

Trichomoniasis Fact Sheet

Definition – Trichomoniasis (or “trich”) is a very common sexually transmitted infection (STI). It is caused by infection with a protozoan parasite called *Trichomonas vaginalis*. Although symptoms of the disease vary, most people who have the parasite cannot tell they are infected ([CDC¹](#)).



CDC Testing Recommendations

- Trich is not a reportable disease, and no recommendations are available for general screening for *T. vaginalis*. The epidemiology of trich has largely come from population-based and clinic-based surveillance studies ([CDC²](#)).
- However, the CDC recommends that all women asking for medical advice regarding abnormal vaginal discharge be screened for trich ([CDC²](#)).
- In the absence of symptoms, trich may also be picked up during routine recommended screening for ([CDC²](#)):
 - Persons receiving care in high-prevalence settings (e.g., STI clinics, correctional facilities)
 - Asymptomatic persons at high risk of infection (e.g., persons with multiple sex partners, sex workers)

Health Complications

- The majority of persons who have trich (70%–85%) either have minimal or no symptoms, and untreated infections might last from months to years ([CDC²](#)).
- Trich predominantly infects the vagina, causing vaginitis and leading to an increased quantity of vaginal discharge with an abnormal odor ([Harrison’s Principles of Internal Medicine³](#)).
- The consequences of trich can be serious, particularly for women, and include ([CDC¹](#), [CDC²](#), [Clinical Infectious Diseases⁴](#), [National STD Curriculum⁵](#)):
 - 2–3-fold increased risk of contracting HIV
 - A 30% increase in the risk of preterm birth
 - Increase risk of an infant with low birth weight at delivery
 - Increased risks of female infertility, pelvic inflammatory disease (PID) and cervical neoplasia (a premalignant condition of the uterine cervix).
- Women who have trich and HIV are more likely to pass both diseases on to their partners. For this reason, the CDC recommends that HIV-positive women get tested for trich at least once a year ([CDC¹](#), [CDC²](#)).

Prevalence

- Trich is estimated to be the most prevalent non-viral STI worldwide, affecting approximately 3.7 million persons in the United States ([CDC²](#)).
- Although trich can affect both women and men, it is significantly more common in women ([CDC¹](#)).
- Unlike chlamydia and gonorrhea, trich prevalence rates are as high among women aged >24 years as they are for women aged <24 years ([CDC²](#)).
- The rates of trich are believed to significantly underestimate true case rates. This underestimation is attributed to several factors, including lack of diagnosis due to asymptomatic infection, poor sensitivity of testing methods, and the absence of requirements to report to the CDC ([Microbial cell⁶](#)).

Diagnosis/Treatment

- The undertreatment or lack of treatment for STIs can result in many detrimental effects, including ([Sexually Transmitted Diseases](#)⁷, [Archives of Pathology & Laboratory Medicine](#)⁸, [The Lancet Infectious Diseases](#)⁹):
 - Serious medical complications, especially in women
 - Ongoing community spread or transmission of STIs
 - Increased transmission of other STIs, including HIV
- Wet-mount microscopy traditionally has been used as the preferred diagnostic test for trich among women because it is inexpensive and can be performed at the POC (point-of-care); however, it has low sensitivity (44%–68%) compared with culture ([CDC](#)², [Sexually Transmitted Infections](#)¹⁰, [Journal of Global Infectious Diseases](#)¹¹).
 - A delay of 10–30 minutes can drastically reduce the sensitivity of wet mount tests because if the test is not performed immediately after the specimen is collected, the trichomonas parasites die.
 - 40% of positive patients were missed when comparing PCR to wet mount.
 - NAATs, which include polymerase chain reaction (PCR) tests, are highly sensitive, detecting more trich infections than wet-mount microscopy among women.
- Providers should advise persons with trich infections to abstain from sex until they and their sex partners are treated (i.e., when therapy has been completed and any symptoms have resolved). Testing for other STIs, including HIV, syphilis, gonorrhea, and chlamydia, should be performed for persons with trich ([CDC](#)²).
 - Follow up: Retesting for trich is recommended for all sexually active women approximately 3 months after initial treatment regardless of whether they believe their sex partners were treated.

Citations:

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