Bacterial Vaginosis (BV)

**DEFINITION**

Bacterial vaginosis (BV) results from replacement of the normal bacteria in the vagina with anaerobic bacteria.

**SUBJECTIVE**

May include:
1. No symptoms
2. Vaginal discharge
3. "Fishy" odor which is particularly noticeable following coitus
4. Introital dyspareunia or vulvar irritation

**OBJECTIVE**

May include:
1. Homogenous, thin, white discharge that smoothly coats the vaginal walls
2. Malodorous discharge
3. Minimal redness/irritation of vulva and vaginal walls

**LABORATORY**

Clinical criteria require three of the following symptoms or signs:
1. Homogeneous, thin, white discharge that smoothly coats the vaginal walls;
2. Clue cells (e.g., vaginal epithelial cells studded with adherent coccobacilli) on microscopic examination;
3. pH of vaginal fluid >4.5; or
4. A fishy odor of vaginal discharge before or after addition of 10% KOH (i.e., the whiff test)
5. Lactobacilli are usually absent
6. Other tests available include Affirm VP III (non-CLIA waived), and the BV Blue test (CLIA waived.) A proline aminopeptidase card test has a low sensitivity and specificity, and is not recommended,

**ASSESSMENT**

Bacterial Vaginosis (BV)

**PLAN**

Treatment is recommended for all symptomatic women regardless of pregnancy status.
1. Treatment
   a. Recommended regimens:
      i. Metronidazole* 500 mg PO bid for 7 days  OR
      ii. Metro-Gel 0.75% vaginal gel one applicator full (5g) intravaginally at HS x 5 day OR
      iii. Clindamycin vaginal cream 2%, 1 applicator full (5g) intravaginally at HS x 7 days.
   b. Alternative regimens:
      i. Clindamycin 300 mg PO bid for 7 days  OR
      ii. Clindamycin ovules 100 g intravaginally at HS for 3 days  OR
      iii. Tinidazole 2 g PO daily for 2 days  OR
      iv. Tinidazole 1 g PO daily for 5 days
2. Treatment is recommended for symptomatic pregnant women include:
   a. Recommended regimens:
      i. Metronidazole* 500 mg PO bid for 7 days  OR
      ii. Metro-Gel 0.75% vaginal gel one applicator full (5g) intravaginally at HS x 5 day OR
      iii. Clindamycin vaginal cream 2%, 1 applicator full (5g) intravaginally at HS x 7 days. OR
      iv. Metronidazole 250 mg oral tid x 7 days,
      v. Tinidazole should be avoided during pregnancy
3. Treatment for breastfeeding clients:
   a. Recommended regimens:
      i. Metronidazole* 500 mg PO bid for 7 days  OR
      ii. Metro-Gel 0.75% vaginal gel one applicator full (5g) intravaginally at HS x 5 day OR

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iii. Clindamycin vaginal cream 2%, 1 applicator full (5g) intravaginally at HS x 7 days.

iv. Although several reported case series found no evidence of metronidazole-associated adverse effects in breastfed infants, some clinicians advise deferring breastfeeding for 12–24 hours following maternal treatment with a single 2 g dose of metronidazole.

v. Tinidazole should be avoided during pregnancy/breastfeeding.

4. Treatment – HIV infected clients.
   a. Persons with HIV and BV should receive the same treatment as persons without HIV.

5. Treatment options for women with persistent or recurrent BV:
   a. Retreatment with the same recommended regimen is an acceptable approach after the first occurrence.
   b. Using a different recommended regimen can be considered.
   c. 0.75% Metronidazole gel one applicator (5g) vaginal 2x a week for 4-6 months has been shown to decrease reoccurrence.
   d. Limited data suggest the following option for recurrent BV: metronidazole or tinidazole 500 mg PO bid for 7 days; follow with boric acid 600 mg vaginally at HS for 21 days; follow with suppressive 0.75% metronidazole gel 1 applicator (5g) at HS 2x a week for 4-6 months.
   e. Monthly metronidazole 2 g PO once PLUS fluconazole 150 mg PO once has been evaluated as suppressive therapy; this regimen reduced the incidence of BV and promoted colonization with normal vaginal flora.

6. Use caution with oral Metronidazole in those with hepatic dysfunction (as indicated by elevated liver function tests or hepatitis in last 6-12 months), colitis, renal disease, & seizure disorders.

7. The use of Antabuse (disulfiram) and metronidazole may cause a drug interaction resulting in acute psychosis and confusion.

8. CDC STD Treatment Guidelines 2015 state that “All women with BV should be tested for HIV and other STDs.”

CLIENT EDUCATION

1. Provide education handout, review symptoms, treatment options, and medication side effects.
2. Advise client of pertinent information regarding metronidazole, which should not be taken with alcohol because drug might cause severe nausea and vomiting. Alcohol should be avoided 24 hours before, during, and after treatment; 72 hours after taking tinidazole. Clindamycin can cause pseudomembranous colitis resulting in severe diarrhea. If symptoms occur patient should stop medication and seek immediate medical care.
3. Advise to avoid intercourse during treatment OR use condoms consistently.
4. Douching may increase the in risk for BV.
5. Avoid using contraceptive diaphragm and/or condoms during and at least 72 hrs. After treatment with clindamycin cream or ovules as it may weaken latex or rubber products.
6. Stress importance not to interrupt treatment during menses and not to use tampons during treatment.
7. Review safer sex education, as appropriate.
8. Recommend that client RTC if symptoms persist for re-evaluation.

CONSULT/ REFER TO PHYSICIAN

1. Women with history of hepatic disease, colitis, renal disease or seizure disorders.
References:
