

DST-1006 Bacterial Vaginosis

Note: For clients who are on gender-affirming testosterone therapy or who have had gender-affirming vaginoplasty, who have signs/symptoms of BV, consult with and/or refer to a nurse practitioner (NP) or physician as clients may require additional tests and alternate treatment. See [Trans Care BC's Gender-affirming Care for Trans, Two-Spirit and Gender Diverse Patients in BC: A Primary Care Toolkit](#).

DEFINITION

A common imbalance of the vaginal flora caused by an overgrowth of vaginal bacteria (especially anaerobic, gram negative bacilli) with a possible a depletion of lactobacilli.

POTENTIAL CAUSES

Bacterial:

- Gardnerella vaginalis
- Prevotella species
- Mobiluncus species
- Ureaplasma urealyticum
- Mycoplasma hominis

PREDISPOSING RISK FACTORS

- sexual contact with at least one partner
- new/multiple sexual partners
- other STI (e.g., herpes simplex virus type 2 (HSV-2), chlamydia, gonorrhoea)
- intrauterine device (IUD)
- cigarette smoking
- douching

TYPICAL FINDINGS

Sexual Health History

- often asymptomatic (>50%)
- change in normal patterns of discharge
- odour (fishy)
- irritation
- recurrent BV is common. Individuals should be re-evaluated to reconfirm diagnosis and for consult/referral if indicated.

Physical Assessment

Cardinal Signs

- Client-reported changes in vaginal discharge which may include:
 - moderate to profuse amount
 - homogenous (i.e., not clumpy)
 - greyish or white colour
 - thin
 - fishy odour
 - amine (fishy) odour before or after a positive KOH whiff test
 - pH greater than (>) 4.5

DIAGNOSTIC TESTS

Full STI screening is recommended. See the STI Assessment DST.

If signs or symptoms of BV are present, the following methods are available for BV diagnosis:

- Nugent scoring: from gram stain lab results
- Amsel's criteria: clinical diagnosis including microscopy
- Modified Amsel's Criteria: clinical diagnosis when microscopy not available

The following specimens are collected from the vaginal wall through clinician- or client-collected blind swab or during a speculum exam:

- swab for microscopy: smear on slide for gram stain and/or clue cells
- swab for pH
- swab for KOH whiff test

Notes:

1. Prepare glass slide for microscopy prior to using for pH or whiff test.
2. pH strips are ineffective in the presence of blood.
3. The KOH whiff test involves adding 10% KOH solution (not exceeding 0.5 ml) to collected vaginal secretions and briefly sniffing (1-2 seconds) the vapour to assess for an amine odour. Detection of an amine odour constitutes a positive whiff test. For more information on KOH whiff testing see: Safe Use of 10% Potassium Hydroxide in STI Screening located in the BCCDC Communicable Disease (CD) Manual Chapter 5: Sexually Transmitted Infections.

CLINICAL EVALUATION/CLINICAL JUDGMENT

Nugent Score/Gram Stain

Determined by lab testing of vaginal smear with three possible scoring outcomes and interpretations (see Bacterial Vaginosis Nugent Scoring (Gram Stain) algorithm):

- negative (0-3)
- intermediate (4-6)
- positive (7-10)

Amsel's Criteria

Clinical criteria requiring 3 of the following symptoms or signs for BV diagnosis:

- pH greater than (>) 4.5
- presence of moderate-profuse grey-white discharge – may be thin and homogenous (non-clumping)
- positive KOH whiff test OR obvious BV odour (in the absence of KOH whiff test)
- lab slide of smear result is positive for clue cells**

