

Implementation of Partner Treatment for BV

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[@vaginalhealthaus](https://www.instagram.com/vaginalhealthaus)



We acknowledge the **Boonwurrung** and the **Wurundjeri** clans of the **Kulin Nation** who are the custodians of the land and waters, and pay our respects to Elders past and present.

Bacterial vaginosis

➤ Bacterial vaginosis affects 1 in 4 reproductive aged women globally

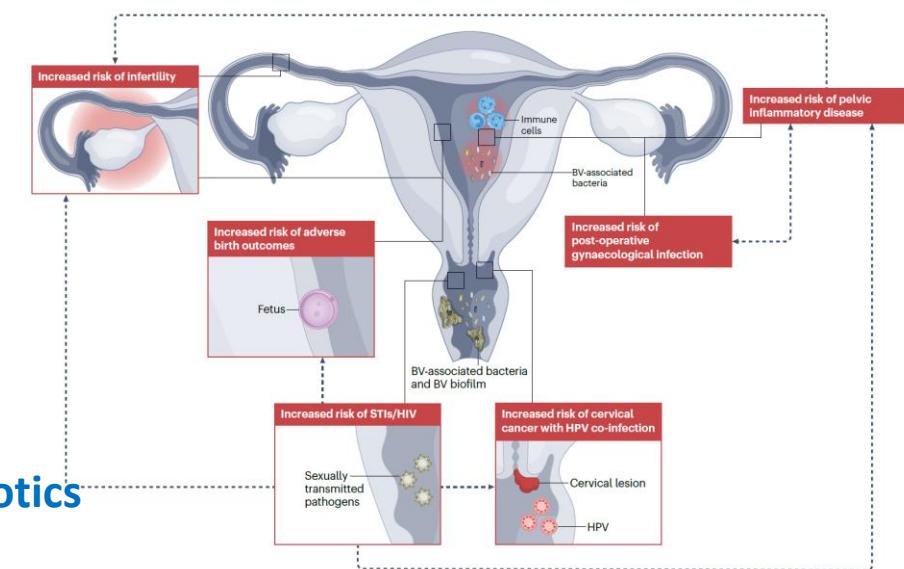
- Dysbiosis characterised by reduction in optimal *Lactobacillus* spp., and increase in bacterial diversity and anaerobes
- Increased risk of acquiring STIs, HIV and obstetric and reproductive sequelae
- Significant distress and impact on quality of life and relationships

➤ Globally recommended treatment has been directed solely to women

- >50% experience BV recurrence within 3 months of first-line antibiotics
- 60-80% in women with an ongoing partner

➤ Robust evidence for penile-urethral and cutaneous carriage of BV-bacteria

➤ We hypothesized that regular partners were reinfecting women after antibiotics and driving the high rates of treatment failure



Step Up RCT: Investigating the effect of concurrent male partner treatment on BV recurrence (ACTRN12619000196145)

Principal Investigators: Prof Catriona Bradshaw and Dr Lenka Vodstrcil



Primary objective:

To determine whether concurrent oral and topical antibiotic treatment of male partners of women receiving first-line therapy for BV, significantly reduces the risk of recurrence compared to female-treatment only, in the 12 weeks after randomisation.

Primary outcome:

BV recurrence, defined as 3 or 4 Amsel criteria and Nugent score 4 to 10, within 12-weeks

Secondary outcomes:

- BV recurrence (defined above) within 4 weeks;
- Nugent score 7 to 10 within 4 weeks;
- Nugent score 7 to 10 within 12 weeks;
- Vaginal microbiota outcomes;
- Adherence to antibiotic therapy and adverse events

Vodstrcil et al. *BMC Infectious Diseases* (2020) 20:834
<https://doi.org/10.1186/s12879-020-05563-w>

BMC Infectious Diseases

STUDY PROTOCOL

Open Access

Treating male partners of women with bacterial vaginosis (StepUp): a protocol for a randomised controlled trial to assess the clinical effectiveness of male partner treatment for reducing the risk of BV recurrence



Lenka A. Vodstrcil^{1,2*}, Erica L. Plummer^{1,2}, Michelle Doyle², Christopher K. Fairley^{1,2}, Colette McGuiness², Deborah Bateson^{3,4}, Jane S. Hocking⁵, Matthew G. Law⁶, Kathy Petoumenos⁶, Basil Donovan⁶, Eric P. F. Chow^{1,2}, Catriona S. Bradshaw^{1,2,5*} and on behalf of the StepUp RCT Team

