NHS
Scarborough and Ryedale
Clinical Commissioning Group

Pathway:	Abnormal Vaginal Discharge - management and laboratory diagnosis

- Causes of vaginal discharge include physiological, infective (e.g. bacterial vaginosis, candidiasis, trichomoniasis) and non infective (foreign bodies, cervical ectopy and genital tract malignancy
- Bacterial vaginosis (BV) causes about half the cases and is due to overgrowth of mixed anaerobes that replace normal vaginal lactobacilli. BV arises and remits spontaneously in both sexually active and inactive women
- Acute vulvovaginal candidiasis is also very common and in 80% is caused by overgrowth of C.albicans. It is most common in women aged 20-3- and in pregnancy as oestrogens promote its growth
- Some sexually transmitted infections (STIs) may present with vaginal discharge due to cervicitis. Chlamydia and Gonorrhoea are the most common bacterial STIs in the UK
- Trichomonas vaginalis (TV) is a less common cause and is found in about 3% of women presenting with infective vaginal discharge and is almost exclusively sexually transmitted

When to investigate:

**** If under 25 years always offer an annual chlamydia screen ****

1. **Consider Nucleic Acid Amplification tests (NAATs) for Chlamydia +/- Gonorrhoea for women if**:
   - < 25 years old
   - symptoms indicative of upper reproductive tract infection
   - a new sexual partner in the last 12 months
   - more than one sexual partner in the last 12 months

2. **Women of reproductive age with vaginal discharge should have a high vaginal swab (HVS) cultured if:**
   - Postnatal or post miscarriage
   - Vaginitis without discharge
   - Pre or post gynaecological surgery
   - Pre or post termination of pregnancy
   - Symptoms not characteristic of BV or Candida
   - Within 3 weeks of intrauterine contraceptive insertion
   - Recurrent (≥ 4 cases/year)
   - Previous treatment failed

3. **Endocervical swab & culture** should be reserved for those with signs and symptoms compatible with Gonorrhoea and/or a positive chlamydia or GC NAAT results, to test for susceptibility and identify resistant strains.

4. **Consider referral to GUM for further investigation if**
   - The diagnosis is in doubt
   - Symptoms persist
   - GC or TV is suspected (TV should always be managed in GUM)
   - Positive NAAT result

References & Additional information:

1. Management and Laboratory Diagnosis of Abnormal vaginal discharge – for full guidance please click here

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CCG GP sign off:	Dr P Garnett
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