

SUPPLEMENTARY STATEMENT

for recommendations related to the diagnosis,
management, and follow-up of

VAGINAL DISCHARGE

March 2014

Canadian Guidelines on Sexually Transmitted Infections

KEY ISSUE

The *Gonococcal Infections* chapter has been revised in response to emerging antimicrobial resistance. As a result, the 2010 print and online versions of the *Vaginal Discharge* chapter of the *Canadian Guidelines on Sexually Transmitted Infections* also require updates.

This statement is intended to inform clinicians of **key changes in the management of vaginal discharge** until such time as the full chapter revision is available.

DIAGNOSIS

- On occasion, cervicitis caused by *N. gonorrhoeae* or *C. trachomatis* may be associated with vaginal discharge.
- Patient examination should include:
 - An external genital exam for vulvar edema/erythema or excoriations;
 - A speculum exam to visualize the cervix and the vaginal walls;
 - A bimanual exam to rule out lower abdominal tenderness or cervical motion tenderness.

If there is clinical evidence of cervicitis:

- Although not a sensitive test, Gram stain may be helpful in diagnosing mucopurulent cervicitis (MPC) and gonorrhea in symptomatic females.
- Testing for both gonorrhea and chlamydia is recommended.
- Depending on the clinical situation, consideration should be given to collection of samples for *N. gonorrhoeae* using both culture and NAAT.

TREATMENT

- In patients presenting with vaginal discharge who have a suspected or confirmed gonococcal infection, treatment should include combination therapy in response to increasing antimicrobial resistance.
 - Combination therapy using medications with two different mechanisms of action is thought to improve treatment efficacy as well as to potentially delay the emergence of cephalosporin-resistant gonorrhea.
 - This combination therapy also includes effective treatment for concomitant chlamydia infection, which occurs frequently.



- Refer to *Table 7* in the *Gonococcal Infections* chapter for treatment recommendations and to the *Follow-up* section for test of cure recommendations.
- **Figure 1** in the current *Vaginal Discharge* chapter is **out of date and should not be used to guide treatment decisions**.
- In patients where there is no identified risk for gonococcal infection AND patient follow-up can be assured, treatment of vaginal discharge should be based on clinical findings and test results according to the recommendations in the appropriate section of the current *Vaginal Discharge* chapter.

FOLLOW-UP

- Patients treated for bacterial vaginosis, candidiasis or trichomoniasis do not generally require follow-up post-treatment except if there are recurrent or persistent symptoms. Refer to the appropriate section of the current *Vaginal Discharge* chapter for follow-up and management recommendations for these patients.
- Those who have confirmed gonococcal infection should be reported to local public health and followed up as per the recommendations in the *Partner notification* and *Follow-up* sections of the *Gonococcal Infections* chapter.