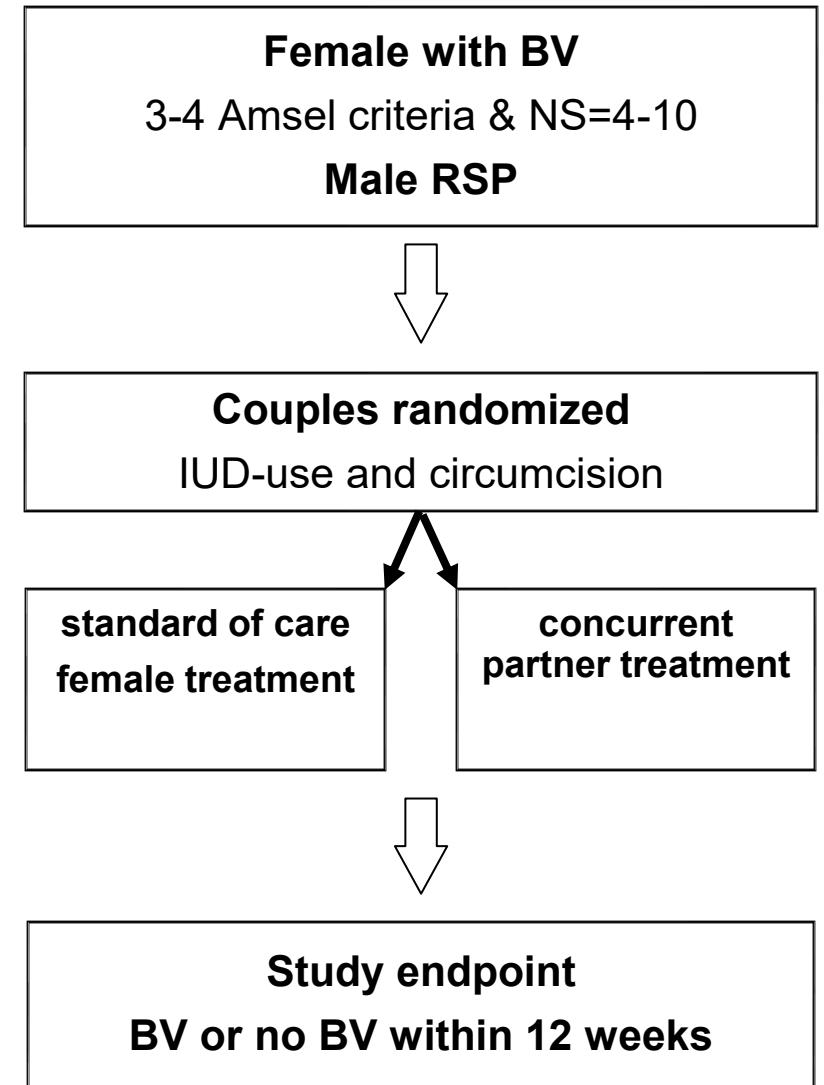
Step Up Trial Methods

Randomisation and treatment

- Female participants received oral metronidazole 7 days
 - PV clindamycin cream 7 days minority
- Couple randomised 1:1 to intervention or control group
 - stratified by IUD-use and male circumcision status
- Intervention:** Concurrent combination antimicrobial therapy for males
 - oral metronidazole 400mg tablets twice daily 7 days AND**
 - 2% clindamycin cream topically to the glans penis and upper shaft twice daily 7 days**
- Control group:** global standard-of-care female-treatment
 - access to partner treatment if BV recurrence occurred

