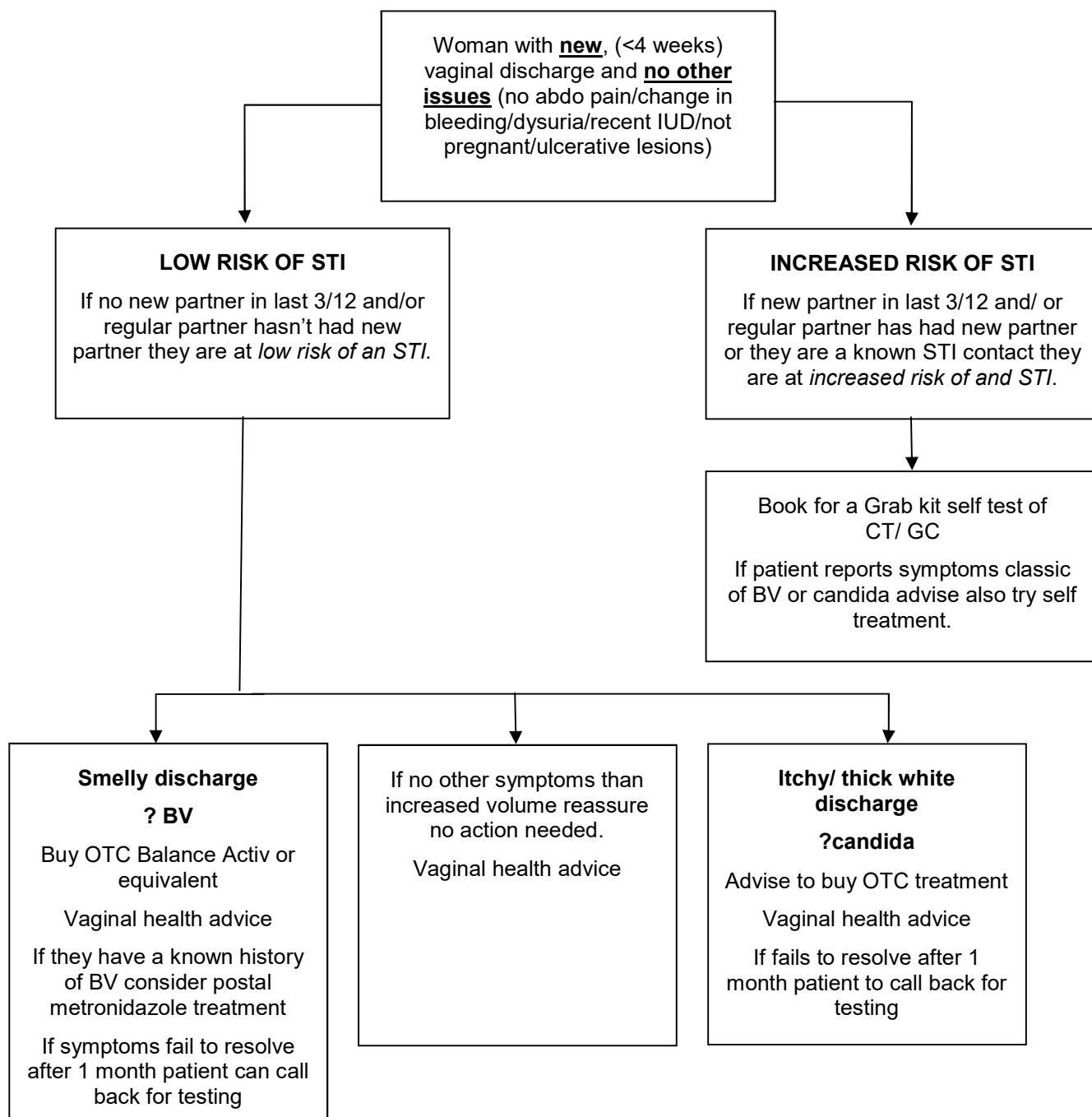


# VAGINAL DISCHARGE

**Please see the individual protocols for the specific treatments for Vulvovaginal Candida, Trichomoniasis, Mycoplasma Genitalium and Bacterial Vaginosis.**

## New Vaginal discharge <4 weeks



**Persistent (>4 weeks) or recurrent vaginal discharge symptoms, symptoms of PID, postpartum or post abortion, post gynaecological instrumentation or pregnant** - Offer face to face appointment in an appropriate clinic, i.e Urgent Care / TOPAR/ GU Complex. Advise post partum women to attend their postnatal check if this is due.

