

A multi cross-site survey on *Trichomonas vaginalis* diagnosis in the Barts Health NHS Trust, London

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Aims

To compare the socio-demographic pattern, mode of presentation, given treatments and identify the possible persistent or resistant *Trichomonas vaginalis* (TV) in the selected cohort.

Conflict of interest statement

There were no conflicts of interest.

Methods

A retrospective electronic case review was done on the selected 20 minimum random set of samples from each five sexual clinics of the TV diagnosis code as C6A from 1 October 2015 to 31 October 2016.

Results

There were 299 TV diagnoses made during this period from all the sexual health clinics across the trust. A total of 114 cases were randomly selected from all five sites and analysed. 96.5% (110) were females and 95.5% of them were symptomatic. All males (4) presented as TV contacts. TV wet preparation was performed in all patients and 96.5% of them were positive. 69.2% of them were in the 21–40 years age group and 21% in 41–70 years group. Most of the patients (44.6%) were Caribbean / black British / African except Somali or other black. 96.4% of the TV cases were treated with the standard metronidazole 2 g (51.7%) or 1-week 400 mg twice a day course (44.7%). Although 6.1% of likely TV resistance were identified, 3.5% of them were most likely to be reinfection. 93.8% of the cases showed either no resistance or did not return to the clinic. Although test of cure (TOC) was advised/booked in 94.2% of cases, 58.8% only presented.

Conclusion

Our survey fulfilled all the British Association for Sexual Health and HIV (BASHH) auditable measures in the management of TV. As BASHH recommends TOC for only post-treatment symptomatic or recurrence of symptoms, we also recommend that routine TOC is not recommend for TV diagnosis. Patients who recur with symptoms or persistent symptoms, should undergo TV culture and to consider sensitivity test if available. ■

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