

**GENITAL TRACT INFECTIONS****Bacterial Vaginosis**

This condition is often characterised by a fishy-smelling profuse thin, grey or white vaginal discharge caused by an alteration in the vaginal bacterial flora. Bacterial vaginosis is not usually associated with soreness, itching, or irritation. If these symptoms are present, consider [trichomoniasis](#) or [candidiasis](#). It is not a sexually transmitted infection (STI).

The presence of 'clue cells' on microscopy, which are vaginal epithelial cells covered with multiple organisms, helps to confirm the diagnosis. Formal tests are done for this in the Integrated Sexual Health clinic.

In women with characteristic symptoms of bacterial vaginosis, examination and further tests may be omitted, and empirical treatment started if all the following apply:

- ✓ The woman is at low risk of an STI.
- ✓ The woman does not have symptoms of other conditions.
- ✓ Symptoms have not developed pre- or post-gynaecological procedure.
- ✓ The woman is not postnatal or post-miscarriage.
- ✓ The woman is not pre- or post-termination of pregnancy.
- ✓ This is the first episode of suspected bacterial vaginosis, or if recurrent, a previous episode of recognisably similar symptoms was previously diagnosed as bacterial vaginosis following examination.
- ✓ The woman is not pregnant.

**Treatment for symptomatic women (including pregnancy and breastfeeding):**

Medication	Dose	Duration of Treatment
<b>Treatment of Choice</b> Oral Metronidazole	400mg twice a day <b>Or 2g*</b>	5-7 days Single dose
<b>Alternative</b> Metronidazole 0.75% vaginal gel	5g applicatorful at night	5 nights
<b>Or</b> Clindamycin 2% cream	5g applicatorful at night	7 nights

**\*Avoid the metronidazole 2g single dose during pregnancy & breastfeeding.**

**The topical treatment gives similar cure rates but is more expensive.**

A 5 to 7-day course of oral metronidazole is slightly more effective than a 2g single dose.

Treating partners does not reduce relapse.

Non-pregnant women with asymptomatic bacterial vaginosis do not usually require treatment.

Pregnant women and asymptomatic, discuss with the obstetrician whether treatment is appropriate.

**Patient information leaflets and other resources:**

[Bacterial vaginosis – British Association for Sexual Health & HIV](#)

[Bacterial vaginosis – BMJ Best Practice](#) (log-in required)

[Bacterial vaginosis – NHS](#)

[Examination and investigations – NICE CKS](#)

Version Control- Bacterial Vaginosis			
Version	Author(s)	Date	Changes
V2.0	Shary Walker, Interface and Formulary Pharmacist	15/09/22	<ol style="list-style-type: none"> <li>1. BV symptoms added, and a statement about BV not being associated with soreness, itching and irritation. Trichomoniasis or candidiasis links are added for other diagnosis considerations. Not STI.</li> <li>2. Statement on asymptomatic pregnant and non-pregnant women, including treating partners, does not reduce relapse.</li> <li>3. Empirical treatment criteria. Highlighted the treatment of choice and the alternative options.</li> <li>4. Links to patient info leaflets and other resources added.</li> </ol>