INFECTIOUS DISEASE & PREVENTIVE SEXUAL HEALTH REFERENCE

Trichomoniasis: Prevention & Risk Reduction

Barrier Protection, Shared-Item Hygiene, Targeted Screening, and Partner Treatment Protocols

Trichomoniasis is the most common non-viral sexually transmitted infection worldwide, caused by the microscopic protozoan parasite *Trichomonas vaginalis*. It infects the lower urogenital tract (vagina, vulva, cervix, or urethra) and spreads primarily through genital-to-genital sexual contact. Because roughly **70% to 85% of infected individuals experience no noticeable symptoms**, silent transmission is widespread, and untreated infection increases vulnerability to HIV acquisition, pelvic inflammatory disease (PID), and adverse pregnancy outcomes such as preterm birth.

> **Core Prevention Reality:** Unlike bacterial STIs prevented by Doxy-PEP, *Trichomonas vaginalis* is a protozoan parasite that does not respond to doxycycline, and no vaccine exists. Prior cured infection does *not* provide lasting immunity—making consistent barrier use, simultaneous partner treatment, and post-treatment retesting essential to stop reinfection.

1. Primary Prevention: Barrier & Behavioral Protection

Interrupting direct contact with infectious vaginal, urethral, or seminal fluids is the cornerstone of preventing trichomoniasis.

Preventive Layer	Transmission Context	Actionable Implementation
External & Internal Condoms	Penile-vaginal intercourse is the primary route of transmission between male and female partners.	Use latex or polyurethane condoms consistently from start to finish of every vaginal sex act, paired with water- or silicone-based lubricants to prevent tearing or slippage.
Vulva-to-Vulva Barriers	*T. vaginalis* transmits efficiently via direct genital-to-genital contact and shared vaginal secretions among female partners.	Use dental dams, cut-open condoms, or nitrile/latex gloves during vulva-to-vulva contact and manual genital stimulation with new or non-monogamous partners.
Sex Toy & Damp-Item Hygiene	Unlike fragile bacteria, *T. vaginalis* can survive for up to a few hours in warm, moist environments on non-porous objects or damp fabrics.	Never share unwashed sex toys; cover shared toys with a fresh condom for each partner, wash thoroughly with soap and warm water after every use, and avoid sharing damp bath towels or swimsuits.
Mutual Monogamy & Pre-Intimacy Testing	Multiple or concurrent sexual partners significantly increase cumulative exposure probability.	Maintain mutual monogamy with a partner who has tested negative via modern Nucleic Acid Amplification Testing (NAAT) before initiating condomless sex.

2. Secondary Prevention: Targeted Screening & Mucosal Health

Because routine annual STI panels do not always include trichomoniasis unless specifically requested, targeted testing and vaginal microbiome care play key preventive roles.

- **Requesting High-Sensitivity NAAT Testing:** Traditional wet-mount microscopy misses 30% to 50% of infections. Ask clinicians for molecular **NAAT (Nucleic Acid Amplification Testing)**—using vaginal swabs or urine—whenever evaluating unusual discharge, itching, painful urination, or routine STI checkups with new partners.
- **Routine Screening for Higher-Risk Populations:** Clinical guidelines recommend routine trichomoniasis screening at least annually for all **women living with HIV**, as well as targeted screening for individuals attending STI clinics, correctional facilities, or areas with high community prevalence.
- **Preserving Protective Vaginal Microbiome Balance:** A healthy, acidic vaginal microbiome dominated by *Lactobacillus* species (pH 3.8–4.5) creates a natural defense against urogenital pathogens. Avoid vaginal douching, scented feminine sprays, and harsh soaps, which disrupt protective flora and raise vaginal pH.

3. Preventing Reinfection: Partner Treatment & Retesting

Up to 1 in 5 treated women become reinfected within 3 months—most often from an untreated sexual partner.

- **Simultaneous Partner Therapy & EPT:** All sexual partners from the preceding 60 days must be treated with nitroimidazole therapy (typically **metronidazole** or tinidazole) at the same time, even if they have zero symptoms. Where permitted, ask your clinician about **Expedited Partner Therapy (EPT)** to provide medication directly for your partner.
- **Strict Abstinence Window:** Both you and your partner(s) must abstain from all sexual contact until every dose of prescribed medication is completed (usually 7 days for multi-dose metronidazole) and all symptoms have completely resolved.
- **Mandatory 3-Month Retesting for Women:** Because reinfection rates are high, all sexually active women treated for trichomoniasis should be retested via NAAT roughly **3 months after completing treatment** (or as soon as possible thereafter up to 12 months).