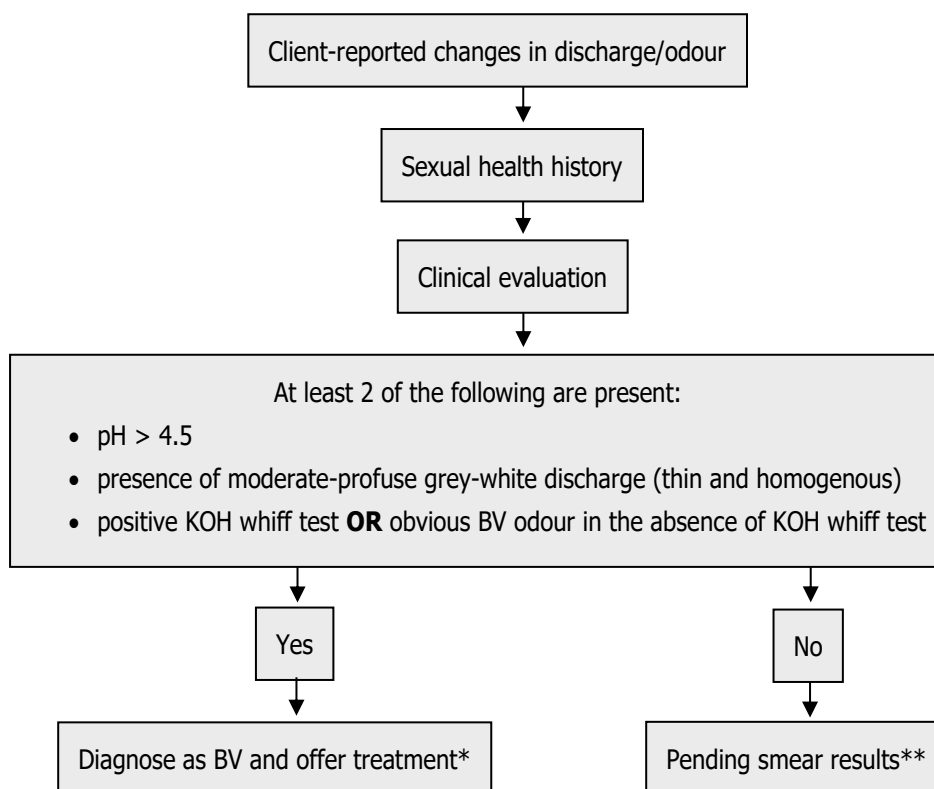
**Can be used if immediate microscopic evaluation is available.

Modified Amsel's Criteria

This method is useful for clinical management of BV when microscopic evaluation for clue cells is not immediately available, and the client reports abnormal changes in vaginal discharge plus at least 2 of the following are present:

- pH greater than (>) 4.5
- presence of homogenous, moderate-profuse grey-white discharge
- positive KOH whiff test OR obvious BV odour in the absence of the KOH whiff test

**Modified Amsel's Criteria: Clinical Management of Bacterial Vaginosis Symptoms
in the Absence of Immediate Diagnostic Support**