Follow up and blinding

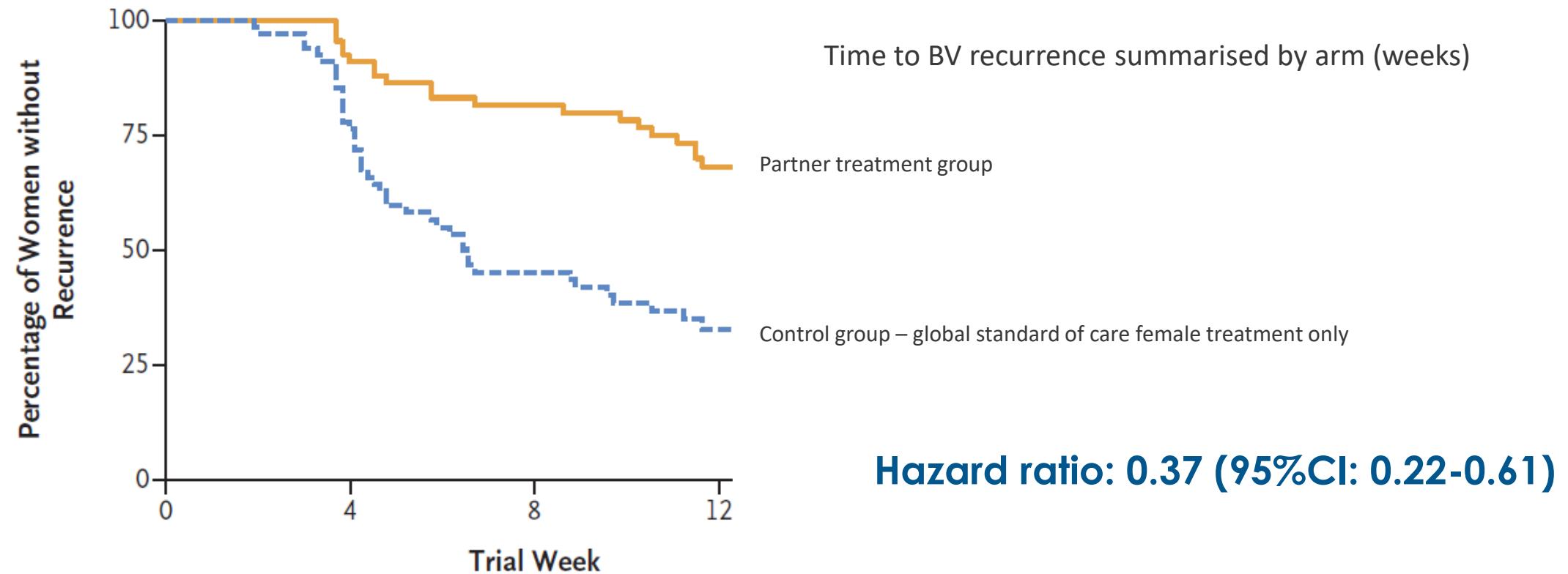
- Onsite Amsel scoring at baseline, week 4 and week 12
- Nugent scoring at baseline, day 8, week 4, 8 and 12
- Adherence and adverse events assessed at day 8
- Microscopists who assessed Nugent score, clue cells and amine result blinded to group



