Clinical Sub-Group to support the delivery of an Expanded Role for Community Pharmacy

Common Conditions Service Protocol

Vulvovaginal Thrush

V1.9 26/09/2025

This protocol does not impede the sale and supply of medicines
'over the counter' where this legal route of supply is relevant

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1. Critical Elements

1.1 Protocol Version
Version 1.9
1.2 Protocol Authors
Clinical Sub-Group to support the delivery of an Expanded Role for Community Pharmacy (See Appendix A for membership)
• Pharmacists wishing to deliver this service must: 1. Complete the mandatory Common Conditions Service training. Training can be accessed on the Irish Institute of Pharmacy website. 2. Adhere to the information and recommendations included in the Clinical Protocol for this common condition, and always ensure that they are following the current version of the protocol. Current versions of the Clinical Protocols can be accessed on the HSE website. 3. Comply with legislation in place that relates to delivery of the service and any associated guidance from the PSI. • NOTE: Locum pharmacists employed on a temporary basis who have successfully completed the training may be authorised to provide the service. They must be able to produce a record of their training upon request.

2. Clinical Criteria

2.1 Clinical condition for use of the protocol and differential diagnosis

Topical treatment of Vulvovaginal Thrush in individuals aged 16 years up to and including 60 years of age whose sex assigned at birth is female.

Background
The majority of cases of vulvovaginal thrush (Vulvovaginal candidiasis) are caused by *Candida albicans*. Candida can lead to genitourinary symptoms. Vulvovaginal thrush is one of the most common causes of vulvovaginal itching and discharge. Treatment is indicated for the relief of symptoms and varies based on disease severity. Asymptomatic colonisation is common and does not always need to be treated.

Signs and Symptoms
Symptoms of vulvovaginal thrush include:

- Vulval and/or vaginal itch.
- Vaginal soreness.
- Vaginal redness.
- White, thick vaginal discharge.
- Other signs and symptoms include:
    - non-offensive odour
    - dyspareunia (painful intercourse)
    - dysuria (a pain or burning or stinging sensation when urinating)
    - vulval erythema / fissuring and/or satellite lesions.

Recurrent Vulvovaginal Candidiasis
Recurrent vulvovaginal candidiasis is defined as four or more episodes per year, two of which are confirmed on microscopy or culture when the patient is symptomatic. Individuals experiencing recurrent symptoms or failing to respond to treatment should be referred to a medical practitioner for clinical assessment to confirm the diagnosis.

For the most part, individuals should not be offered treatment under this protocol if they have failed to respond to treatment for vulvovaginal thrush or if they have had two or more episodes of self-reported vulvovaginal symptoms within the twelve months prior to this presentation. Pharmacist discretion is permitted in deciding whether to treat further episodes of symptoms (i.e. if more than two episodes over past 12 months) in context of exposure to known precipitants, and/or following full clinical assessment by a medical practitioner.

Differential Diagnosis and other clinical considerations
Sexually Transmitted Infections (STIs)
If an individual is concerned that they may be at risk of an STI from unprotected sexual intercourse they should be signposted to their GP or HSE Sexual Health services for further information on STI testing.

It is important to advise the individual that many STIs are asymptomatic and can only be detected through testing. The HSE free home STI testing service is available to anyone aged 17 or older who lives in the Republic of Ireland.

Information about STIs, availability of services and the home STI testing service is available at sexualwellbeing.ie.

Trichomoniasis
Trichomoniasis is caused by the flagellated protozoan, *Trichomonas vaginalis* (TV). It is less common in Ireland compared to other sexually transmitted infections. Most cases of

TV are found in women, though it can affect everyone. The infection may be asymptomatic. It is a notifiable disease and the testing and treatment of sexual partners within the four weeks prior to presentation is important to prevent reinfection and onward transmission.

Trichomoniasis can infect the vagina, urethra and para-urethral glands. In women, trichomoniasis usually presents with a vaginal discharge which may be malodorous with an associated vulvitis/vaginitis. Symptoms in women include frothy yellow-green discharge, offensive odour, dyspareunia/dysuria, vulval itch/discomfort. Men usually present as sexual contacts of women with infection. They may present with symptoms of urethritis including dysuria and urethral discharge. Complications of trichomoniasis in women include perinatal complications, infertility and pelvic inflammatory disease. Complications in men include prostatitis and infertility.

