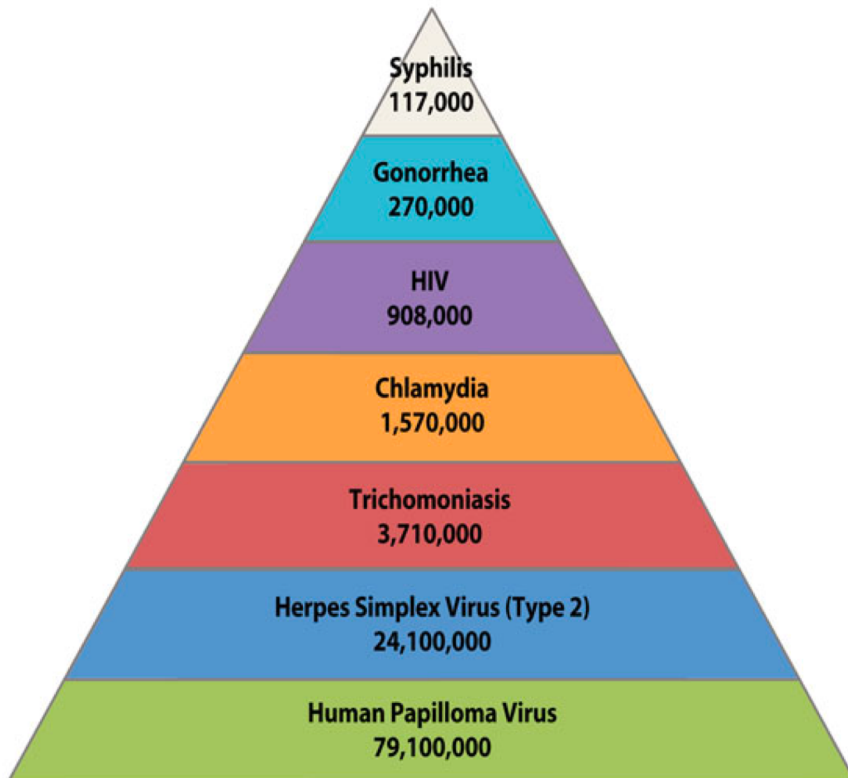
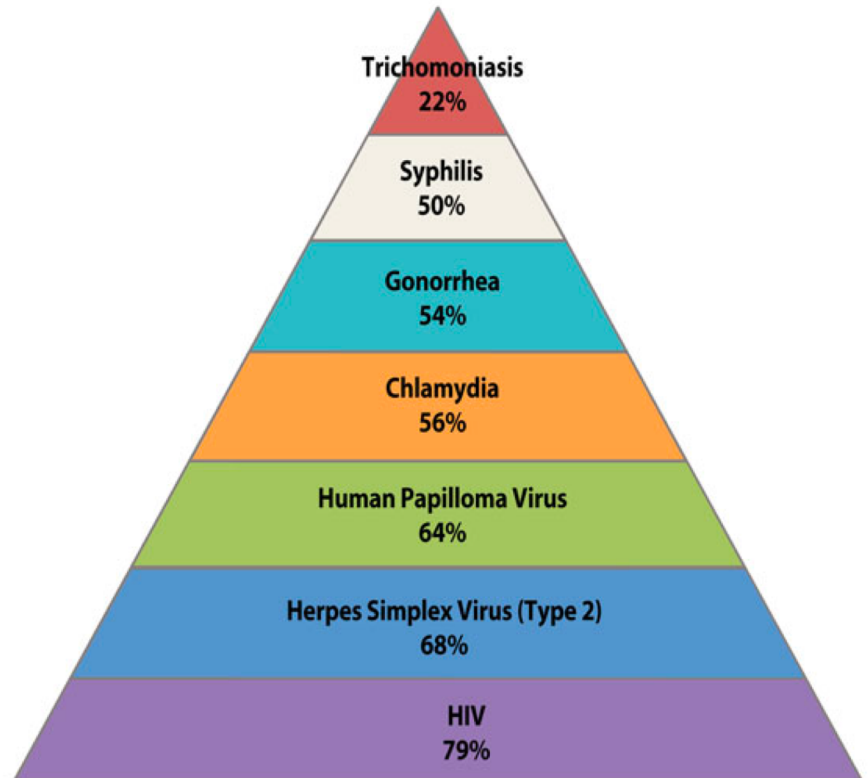


# STDs: Troubling Awareness Gap

Total new and existing cases of STDs annually in the U.S.

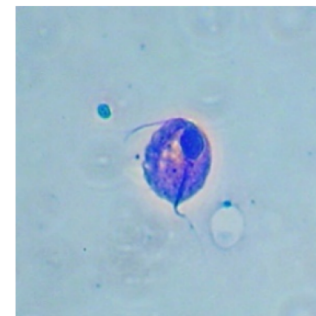


Percentage of women familiar with each STD



American Sexual Health Association, ASHA Trich Survey, Research Now, January 28-February 2, 2013

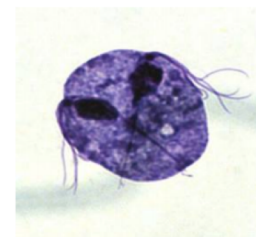




# Treatment of Refractory Trichomoniasis

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University of Alabama at Birmingham

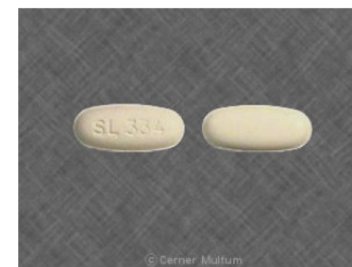
Last Updated: 3/19/2018





# Treatment of *T. vaginalis*: 5-Nitroimidazoles

- Preferred Regimens:
  - Metronidazole (MTZ) 2 grams po X 1 dose
  - Tinidazole (TIN) 2 grams po X 1 dose
- Alternative Regimen:
  - MTZ 500 mg po bid X 7 days



# Prevalence of *T. vaginalis* Isolates with Resistance to Metronidazole (9.6%) and Tinidazole (0.6%) in Birmingham, AL

**TABLE 1.**

MLCs for clinical isolates of *T. vaginalis*

Aerobic MLC ( $\mu\text{g/ml}$ )	Interpretation of level of resistance to metronidazole <sup>a</sup>	MLC ( $\mu\text{g/ml}$ )	
		Metronidazole	Tinidazole
<50	Practically none	161	177
50	Very low	11	1
100	Low	3	0
200	Moderate	2	0
>200	High	1	0

In vitro resistance was poorly correlated with clinical response to therapy;  
5-nitroimidazole resistance may be relative and not absolute

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# Dosing for Drug Resistance<sup>1</sup> (avoid single-dose therapy)

- If patient fails single dose MTZ and re-infection is excluded:
  - MTZ 500 mg po bid for 7 days (15% of *T. vaginalis*-infected women treated with single dose MTZ have persistent infection<sup>2</sup>)
- If this does not work, consider:
  - MTZ or TIN 2 grams po daily for 5-7 days
  - Perform susceptibility testing on the *T. vaginalis* isolate -> CDC
  - Intravaginal paromomycin in combination with high-dose TIN, intravaginal boric acid, or nitazoxanide
  - High dose TIN at 2–3g po daily in combination with intravaginal TIN 500 mg twice daily for 14 days
  - **NOT Recommended:** intravaginal betadine douches, clotrimazole, acetic acid, furazolidone, gentian violet, nonoxynol-9, potassium permanganate, topic microbicides