Male Partner Treatment significantly reduced time to BV recurrence



BV recurrence defined as 3-4 Amsel criteria & NS=4-10 within 12 weeks



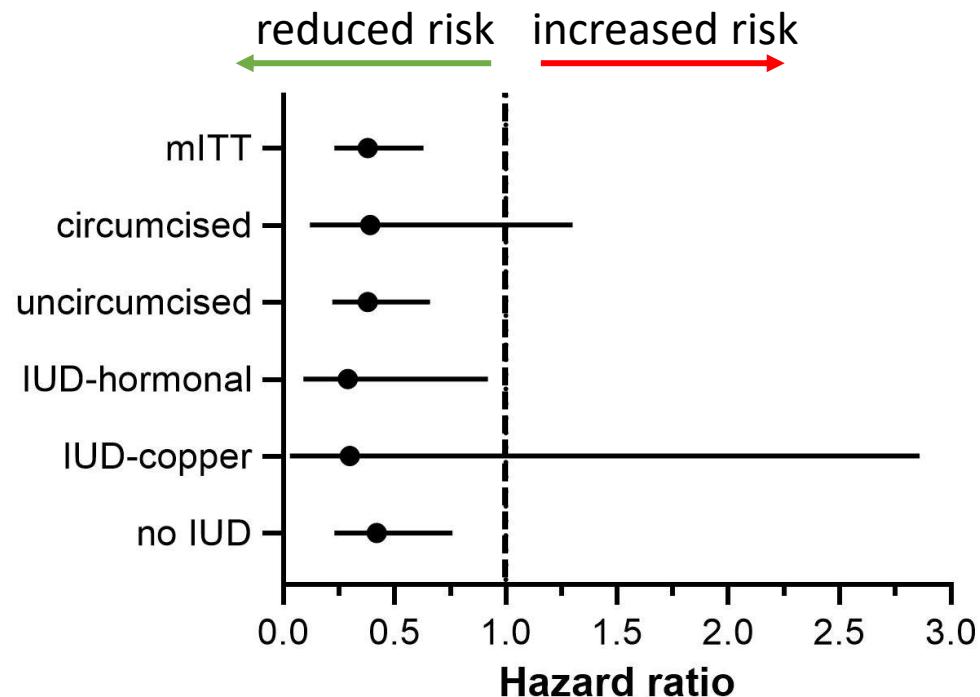
No. at Risk

Partner-treatment group	69	61	50	31
Control group	68	51	27	11

Results – Stratified analyses

Effect of partner-treatment stratified by IUD-type and male circumcision status

- Reduced risk of BV recurrence in partner treatment group vs controls in all stratified groups



Risk of BV recurrence relative to control group

Robust findings across stratified groups

- Partner-treatment reduced recurrence in IUD-users
- (small number with a copper IUD)
- Partner-treatment reduced recurrence in couples where male was uncircumcised



Female adherence to treatment was high (monotherapy)

- Metronidazole n=124: 92% of women took all 14 doses; or
- Intravaginal clindamycin n=19: 93% of women used all 7 doses

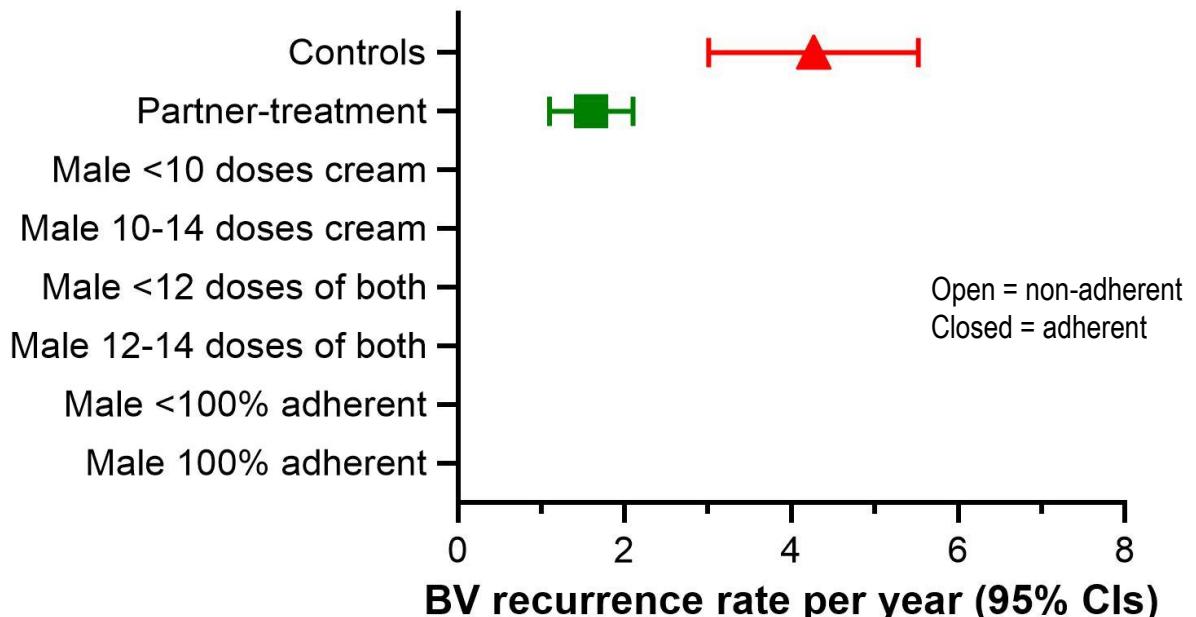
Male adherence was mixed (combination therapy)

- Metronidazole n=63: 84% took all 14 metronidazole doses, 13% missed 1-2 doses
- Topical clindamycin n=63: 56% applied all doses, 14% missed 1-2 doses



Recurrence rates influenced by male adherence

- Lowest for couples where male 100% adherent
- BV recurrence rate = 1.3 per year (95% CI: 0.7-2.6)



Adverse Effects

Tolerability among all treated men

- nausea (14%), headache (12%) & metallic taste (7%)
- lower frequency than in women
- penile redness and/or irritation (n=4)
- mild and non treatment limiting
- similar proportion in the pilot

If topical clindamycin was well tolerated why was adherence lower than for oral therapy?

