CONDITION

Trichomoniasis

Trichomoniasis is a common sexually transmitted infection caused by a parasite.

WHAT IT IS
Sexually transmitted infection caused by a parasite

BODY SYSTEM
Reproductive and urinary systems

MAIN SYMPTOMS
Genital discharge, irritation, painful urination, pain during sex

WHAT CAUSES IT
Infection with the Trichomonas vaginalis parasite

HOW IT IS DIAGNOSED
Laboratory testing of a genital swab or urine

MAIN TREATMENT
Oral nitroimidazole antimicrobial medicine

CAN IT BE CURED?
Yes - antimicrobial treatment usually clears infection

IS IT AN EMERGENCY?
Sometimes - severe pelvic or sudden testicular pain

LONG-TERM OUTLOOK
Excellent after treatment, but reinfection is common

Overview

Trichomoniasis, sometimes called "trich," is a sexually transmitted infection caused by a tiny parasite called Trichomonas vaginalis . A parasite is an organism that lives in or on another organism.

The infection mainly affects the vagina and urethra, which is the tube that carries urine out of the body. In people with a penis, it usually affects the urethra and may sometimes involve nearby reproductive organs.

Many people have no symptoms, so they may pass the infection to a sexual partner without knowing it. When symptoms occur, they can include unusual genital discharge, irritation, and discomfort when urinating or having sex.

Trichomoniasis can be cured with antimicrobial medicine. However, reinfection is common

because treatment does not create immunity. Sexual partners need testing or treatment at the same time to prevent the infection from passing back and forth.

Symptoms

Symptoms may begin several days after exposure, but they can also appear much later. They may come and go. Having no symptoms does not mean that the infection has cleared.

In people with a vagina, symptoms may include:

A healthcare professional may see small red spots on the cervix, sometimes called a "strawberry cervix." This is not present in most cases and cannot be checked reliably without an examination.

In people with a penis, symptoms may include discharge from the penis, burning after urinating or ejaculating, irritation inside the penis, or a frequent need to urinate. Symptoms are often mild or absent.

These symptoms can also be caused by other infections or non-infectious conditions. Testing is needed to find the cause.

- Thin or increased vaginal discharge, which may smell unusual
- Yellow, green, grey, or frothy discharge
- Itching, burning, soreness, or redness around the vagina
- Pain when urinating or during vaginal sex
- Lower abdominal discomfort

Causes and risk factors

Trichomoniasis is caused by Trichomonas vaginalis . It spreads mainly through vaginal sex when genital fluids or infected tissues come into contact. It can also spread through shared sex toys if they are not cleaned or covered with a new condom between users.

The parasite usually infects the vagina or urethra. Infection of the mouth or rectum is uncommon.

Your chance of getting trichomoniasis is higher if you have vaginal sex without a condom, have a new sexual partner, have several partners, or have previously had trichomoniasis or another sexually transmitted infection.

The parasite does not survive well outside the body. Getting trichomoniasis from toilet seats,

swimming pools, towels, or ordinary household contact is very unlikely.

Trichomoniasis is not caused by poor hygiene. Washing or douching after sex does not prevent it. Douching means rinsing inside the vagina; it can disturb the vagina's normal balance and may make irritation worse.

Diagnosis

Trichomoniasis cannot be confirmed from symptoms alone. A healthcare professional may ask about your symptoms and sexual history before collecting a sample.

Testing may involve a vaginal swab, a swab from the urethra, or a urine sample. You may be able to collect a vaginal swab yourself. The available tests differ between clinics.

A nucleic acid amplification test, or NAAT, looks for the parasite's genetic material. It is usually the most sensitive test. "Sensitive" means it is good at finding an infection when one is present.

Some clinics examine a fresh sample under a microscope. This is called a wet-mount test. It can give a quick result, but it misses more infections than a NAAT. Culture, which attempts to grow the parasite in a laboratory, is another option but is used less often.

A cervical screening or Pap test is not a reliable way to diagnose trichomoniasis. If a result suggests the parasite may be present, a specific diagnostic test is usually needed.

Because different sexually transmitted infections can occur together, you may also be offered tests for chlamydia, gonorrhoea, syphilis, and HIV.

Treatment and management

Trichomoniasis is treated with an oral antimicrobial medicine from the nitroimidazole group. Metronidazole and tinidazole are examples. These medicines kill the parasite.

Treatment may be given as one larger dose or as tablets taken over several days. The best approach can differ according to your anatomy, symptoms, pregnancy status, previous treatment, and local guidance. Take the medicine exactly as directed and complete the full course.

Tell the prescribing professional about other medicines you take and whether you are pregnant, trying to become pregnant, or breastfeeding. Ask whether you need to avoid alcohol during treatment and for a period afterward, because instructions can differ between medicines.

Current sexual partners usually need treatment even if they feel well or have a negative result. Otherwise, they may carry the infection and pass it back to you. Avoid sex until you and your partner or partners have completed treatment and symptoms have resolved.