Bacterial Vaginosis
Bacterial Vaginosis (BV) is a common cause of abnormal vaginal discharge in women of reproductive age. BV is caused by the replacement of normal lactobacilli with anaerobic organisms. This bacterial imbalance may be caused by over-washing the vagina, using vaginal douches, or using perfumed soaps, bubble baths, or feminine wipes. It is not considered to be sexually transmitted. It is characterised by a white, non-irritating, malodorous vaginal discharge. The discharge commonly smells "fishy" and is often more noticeable after sexual intercourse. About 1 in 10 women will get BV at some point in their life. It is common in pregnant women.

Genitourinary syndrome of menopause (vulvovaginal atrophy)
Vulvovaginal atrophy is inflammation and thinning of the vaginal lining caused by lowering of oestrogen levels. It is a common symptom of the perimenopause and menopause and can also occur several years after the menopause. Symptoms may include dryness, burning, or dyspareunia. Urinary frequency, recurrent bladder infections, and sexual dysfunction may also occur.

Lichen sclerosus
Lichen sclerosus (LS) is a relatively common chronic inflammatory skin condition. In affected women and, less commonly, female children, it typically affects the ano-genital region but can affect other extragenital sites. Although LS is generally considered to be an autoimmune condition, the exact aetiology remains unclear; it is likely multifactorial. Symptoms include:

- Itch (primary symptom), often severe
- Soreness / burning pain (consequence of erosion or fissures)
- Dysuria
- Superficial dyspareunia
- May be (rarely) asymptomatic

Vulvar Dermatitis
Vulvar dermatitis is an inflammatory skin condition. Individuals with vulvar dermatitis experience chronic irritation or itch. This may cause sleep disturbance and/or dysmenorrhoea which can negatively affect their quality of life. It may be due to endogenous (such as atopic dermatitis, seborrheic dermatitis) or exogenous (such as irritant or allergic dermatitis) causes.

2.2 Summary of Clinical Features

Symptoms of vulvovaginal thrush include:

- Vulval and/or vaginal itch.
- Vaginal soreness.
- Vaginal redness.
- White, thick vaginal discharge.
- Other signs and symptoms include non-offensive odour, dyspareunia, dysuria, and/or vulval erythema / fissuring and/or satellite lesions.

2.3 Inclusion criteria

2.3.1 CRITERIA FOR INCLUSION

- Informed consent given by the individual.
- Individuals 16 years up to and including 60 years of age whose sex assigned at birth is female.
- Individual has symptoms consistent with Vulvovaginal Thrush.

2.4 Exclusion criteria and Referral Pathways

2.4.1 CRITERIA REQUIRING EMERGENCY REFERRAL TO HOSPITAL EMERGENCY DEPARTMENT/CONTACTING EMERGENCY SERVICES

- Individual is systemically very unwell, or showing symptoms of severe/life-threatening infection, or systemic sepsis: **Refer urgently to Emergency Department via ambulance.**

2.4.2 CRITERIA REQUIRING URGENT MEDICAL ASSESSMENT (TREATING SERVICE/GENERAL PRACTITIONER/GENERAL PRACTITIONER OUT OF HOURS/HOSPITAL EMERGENCY DEPARTMENT)

- Signs/symptoms of a more serious condition/illness.

2.4.3 CRITERIA REQUIRING REFERRAL TO GENERAL PRACTITIONER or OTHER RELEVANT MEDICAL PRACTITIONER

Note: Pharmacist prescribing not permitted

- Males.
- Individuals under 16 years of age.
- Individuals aged 61 years of age and over.
- Individual is pregnant
- Individual is immunocompromised due to underlying medical conditions or treatments.
- Recurrent vulvovaginal candidiasis. Pharmacist discretion is permitted in deciding whether to treat further episodes of symptoms (i.e. if more than two episodes over past 12 months) in context of exposure to known precipitants, and/or following full clinical assessment by a medical practitioner.
- Failure to respond to treatment
- Known diabetes mellitus (Type 1 or 2).
- Suspected sexually transmitted infection.
- Suspected trichomoniasis.