Table 3. Adverse Events Reported by Participants Receiving Treatment.

Variable	Women in the Partner-Treatment Group (N=69)	Women in the Control Group (N=68)	Men Receiving Partner Treatment (N=69)*
Adherence data available — no. of participants			
No	1	3	13
Yes	68	65	56
Adverse events — no. of participants/total no. (%)†			
None	28/68 (41)	28/65 (43)	30/56 (54)
Any	40/68 (59)	37/65 (57)	26/56 (46)
Systemic adverse events — no. of participants/total no. (%)			
Nausea	14/68 (21)	14/65 (22)	8/56 (14)
Vomiting	1/68 (1)	1/65 (2)	0/56
Metallic taste	6/68 (9)	5/65 (8)	4/56 (7)
Headache	11/68 (16)	14/65 (22)	7/56 (12)
Local genital adverse events — no. of participants/total no. (%)			
Vaginal irritation	11/68 (16)	7/65 (11)	—
Vaginal itch	16/68 (24)	15/65 (23)	—
Redness of penile skin	—	—	2/56 (4)
Irritation of penile skin	—	—	4/56 (7)
Other adverse events — no. of participants‡			
White discharge or intermittent vaginal discharge	1	1	—
Diarrhea	1	1	0
Mood swings	1	0	0
Suspected thrush	2	3	0
Reflux	0	1	0
Stomach pain or discomfort	1	1	0
Tonsillitis	0	0	1
Arm aches	0	0	1
Dry mouth or bad breath	0	2	2
Loss of appetite	0	0	1
Brain fog and fatigue	2	2	1
Insomnia, difficulty sleeping	0	1	1
Vaginal dryness	1	0	—
Mild penile itchiness	—	—	1

