TRICHOMONIASIS





Causative organism	Trichomonas vaginalis
	A protozoan which infects the vagina, urethra and paraurethral glands.
Incubation period	5-28 days
How far trace back	There is insufficient data to provide a definitive period, but current contact tracing and concurrent treatment is recommended to prevent reinfection.
Usual testing method	Nucleic acid amplification tests (NAATs) are the most sensitive tests available to detect <i>Trichomonas vaginalis</i> . Wet preparation microscopy and culture are less sensitive
Common symptoms	10–50% of people are asymptomatic. Vaginal symptoms: vaginal itch, vaginal discharge typically profuse malodorous (fishy odour) and frothy, and cervicitis. Penile symptoms: are uncommon, but urethral discharge and dysuria occasionally occur
Likelihood of transmission per act of unprotected intercourse	Unknown, likely moderate to high Perinatal transmission 5%
Likelihood of long-term sexual partner being infected	Up to 70% of insertive partners in penis-in-vagina sex and 60-100% of receptive partners in penis-in-vagina sex
Protective effect of condoms	High
Transmission by oral sex	Extragenital infections (oral, anal) are uncommon
Duration of potential infectivity	Trichomonas vaginālis in vaginal infections is thought to be longstanding, up to 3-5 years, whereas penile infections may spontaneously resolve lasting up to 4 months.
Important sequelae	Preterm delivery and low birth weight; Increased transmission of HIV
Direct benefit of detection and treatment of contacts	Cure
Usual management of contacts	Counselling, clinical examination and testing. Treat sexual partners presumptively
Contact tracing priority	Medium.
Notification	Only notifiable in the Northern Territory in Australia. Not notifiable in New Zealand

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Useful resources and websites References and further reading