"**The following guidelines are designed to provide guidance to practicing clinicians regarding the patients for Vaginitis. These guidelines are not intended to supersede the medical judgment of the attending provider."**

Vaginitis

Symptoms and etiology are not changed by pregnancy

Testing

1. Vaginal swab from the posterior fornix and the vaginal wall
    a. BD **Affirm** VPIII Ambient Temperature Collection System for DNA common vaginitis agents
        i. **EPIC Order: "VAGINAL; AFFIRM MICRO ID" or "Vaginitis Rapid DNA" (Kauai)**
    b. Gonorrhea/chlamydia DNA vaginal swab (or urine) testing if risk factors present
2. Microscopy (if available in office):
    a. Saline and KOH wet mounts of vaginal swab, see below for diagnostic findings

If Microscopy is diagnostic, no need for DNA test.

Treatment

Parameter	Vulovaginal candidiasis	Bacterial vaginosis	Trichomoniasis
Symptoms	Pruritus, soreness, dyspareunia	Malodorous discharge, no dyspareunia	Malodorous discharge, burning, postcoital bleeding, dyspareunia, dysuria
Signs	Vulvar erythema and/or edema. Discharge may be white and clumpy and may or may not adhere to vagina.	Off-white/gray thin discharge that coats the vagina	Thin green-yellow discharge, vulvovaginal erythema
Vaginal pH	4.0 to 4.5	>4.5	5.0 to 6.0
Affirm test on EPIC	Candida detected	Gardnerella detected •As Gardnerella is a normal vaginal bacteria, other findings should also be consistent before treating	Trichomonas detected
Microscopy (if available) - Saline mount PNM= white blood cells EC= epithelial cells	PMN:EC ratio <1; rods dominate; squames +++; pseudohyphae (present in about 40 percent of patients); budding yeast for nonalbicans Candida	PMN:EC <1; loss of rods; increased coccobacilli; clue cells comprise at least 20 percent of epithelial cells (present in >90 percent of patients)	PMN ++++; mixed flora; motile trichomonads (present in about 60 percent of patients)

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Microscopy (if available) -10% KOH	Pseudohyphae (in about 70 percent of patients)	Negative	Negative
Treatment	Over the counter vaginal preparations •Clotrimazole 2% 3-Day •Miconazole 3 Prescription •Fluconazole 150 mg oral once	•Metronidazole 0.75% vaginal gel (5 g daily, 5 days) •Metronidazole (500 mg PO twice daily, 7 days)	•Metronidazole 500 mg (4 tabs orally as one dose, 1 day) •Always treat partner even if asymptomatic or partner's test is negative •Have patient avoid sex until both are treated
	Note: You can empirically treat based on symptoms especially if the patient does not tolerate pelvic exam.		
When to refer to OB/GYN	• Recurrent infection or unresponsive to treatment. ○ Screen for DM or HIV • Consider referral to OB/GYN or infectious disease if complicated: • Recurrent (≥4 episodes in 1 year) • Severe symptoms or findings • Suspected or proven non-albicans infection • Women with diabetes, severe medical illness, immunosuppression, other vaginal conditions.	Recurrent infection or unresponsive to treatment (Reoccurrence: up to 30% within 3 months, more than three episodes in a 12 month period) • Treat with metronidazole 0.75 % or oral nitroimidazole for 7-10 days followed by twice weekly dosing of gel for 4-6 months.	