Acceptability and Treatment Preference in Males

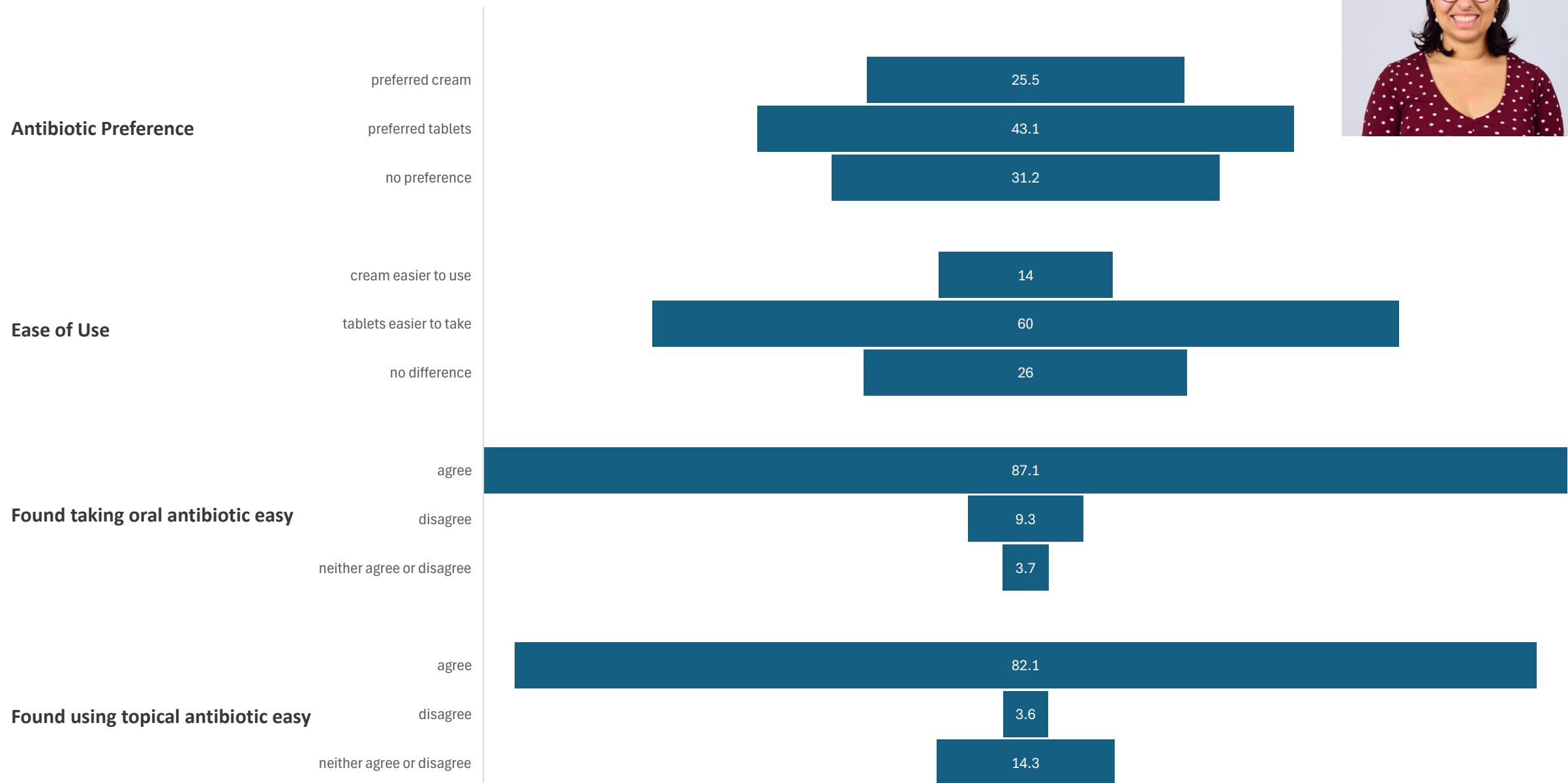
Antibiotic Preference



Ease of Use



Acceptability and Treatment Preference in Males

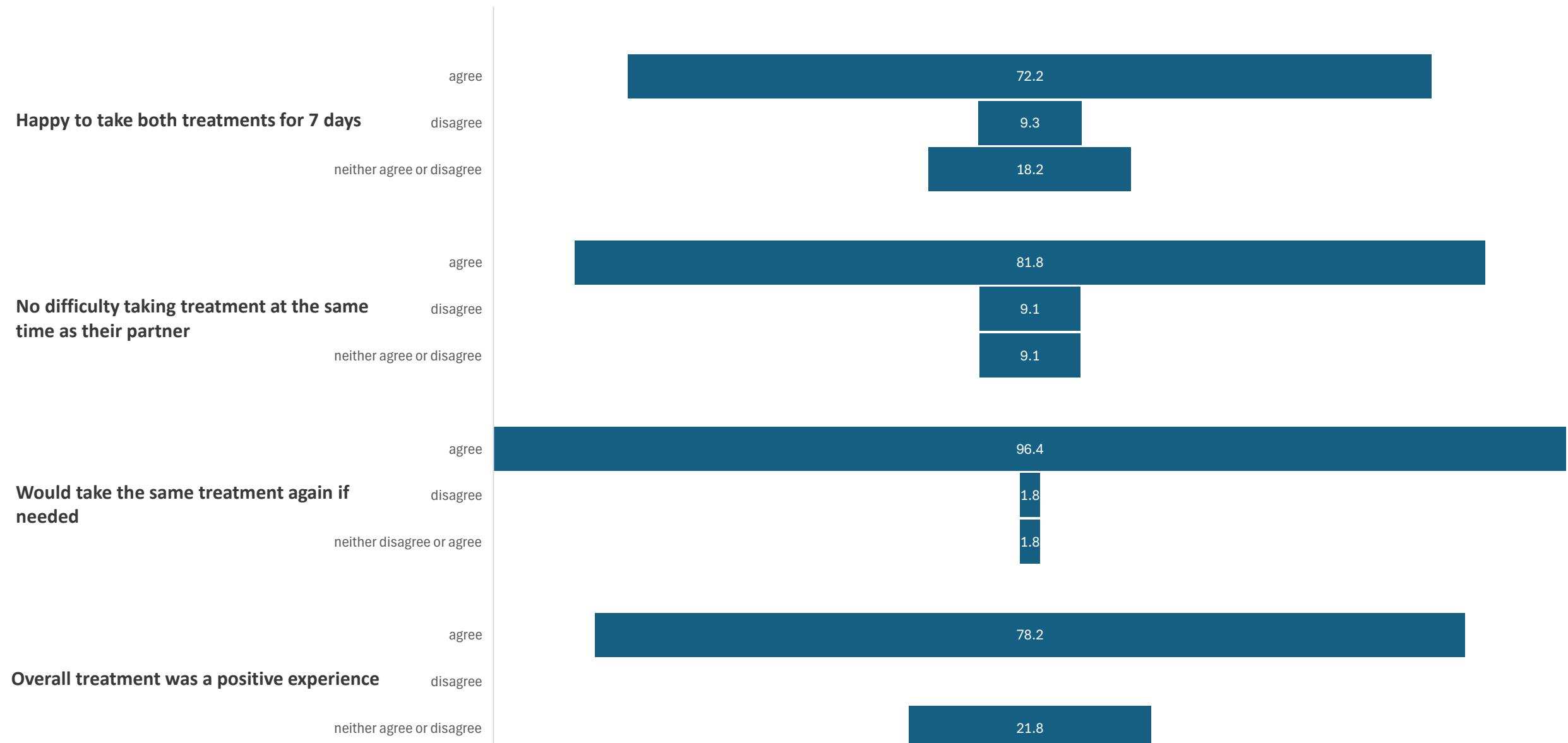


Courtesy of Asha Doolbah

Acceptability and Treatment Preference in Males



Acceptability and Treatment Preference in Males



Courtesy of Asha Doolbah

Trial Summary

Concurrent male partner-treatment with oral and topical antibiotics greatly improved BV cure, and this was sustained over 3 months

- Well tolerated and acceptable to men
- Strong effect in a population at high risk of recurrence
- Female partners of men who adhered to treatment had the highest rates of BV cure
- Need to improve male adherence particularly for topical clindamycin cream
- Partner-treatment was effective among women with an IUD and women with uncircumcised partners

Partner-treatment, using a short course of affordable, available and well tolerated medication substantially improved BV cure for women over 3 months

Why did this intervention work?

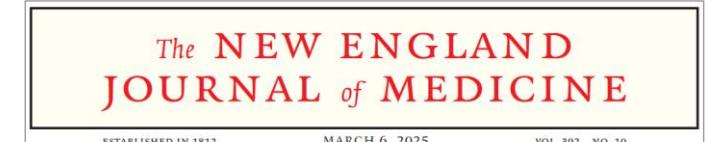
- Combination of an oral antimicrobial to target penile-urethral carriage of BV-bacteria and the topical antibiotic to target penile-skin carriage was key
- Addressed some of the potential limitations of past trials