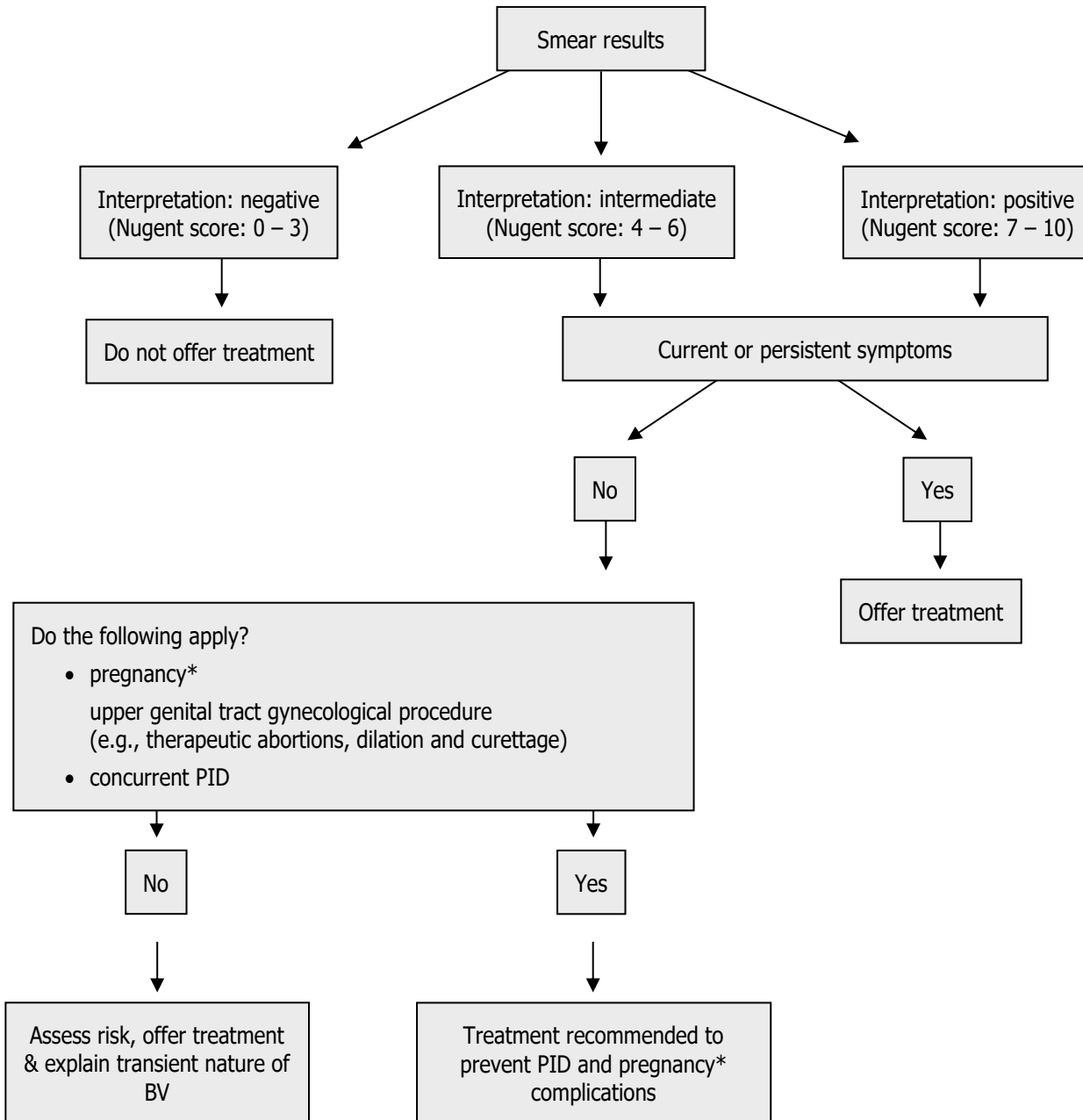


*Special considerations:

- See indications for consultation/referral upon clinical findings
- In the presence of clinical findings, treatment is recommended if the client:
 - is pregnant
 - is having upper genital tract instrumentation (e.g. therapeutic abortion, dilation and curettage)
 - has concurrent PID

**Please refer to the following Bacterial Vaginosis Nugent Scoring (Gram Stain) algorithm.

Bacterial Vaginosis Nugent Scoring (Gram Stain)



*Consult with or refer to a physician or NP.

