STD Hotline at (800) 227-8922. For further information regarding your sexual health, visit the Sexual Health and Responsibility Program Home Page at <http://www-nehc.med.navy.mil/hp/sharp>.

This information was adapted by the Sexual Health and Responsibility Program (SHARP), Directorate of Health Promotion and Population Health, Navy Environmental Health Center, Norfolk Virginia from material developed by the National Center for HIV, STD and TB Prevention, Division of Sexually Transmitted Diseases; the American Social Health Association. Sexually transmitted diseases in America: How many cases and at what cost?, Research Triangle Park, NC, 1998; the CDC. 1998 guidelines for treatment of sexually transmitted diseases. Morbidity and Mortality Weekly Report 1998;47(RR-1); Krieger JN and Alderete JF, *Trichomonas vaginalis* and trichomoniasis, in: K. Holmes, P. Markh, P. Sparling et al (eds). Sexually Transmitted Diseases, 3rd Edition, New York, McGraw-Hill, 1999, 587-604.