- Suspected bacterial vaginosis.
- Suspected genitourinary syndrome of menopause (vulvovaginal atrophy).
- Suspected lichen sclerosus.
- Suspected vulvar dermatitis.
- Suspected urinary tract infection (refer to Uncomplicated Lower Urinary Tract Infection protocol if UTI is suspected). Symptoms may include change in urgency or frequency of urination or abdominal pain.
- Any other atypical vaginal discharge (e.g. foul-smelling discharge) or abnormal vaginal bleeding.
- Contraindications as specified in the medication Summary of Product Characteristics.
- Known hypersensitivity or adverse reaction to medication treatment options as included in Section 3.1, or any of the components within the formulation.

2.5 Action to be taken where individual meets exclusion criteria, or treatment is not indicated, or if the individual/parent/legal guardian declines treatment

- If individual meets exclusion criteria, they should be referred or signposted as per the protocol (see Section 2.4).
- Advise individual/parent/legal guardian to seek medical advice if symptoms deteriorate.
- Signpost to available resources on HSE A-Z and the HSE app if appropriate.
- Follow record keeping procedures.

3. Details of medication

3.1 Name of medication, dose, and duration

- All individuals being treated under this protocol should be advised about appropriate vulval skincare, as outlined in Section 4.1.
- Intravaginal and oral treatments have similar efficacy in the management of vulvovaginal candidiasis.

Treatment Options & Formulary

- Short course topical and/or intravaginal formulations effectively treat uncomplicated vulvovaginal candidiasis.
- Treatment selection should be made on the basis of location of symptoms, patient preference and availability of products on the market.
- Monotherapy with topical cream is rarely sufficient to treat vulvovaginal thrush and, instead, it should be employed as an adjunct to intravaginal preparations to alleviate external vulval symptoms.
- If the individual describes symptoms suggestive of vulvitis (e.g. significant vulval erythema, pain, itch) the combined use of topical hydrocortisone and topical clotrimazole may be beneficial.
- Individuals should be advised that menstruation may limit the efficacy of topical or intravaginal preparations, as it may result in the product being displaced. As such, treatment should ideally be completed prior to onset of menstruation or restarted once menstrual flow lightens.

Vulvovaginal Thrush Antimicrobial Treatment Table
(Not all products may be marketed in Ireland)

Drug and Dose	Duration	Notes
Clotrimazole 500mg Intravaginal Pessary	Single dose	Insert pessary using applicator high into the vagina at night. Latex condoms and diaphragms can be damaged by pessaries; extra precautions are advised.
Clotrimazole 200mg Intravaginal Pessary	Insert one pessary daily, preferably at night, before going to bed, for three consecutive days	
Clotrimazole 100mg Intravaginal Pessary	Insert one pessary daily, preferably at night, before going to bed, for six consecutive days. Alternatively, two pessaries can be inserted for three consecutive days	
Econazole 150mg Intravaginal Pessary	Single dose	
Clotrimazole 1% w/w or 2% w/w Cream	Apply to the affected area every 8 – 12 hours until symptoms have resolved or up to 7 days. Recommended as an adjunct to intravaginal pessaries	Use of 1% hydrocortisone in combination with azole cream may be required. Clotrimazole may damage latex condoms and diaphragms, extra precautions advised. This product contains cetostearyl alcohol which may cause local skin irritation (e.g. rash, itching or redness).
Clotrimazole 1.0% w/w and Hydrocortisone 1.0% w/w cream	Apply to the affected area every 12 hours until symptoms have resolved or up to 7 days. Recommended as an	

	adjunct to intravaginal pessaries	

3.2 Summary of Product Characteristics including warnings, cautions, contraindications, interactions and side effects.

Visit the Health Products Regulatory Authority (HPRA) website for detailed drug information (summary of product characteristics and patient information leaflets). Dosing details, contraindications and drug interactions can also be found in the Irish Medicines Formulary (IMF) or other reference sources such as British National Formulary (BNF) / BNF for children (BNFC).

3.3 Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via HPRA Pharmacovigilance, website: www.hpra.ie

3.4 Procedure for the reporting and documentation of errors and near misses involving the medication including open disclosure.

PSI Advice on Medication Error Management:
https://www.psi.ie/practice-supports/practice-updates-and-learnings/advice-medication-error-management
PSI Open Disclosure:
Open Disclosure | PSI

3.5 Resources and equipment necessary for care under the protocol to be specified. This is dependent on the assessment requirements and best practice guidelines identified for the clinical condition.

