

GENITAL TRACT INFECTIONS**Vaginal Candidiasis****([CKS Candida female genital](#))**

Vulvovaginal candidiasis (genital thrush) is a symptomatic inflammation of the vagina and/or vulva caused by a superficial fungal infection, usually with *Candida albicans*. It is very common, and up to 20% of women of reproductive age may be colonised with asymptomatic *Candida* species, which does not require treatment.

Only consider offering treatment to patient if symptomatic, irrespective of whether high vaginal swab is positive for *Candida*.

Treatment:

There are different treatment courses for patients with acute, recurrent, or vaginal candidiasis during pregnancy. The self-care advice below is applicable to all indications.

Self-management measures to provide symptom relief:

- Use simple emollients as a soap substitute to wash and/or moisturise the vulval area.
- Avoid contact with potentially irritant soap, shampoo, bubble bath, shower gels, wipes, and daily or intermenstrual 'feminine hygiene' pad products.
- Avoid vaginal douching.
- Avoid wearing tight-fitting and/or non-absorbent clothing, which may irritate the area.
- Avoid use of complementary therapies such as yoghurt, topical or oral probiotics, tea tree or other essential oils.

Patient Information Leaflets:

- NHS leaflet: [Thrush in men and women](#).
- NHS leaflet: [Thrush in pregnancy](#).
- Patient.info leaflet: [Vaginal thrush](#).

Intravaginal clotrimazole can be purchased Over the Counter (OTC) for the self-treatment of acute vulvovaginal candidiasis (as per the product licence).

However:

Treatment should not be used long term without medical advice, and assessment by a healthcare professional is indicated in certain cases, e.g., girls younger than 16 years, women older than 60 years, uncontrolled diabetes, immunocompromised, pregnancy, or if the person develops systemic symptoms.

- Topical/oral azole treatments give over 80% cure and are effective at clearing candida when reviewed after a week.
- Topical treatment gives a more immediate response, oral treatment taking several days before a benefit is noted.
- When prescribing treatment consider any previous use, ability to use topical treatments and any contraindications to oral treatment.
- Do not prescribe oral antifungal treatment for pregnant or breastfeeding women, intravaginal clotrimazole may be prescribed.
- Latex condoms and diaphragms are damaged by the contents of pessaries. Advice should be given on alternative methods of contraception.

Further information:

- *Candida* vaginitis / vulvitis can be caused by fluconazole resistant strains.
- If patients are not registered at a practice, signpost to an Integrated Sexual Health Clinic.

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Acute vaginal candidiasis:

Treatment ¹	Dose	Duration
Uncomplicated vulvovaginal candidiasis (16 years & older):		
Clotrimazole 10% intravaginal cream	ONE 5g applicatorful	Single dose
OR Clotrimazole 500mg pessary	ONE pessary	Single dose
OR Fluconazole ² 150mg oral capsule (Avoid in pregnancy and breastfeeding)	ONE capsule	Single dose
OR Clotrimazole 200mg pessary	ONE at night	3 nights
If there are vulval symptoms, consider (in addition to intravaginal clotrimazole):		
Clotrimazole 1% cream	Apply TWO to THREE times a day	7 days
Girls 12 – 15 years (including in those that are pregnant) Do not prescribe an intravaginal or oral antifungal. See also guidance on vulvovaginitis in children .		
Clotrimazole 1% cream (Or seek specialist advice)	Apply TWO to THREE times a day	7 days
¹ See BNF and BNFC for appropriate use and dosing in specific populations, e.g., hepatic, or renal impairment, pregnancy, and breastfeeding. ² Fluconazole is not suitable for women who are pregnant or breastfeeding.		

In pregnancy:

Treatment ¹	Dose	Duration
Pregnancy: 16 years & older - Do not prescribe an oral antifungal. See CKS guidance		
Clotrimazole 500mg pessary <i>Advise that care should be taken when using an applicator to avoid physical damage to the cervix. Some women prefer to insert pessaries by hand when pregnant.</i>	ONE at night	Up to 7 nights
If there are vulval symptoms, consider (in addition to intravaginal clotrimazole):		
Clotrimazole 1% cream	Apply TWO to THREE times a day	7 days
¹ See BNF and BNFC for appropriate use and dosing in specific populations, e.g., hepatic, or renal impairment, pregnancy, and breastfeeding.		

Recurrent vaginal candidiasis

- This is defined as at least four episodes in 12 months, with two episodes confirmed by culture/microbiology when symptomatic ([BASHH Guidelines](#)).
- Offer an induction regimen immediately followed by maintenance treatment.
- For asymptomatic women (i.e., managing the maintenance period) oral treatment is preferable, however, fluconazole is not suitable for all patients.

Treatment ¹	Dose	Duration
Induction regimen (16 years & older):		
Fluconazole ² 150mg oral capsules (x 3 doses) (Avoid in pregnancy and breastfeeding)	ONE capsule every 72 hours	Take on days 1, 3 and 6
OR Clotrimazole 500mg pessary	ONE pessary at NIGHT	7 days (increase to 14 days depending on response)
OR Clotrimazole 10% intravaginal cream	ONE 5g applicatorful at NIGHT	7 days (increase to 14 days depending on response)
Maintenance treatment (use same dosage form as induction regimen):		
Fluconazole ² 150mg oral capsules (Avoid in pregnancy and breastfeeding)	Take ONE capsule ONCE a WEEK	6 months
OR Clotrimazole 500mg pessary	ONE pessary ONCE a WEEK	6 months
OR Clotrimazole 10% intravaginal cream	ONE applicatorful ONCE a WEEK	6 months
Routine use of a topical imidazole in addition to an oral antifungal for vulval symptoms is not recommended		
¹ See BNF and BNFC for appropriate use and dosing in specific populations, e.g., hepatic, or renal impairment, pregnancy, and breastfeeding. ² Fluconazole is not suitable for women who are pregnant or breastfeeding.		

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Follow up:

- Advise the woman to return if symptoms have not resolved after 7-14 days or if the symptoms are recurrent.
- Only consider offering treatment to partners if symptomatic.
- Undertake sampling to confirm diagnosis, especially if persistent or recurrent.
- With recurrent or difficult cases, i.e., those confirmed but failing to respond to appropriate therapy, consider referral to an Integrated Sexual Health clinic as resistance may be present.

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Version	Author(s)	Date	Changes
2.1	Jill Theobald, Interface Efficiencies Pharmacist	17/09/20	<ul style="list-style-type: none"> • More comprehensive information about dosing in pregnancy. • Added self-care information. • Added information for treatment of girls aged 12-15 • Added advice for if there are vulval symptoms. All changes are in line with NICE and PHE guidance.
3.1	N Butcher – Specialist MO interface pharmacist	21/09/23	Definition and self-care information added. Treatment options checked with CKS and PHE. Clotrimazole pessaries changed from 100mg to 200mg or 500mg as per national guidance. Details about recurrent candidiasis definition and treatment options added.