**TREATMENT GUIDELINES FOR HEALTH STAFF**

**BACTERIAL VAGINOSIS**

Authorized health and wellness staff may treat symptomatic, clinically confirmed bacterial vaginosis as follows:

1. Administer metronidazole 500 mg orally with fluids or snack twice daily for 7 days **or** metronidazole gel 0.75%, one full applicator (5 g), intravaginally once daily for 5 days **or** clindamycin cream 2%, one full applicator (5 g), intravaginally at bedtime for 7 days.
2. Alternative treatments with lower efficacy: administer clindamycin 300 mg po twice daily for 7 days **or** clindamycin ovules 100 mg intravaginally at bedtime for 3 days.
3. Symptomatic bacterial vaginosis (BV) has been associated with adverse pregnancy outcomes. Oral therapy has not been reported to be superior to topical therapy for treating symptomatic BV in effecting cure or preventing adverse outcomes of pregnancy. Pregnant women can be treated with any of the recommended regimens for nonpregnant women, in addition to the alternative regimens of oral clindamycin and clindamycin ovules.
4. Instruct student to return for re-treatment if vomiting occurs within 4 hours of treatment with oral regimens.
5. Caution student that many vaginal creams and ovules are oil-based and may weaken latex condoms and diaphragms for 5 days after cream use.
6. Discuss screening for STIs as appropriate, health department reporting requirements, and prevention of STIs and pregnancy (offer condoms and contraceptives as appropriate).
7. Routine treatment of sex partners is not recommended.

**WHEN TO REFER TO THE CENTER PHYSICIAN**

* If the student needs additional STI or pregnancy screening
* If the student reports failure of the above treatment
* If persistent vaginal discharge
* If onset of pelvic pain