



## BACTERIAL VAGINOSIS (BV)

<b>DEFINITION</b>	Bacterial vaginosis (BV) results from replacement of the normal bacteria in the vagina with anaerobic bacteria. Is the most common cause of odorous discharge; however more than 50% of women are asymptomatic.
<b>SUBJECTIVE</b>	May include: <ol style="list-style-type: none"><li>1. No symptoms.</li><li>2. Vaginal discharge.</li><li>3. “Fishy” odor which is particularly noticeable following coitus.</li><li>4. Introital dyspareunia or vulvar irritation.</li></ol>
<b>OBJECTIVE</b>	May include: <ol style="list-style-type: none"><li>1. Homogenous, fluid, non-adherent vaginal discharge.</li><li>2. Malodorous discharge.</li><li>3. Minimal redness/irritation of vulva and vaginal walls.</li></ol>
<b>LABORATORY</b>	The vaginal specimen has at least two of the following characteristics: <ol style="list-style-type: none"><li>1. Vaginal Ph &gt; 4.5.</li><li>2. Positive Whiff Test (release of amines causes a fishy odor when potassium hydroxide 10% (KOH) is added to specimen).</li><li>3. Presence of clue cells on microscopic evaluation.</li><li>4. Lactobacilli are usually absent.</li></ol>
<b>ASSESSMENT</b>	Bacterial Vaginosis (BV).
<b>PLAN</b>	All women who have symptomatic disease require treatment regardless of pregnancy status. <ol style="list-style-type: none"><li>1. Treatment – Non pregnant or contraceptive clients.<ol style="list-style-type: none"><li>a. Recommended regimens:<ol style="list-style-type: none"><li>1) Metronidazole* 500 mg PO bid for 7 days OR</li><li>2) Metro-Gel 0.75% vaginal gel one applicatorful (5g) intravaginally <del>ghs</del> at HS x 5 day OR</li><li>3) Clindamycin vaginal cream 2%, 1 applicatorful (5g) intravaginally <del>ghs</del> at HS x 7 days.</li></ol></li><li>b. Alternative regimens:<ol style="list-style-type: none"><li>1) Clindamycin 300 mg PO bid for 7 days, OR</li><li>2) Clindamycin ovules 100 g intravaginally at HS for 3 days, OR</li><li>3) Tinidazole 2 g PO daily for 3 days . OR</li><li>4) Tindazole 1 g PO daily for 5 days</li></ol></li></ol></li><li>2. Treatment options for pregnant women include:<ol style="list-style-type: none"><li>a. Metronidazole 250 mg oral tid x 7 days, OR</li><li>b. Metronidazole 500 mg BID for 7 days.</li></ol></li></ol>

	<p>c. Clindamycin 300 mg PO bid x 7 days.</p> <p>3. Treatment for breastfeeding clients.</p> <p>a. Above treatment options not recommended for breastfeeding clients. Client may choose to discontinue or to pump and dispose during treatment. If client is unwilling to interrupt breastfeeding, refer to MD.</p> <p>4. Treatment – HIV infected clients.</p> <p>a. Persons with HIV and BV should receive the same treatment as persons without HIV.</p> <p>* Metronidazole should not be used by breastfeeding women, by persons allergic to metronidazole or by those with hepatic dysfunction as indicated by elevated liver function tests or hepatitis in last 6-12 months.</p> <p>* The use of antabuse (disulfiram) and metronidazole may cause a drug interaction resulting in acute psychosis and confusion.</p>
<b>CLIENT EDUCATION</b>	<p>1. Provide education handout, review symptoms, treatment options, and medication side effects.</p> <p>2. Advise client of pertinent information regarding metronidazole, which should not be taken with alcohol because drug might cause severe nausea and vomiting.</p> <p>3. Advise to avoid intercourse during treatment</p> <p>4. Avoid using contraceptive diaphragm and/or condoms during and at least 72 hrs. after treatment.(Vaginal gel therapies may weaken latex ).</p> <p>5. Stress importance not to interrupt treatment during menses and not to use tampons during treatment.</p> <p>6. Review safer sex education, as appropriate.</p> <p>7. Recommend that client RTC if symptoms persist for re-evaluation.</p>
<b>CONSULT / REFER TO PHYSICIAN</b>	<p>1. Any breastfeeding clients unwilling to interrupt breastfeeding.</p> <p>2. Resistant symptomatic infections.</p> <p>3. Frequent recurring infections.</p> <p>4. Women with history of colitis, renal disease, or hepatic disease.</p> <p>5. Any woman with a confirmed pregnancy.</p>

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References:

1. Center for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines MMWR 2010, 59 (No. RR-12): pp. 56-58.
2. Tindidazole (Tindamax) A New Option for Treatment of Bacterial Vaginosis. Medical Letter.Vol.49 (1236). September 10, 2007. The Medical Letter, Inc. NY.
3. Nurse Practitioners' Prescribing Reference. MPR Spring 2010.Prescribing Reference LLC, New York, NY. Vaginal Infections . pp237-239.
4. Berek, Jonathan S. Berek & Norvak's Gynecology, 14<sup>th</sup> Edition, Lippincot, Williams & Wilkins 2007. Genitourinary Infections & Sexually Transmitted Diseases, Bacterial Vaginosis. pp 542-544.