

**10.3 CANDIDIASIS**

TITLE	DESCRIPTION
DEFINITION:	Infection of the vagina with fungal organisms leading to symptoms of pruritis, external dysuria, and abnormal discharge. Candidiasis is always present in the vagina in small amounts. When the normal acidity of the vagina changes, candida can multiply. It can be passed onto partners during sexual intercourse but is not commonly sexually spread.
SUBJECTIVE:	<p><b>Must Include:</b></p> <ol style="list-style-type: none"> <li>1. Sexual Health Assessment.</li> </ol> <p><b>May Include:</b></p> <ol style="list-style-type: none"> <li>1. Vaginal discharge with or without vulvar and/or vaginal pruritis, burning, soreness or odor.</li> <li>2. History of recent use of antibiotics, oral contraceptives, or other drugs.</li> <li>3. Dyspareunia.</li> <li>4. Genital and/or vaginal irritation or excoriation.</li> <li>5. External Dysuria.</li> <li>6. History of diabetes mellitus, HIV, immunocompromising diseases or long term use of antibiotics or corticosteroids.</li> <li>7. History of recent herpetic outbreak or treatment for venereal warts.</li> </ol>
OBJECTIVE:	<p><b>May Include:</b></p> <ol style="list-style-type: none"> <li>1. Erythematous, swollen labia +/- excoriations.</li> <li>2. Tender, erythematous vaginal walls.</li> <li>3. Semi-adherent, curdy, white discharge present on vaginal walls, cervix and/or vulva.</li> <li>4. Genital itching, burning or rash.</li> </ol>
LABORATORY:	<p><b>May Include:</b></p> <ol style="list-style-type: none"> <li>1. Microscopic evaluation of vaginal side wall swabbing or vulvar scraping reveals monial hyphae and spores. If difficulty is encountered visualizing characteristic microbes due to cellular debris, addition of 10% potassium hydroxide to slide may be useful.</li> <li>2. Vaginal pH 4.0 - 5.0.</li> <li>3. Negative KOH "Whiff" test.</li> <li>4. Nickerson culture if diagnosis is strongly suspected but wet mount is negative.</li> <li>5. May consider vaginal culture with recurrent vulvovaginitis to identify unusual yeast species including non-albicans species.</li> <li>6. Blood sugar and/or urine dipstick.</li> <li>7. STD or HIV testing if clinically indicated.</li> </ol>
ASSESSMENT:	Genital Candidiasis.
PLAN:	<ol style="list-style-type: none"> <li>1. Treat according to regimens recommended by the current CDC STI treatment guidelines.</li> </ol>
EDUCATION:	<ol style="list-style-type: none"> <li>1. Provide educational handout, review symptoms, treatment options, and vaginal health principles.</li> </ol>

	<ol style="list-style-type: none"> <li>2. Advise to avoid intercourse during treatment (vaginal therapies may weaken latex condoms).</li> <li>3. Stress the importance of not interrupting treatment during menses and not to use tampons during treatment with vaginal therapies.</li> <li>4. Counsel on importance of perineal hygiene.</li> <li>5. Educate that clients are at higher risk of candida infection/carriage in uncircumcised males.</li> <li>6. Advise partner to self-treat if symptomatic.</li> <li>7. Recommend client RTC if symptoms persist, or recur within 2 months of onset of initial symptoms.</li> </ol>
REFERRAL TO MEDICAL PROVIDER:	As indicated.
REFERENCES:	<ol style="list-style-type: none"> <li>1. <a href="https://www.cdc.gov/std/tg2015/tg-2015-print.pdf">Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2015. MMWR Recomm Rep 2015;64 (No.RR-3): Pp. 1-137. (https://www.cdc.gov/std/tg2015/tg-2015-print.pdf).</a></li> </ol>