- HSE National Consent Policy
- Chaperone Policy
- Patient Consultation Area
- Infection Prevention Control Measures
- Protecting Staff – Occupational Health

4. Patient/service-user care information

4.1 General Advice for Self-Care and Safety Netting
Individuals should be advised to seek further advice from a GP or other relevant medical practitioner if symptoms do not improve within seven days of commencing treatment or if symptoms return within two months of treatment. Appropriate vulval skincare is central to the treatment and prevention of vulvovaginal thrush. The general advice is as follows: • wear loose clothes and cotton underwear (avoid tight clothing) • avoid too much washing of the genital area • avoid use of perfumed soaps, tee tree oil, baby wipes or vaginal deodorant products or douches • wash the genitals using an emollient and pat the vagina and vulva dry with a clean towel after washing • use non-perfumed panty liners or sanitary pads • change out of damp swimwear or sweaty sports gear as soon as possible • Inform patients that thrush can be passed on to sexual partners. Condom use may reduce this risk. Individuals should be advised that a sexual partner does not need to be treated unless they have symptoms. • Topical and intravaginal azoles may reduce the efficacy of condoms and additional contraceptive precautions may be needed. Provide verbal and offer written information on thrush and appropriate vulval skincare. Information is available at sexualwellbeing.ie and the HSE A-Z.
4.2 Medication information to be provided to the individual/parent/legal guardian using the authorised patient information leaflet if one is available.
• Signpost to available resources on HSE A-Z and the HSE app. • Medication Patient Information Leaflets (PILs).

Key References

- HPRA https://www.hpra.ie/
- HSE Antibiotic Prescribing https://www.hse.ie/eng/services/list/2/gp/antibiotic-prescribing/conditions-and-treatments/genital/vaginal-candidiasis/
- HSE Sexual Wellbeing – Thrush (candida) https://www.sexualwellbeing.ie/sexual-health/sexually-transmitted-infections/genital-conditions/thrush-candida-.html
- HSE A-Z https://www2.hse.ie/conditions/
- HSE – Clinical Update Adult Vulval Lichen Sclerosus https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/clinical-guidelines/clinical-update-adult-vulval-lichen-sclerosus.pdf
- UpToDate Candida vulvovaginitis in adults: Treatment of acute infection https://www.uptodate.com/contents/candida-vulvovaginitis-in-adults-treatment-of-acute-infection
- UpTo Date Candida vulvovaginitis: Clinical manifestations and diagnosis https://www.uptodate.com/contents/candida-vulvovaginitis-clinical-manifestations-and-diagnosis

Appendix A – Clinical Sub-Group Membership

Core Membership

- Dr. Siobhán Ní Bhriain - HSE National Clinical Director Integrated Care (Chair)
- Dr. David Hanlon - HSE National Clinical Advisor Primary Care (Vice Chair)
- Ms. Ciara Kirke - HSE Clinical Lead National Medication Safety Programme
- Ms. Linda Fitzharris - HSE PCRS Head of Pharmacy
- Dr. Diarmuid Quinlan - Medical Director ICGP & GP
- Ms. Elaine Dobell - HSE General Manager, Office of National Clinical Director Integrated Care
- Ms. Marie Philbin - AMRIC Chief Pharmacist
- Mr. Jonathon Morrissey - Community Pharmacist
- Ms. Áine McCabe - Community Pharmacist
- Dr. Clíona Murphy – National Women and Infants Health Programme
- Ms. Sarah Clarke - Medicines Management Programme

General Membership as needed

- Ms. Aoife Doyle - HSE National Clinical Lead for Ophthalmology
- Prof. Anne Marie Tobin - HSE National Clinical Lead for Dermatology
- Dr. Eavan Muldoon - HSE National Clinical Lead for Infectious Diseases
- Dr. Seán O'Dowd - HSE National Clinical Lead for National Dementia Office representing National Clinical Programme for Neurology on behalf of Prof. Sinéad Murphy
- Ms. Ruth Hoban - HSE West Assistant Director of Nursing and Midwifery for Nurse Prescribing on behalf of Dr. Geraldine Shaw
- Prof. Fiona Lyons - HSE National Clinical Lead for Sexual Health
- Ms. Caoimhe Gleeson - HSE National Office for Human Rights and Equality Policy
- Dr. Andrew Bolas - Assistant National Oral Health Lead
- Dr. Myra Herlihy - Assistant National Oral Health Lead Special Care and Training
- Prof. Basil Elnazir – Consultant in Paediatric Respiratory Medicine