### **Investigations**

- Examination and pH
- Microscopy (\*dry slide for Gram staining and \*\*wet prep)
- Endocervical GC culture (if plates available)
- High Vaginal Swab (\*\*HVS)
- Vulvovaginal CT/GC NAAT

### Management of results (please refer to appropriate guidelines)

- Trichomonas Vaginalis (TV) seen – TV
- pH >4.5 +/- Clue cells and abnormal flora – BV
- pH <4.5 +/- Yeast cells – Candida
- Gram Negative Diplococci (GNDC) seen – GC
- High AV score: discuss with senior

\*Dry slide (vaginal and cervix) for Gram stain.

\*\*Wet prep taken from the vaginal posterior fornix. In connects an HVS is taken using a charcoal swab for wet prep.

\*\* HVS – taken from lateral vaginal wall. Stored at 4°C for maximum 48 hours.

Microscopy venue: Sandyford Central.

CONNECT: If microscopy requested please leave the registration form of client with the Connect nurse to follow up client with result.

### **Aerobic Vaginitis (AV)**

Defined as “*Disruption of the lactobacillary (LB) flora, accompanied by signs of inflammation and the presence of predominantly aerobic microflora composed of enteric commensals or pathogens.*”

#### **Vaginal Flora Grade – Modified Hay-Ison Score**

| <b>Grade</b> | <b>Description</b>              |
|--------------|---------------------------------|
| 0            | No flora                        |
| I            | Normal vaginal flora (LB alone) |
| II           | Mixed                           |
| III          | Abnormal                        |
| IV           | Gram positive cocci only        |

#### **AV Donder’s Score**

This is calculated from a WET film. Not all people who can read slides are trained to do this assessment please confirm on the day. It is based on the following criteria, each given a score from 0-2.

1. Lactobacillary (*LB*) flora
2. Number of leucocytes
3. Proportion of toxic leucocytes
4. Background flora
5. Proportion of parabasal cells (epithelial damage)

#### **Severity**

- Mild 1-4
- Moderate 5-6
- Severe 7-10
- Scores above 5-6 (moderate) or 7 or higher (severe) require clinician to consider AV as well as other causes for an inflammatory vaginitis, including TV and Group A streptococcus.
- Always take a HVS culture swab (self-taken is fine) if moderate or high AV score.
- No clear evidence base for treatment. Discuss with senior clinician. Consider using clindamycin vaginal cream (covers aerobic organisms) instead of metronidazole.

#### **Advice on vaginal health**

Advice should be given to the client that some factors may affect normal vaginal health causing a disruption to the normal flora and pH.

Some causes of irritation include:

- Antibiotics
- Some types of clothing (tightly fitted/synthetic material)
- Over-washing/bathing douching or the use of shower gels or antiseptic agents, bath oils

- Avoid using feminine hygiene sprays, perfumes or wipes
- Avoid using daily pads or fragranced sanitary products
- Avoid use of flavoured/coloured condoms or lubricant
- Avoid using fabric conditioner and biological washing powder
- Advise to wash with water or a soap substitute. Offer and prescribe soap substitutes such as aqueous cream or emulsifying ointments.
- Consider providing a Sandyford genital skin information leaflet via SMS

**References**

BASHH CEG UK National Guideline on the Management of Bacterial Vaginosis 2012 <https://www.bashhguidelines.org/current-guidelines/vaginal-discharge/bacterial-vaginosis-2012/> [accessed Mar 2023]

Sherrard J, Wilson J, Donders G, Mendling W, Jensen JS. 2018 European (IUSTI/WHO) International Union against sexually transmitted infections (IUSTI) World Health Organisation (WHO) guideline on the management of vaginal discharge. *Int J STD AIDS*. 2018 Nov;29(13):1258-1272. <https://iusti.org/wp-content/uploads/2019/12/Vagdx2018.pdf>

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Donders G, Bellen G, Rezeberga D. Aerobic vaginitis in pregnancy. *BJOG* 2011. <https://pubmed.ncbi.nlm.nih.gov/21668769/> [accessed Mar 2023]