MANAGEMENT AND INTERVENTIONS

Goals of Treatment

- treat infection
- prevent complications
- alleviate symptoms

TREATMENT OF CHOICE

Treatment	Notes
First Choice	<p>General:</p> <ol style="list-style-type: none"> 1. Though demonstrated to have a lower efficacy in treating BV (primarily due to recurrence), metronidazole 2 gm PO as a single dose may be given in instances where completion of treatment is a concern. 1. Intravaginal metronidazole gel and clindamycin cream/ovules/oral formulations are not included in the BCCDC Provincial STI Drug Program. RN(C)s may need to consult with a physician or NP to obtain a prescription for the client. 2. Clindamycin cream may weaken latex condoms and diaphragms for up to 5 days after use. 3. The efficacy of probiotic (lactobacillus or lactic acid formulations), antiseptics, or boric acid preparations as treatments for BV has, to date, not been conclusively demonstrated despite promising results. Until there is more published data, it is premature to make a judgement as to their recommended use. <p>Allergy and Administration:</p> <ol style="list-style-type: none"> 4. Alcohol must be avoided 12 hours pre-treatment, during treatment and 24-48 hours post-treatment with metronidazole. 5. Metronidazole 500 mg PO BID for 7 days is acceptable and safe to administer in breast-/chest-feeding clients. Consult/refer for other first choice or alternate treatment recommendations in pregnant clients.
metronidazole 500 mg PO BID for 7 days	
OR metronidazole gel 0.75%, one applicator (5 g) once a day intravaginally for 5 days	
OR clindamycin cream 2%, one applicator (5 g) intravaginally once a day for 7 days	
Alternate Treatment	
metronidazole 2 gm PO in a single dose	
OR clindamycin 300 mg PO BID for 7 days	
OR clindamycin ovules 100 mg intravaginally once at bedtime for 3 days	

PREGNANT OR BREAST-/CHEST-FEEDING CLIENTS

For clients who are pregnant consult with or refer to physician or NP. For clients who are breast-/chest-feeding, metronidazole 500 mg PO BID for 7 days is acceptable and safe to administer.

PARTNER COUNSELLING AND REFERRAL

Where relevant (clients with vaginas, clients with vaginoplasty), sexual partners of people diagnosed with BV benefit from assessment and testing for BV. If clinical assessment and/or lab testing results are positive for BV, treat as per BV DST.

MONITORING AND FOLLOW-UP

If symptoms resolve, follow-up is not required. If symptoms persist following initial treatment, ensure treatment compliance and re-evaluate to re-confirm diagnosis.

POTENTIAL COMPLICATIONS

- presence of BV during an invasive procedure (e.g., dilation and curettage), has been associated with post-procedure pelvic inflammatory disease (PID)
- BV may be associated with premature rupture of membranes in clients with a history of previous complicated pregnancy

CLIENT EDUCATION

Counsel client regarding:

- the appropriate use of medications (dosage, side effects, and need for re-treatment if dosage not completed, or symptoms do not resolve).
- special precautions for taking metronidazole: avoid alcohol 12 hours prior to starting treatment, during the course of treatment and for 24-48 hours after treatment completion.
- refraining from sexual activity or use condoms consistently during treatment.
- vaginal flora and pH balance. Advise that certain practices such as intra-vaginal cleansing (douching) can alter vaginal flora and pH balance.
- promising results in the investigation of available probiotic (lactobacillus or lactic acid formulations), antiseptics, and boric acid preparations for use in the treatment of BV; however, their exact efficacy as treatments for BV is unknown.
- IUD use being associated with BV.
- cleaning sex toys between use and using condoms if sharing sex toys
- the presence of BV can increase the likelihood of HIV transmission.
- the presence of BV can increase the likelihood of STI acquisition (e.g., HIV, GC, CT, HSV).
- if symptoms do not resolve with treatment, they will require referral to a physician or NP.
- BV may occur without having had sexual contact.

CONSULTATION AND/OR REFERRAL

Consult with or refer to a physician or NP in the following situations:

- whenever first choice and alternate treatment is contraindicated
- if the client is unable to abstain from alcohol during treatment period
- when prescription for treatment is required
- if the client is pregnant
- recurrent BV (RBV); RBV is defined as persistent symptoms after treatment of:
 - 2 or more episodes of BV within a 4-week time frame
 - 4 or more episodes of BV within a 1-year period
- for breast-/chest-feeding clients where metronidazole first choice treatment is not being used

DOCUMENTATION

- BV is not reportable
- as per agency policy

REFERENCES

More recent editions of any of the items in the reference list may have been published since this DST was published. If you have a newer version, please use it.

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