If symptoms continue or return, do not simply repeat leftover medicine. Reinfection from an untreated partner is more common than treatment failure, but the parasite can occasionally be less responsive to standard medicines. A clinician can arrange another test and select further treatment if needed.

A repeat test is often advised about three months after treatment, especially for women, because reinfection is common. Testing too soon after treatment may detect genetic material left by dead parasites, so follow the timing given by the clinic.

Complications

Most people recover after treatment without lasting problems. Complications are more likely when infection continues untreated.

Trichomoniasis causes inflammation of genital tissues. This inflammation is associated with a higher chance of acquiring or passing on HIV during sexual contact.

During pregnancy, trichomoniasis is associated with complications such as early breaking of the waters, premature birth, and a baby being born with a lower weight. These outcomes are not inevitable. Symptomatic infection during pregnancy can be tested and treated, so contact your maternity team or healthcare professional for advice.

Ongoing genital or urinary symptoms may also affect comfort, sleep, relationships, and sexual wellbeing. Persistent pelvic or testicular symptoms need assessment because another infection or condition may be responsible.

Prevention

Trichomoniasis can often be prevented, although no method removes all risk except avoiding sexual contact that can transmit the parasite. There is no vaccine, and previous infection does not protect you from getting it again.

Using an external or internal condom correctly throughout vaginal sex lowers the risk. Condoms or other barriers should also be used on shared sex toys, with a new barrier for each person. Clean toys according to their instructions.

Testing when you have symptoms, after a partner is diagnosed, or when advised by a sexual

health service can reduce further spread. If you are treated, making sure current partners receive care is one of the most important ways to prevent reinfection.

Douching, genital deodorants, and washing immediately after sex do not prevent trichomoniasis.

Living with it and what to expect

Trichomoniasis is usually a short-term condition once it is identified and treated. Symptoms often improve after treatment, although irritated tissues may take a little longer to settle.

Without treatment, the infection can remain for months or years, even if symptoms disappear. It should not be assumed to have gone away on its own.

A diagnosis can bring concerns about trust or when the infection was acquired. Because trichomoniasis can remain unnoticed for a long time, a positive result cannot usually show when it began or who had it first.

You do not need to avoid ordinary contact with other people. Trichomoniasis is not spread by hugging, sharing food, or using the same household bathroom.

After successful treatment, most people return to their usual activities and sex life without ongoing effects. Reinfection remains possible, so completing treatment, involving partners, and attending any recommended repeat test are important.

When to get medical help

Arrange a routine sexual health or primary care appointment if you have unusual genital discharge, genital itching or soreness, pain when urinating, pain during sex, or a partner who has been diagnosed with trichomoniasis. You should also seek follow-up if symptoms do not improve after treatment or return later.

Contact a healthcare professional promptly if you are pregnant and have symptoms or have been exposed to trichomoniasis. Treatment options can be discussed safely during pregnancy.

Seek urgent medical assessment for fever with worsening lower abdominal or pelvic pain, painful swelling of a testicle, vomiting with pelvic pain, or feeling significantly unwell. These are not typical signs of uncomplicated trichomoniasis and may point to another condition needing prompt treatment.

Go to emergency care for sudden severe testicular pain, severe pelvic or abdominal pain with fainting, or heavy vaginal bleeding. These symptoms can have causes unrelated to

trichomoniasis and should not wait for a routine appointment.

Common questions

Can trichomoniasis go away without treatment?

It may occasionally clear, but it often remains for months or years. Symptoms can stop while the infection is still present. Testing and antimicrobial treatment are the reliable ways to clear it and reduce transmission.

Can I have trichomoniasis without knowing it?

Yes. Many people have no symptoms or only mild symptoms. You can still pass the parasite to a partner while feeling completely well.

Does a positive result mean my partner cheated?

Not necessarily. Trichomoniasis can remain unnoticed for a long time, and testing cannot usually identify when it was acquired. A positive result alone cannot establish what happened within a relationship.

Is trichomoniasis the same as chlamydia?

No. Both are sexually transmitted infections, but trichomoniasis is caused by a parasite, while chlamydia is caused by bacteria. They require different tests and treatment, and it is possible to have both at once.

Can I get trichomoniasis from a toilet seat?

This is very unlikely. The parasite does not survive well outside the body. Trichomoniasis is spread mainly through sexual contact involving infected genital tissues or fluids.

When can I have sex again after treatment?

Wait until you and your partner or partners have completed treatment and any symptoms have resolved. Follow the instructions from the clinic or prescribing professional, as the waiting period may reflect the medicine and treatment schedule used.

Sources

- Centers for Disease Control and Prevention. Sexually Transmitted Infections Treatment Guidelines: Trichomoniasis , 2021
- World Health Organization. Trichomoniasis , 2024

- British Association for Sexual Health and HIV. National guideline for the management of infection with Trichomonas vaginalis , 2021
- NHS. Trichomoniasis
- Kissinger P. Trichomonas vaginalis: a review of epidemiologic, clinical and treatment issues . Sexually Transmitted Infections. 2015;91(6):378-383