- Strong emphasis by recruiting staff on need for closed relationships, high adherence and avoidance of sex during treatment phase

Stepping Forward



Implications

- Trial has provided the first conclusive evidence to show that reinfection from sexual partners is a very significant driver of BV recurrence
- Evidence needed to confirm that BV is sexually transmissible
- Paradigm shift in knowledge and clinical practice
- Advances our understanding of the pathogenesis of treatment failure
- Helps us investigate the remaining pool of women where partner treatment failed
 - For some reinfection was not prevented: poor male adherence, sex during treatment, concurrent partnerships
 - Others likely experiencing BV persistence: ?Dense biofilm, IUDs
- Develop multifaceted and/or extended treatment strategies to address persistence
- To achieve our goal of high rates of BV cure for all women



VOL. 392 NO. 10

Male-Partner Treatment to Prevent Recurrence of Bacterial Vaginosis

Lenka A. Vodstrcil, Ph.D.,^{1,3} Erica L. Plummer, Ph.D.,^{1,2} Christopher K. Fairley, Ph.D.,^{1,2} Jane S. Hocking, Ph.D.,³ Matthew G. Law, Ph.D.,⁴ Kathy Petoumenos, Ph.D.,⁴ Deborah Bateson, M.D.,⁵ Gerald L. Murray, Ph.D.,^{6*} Basil Donovan, M.D.,⁶ Eric P. F. Chow, Ph.D.,^{1,3} Marcus Y. Chen, Ph.D.,^{1,2} John Kaldor, Ph.D.,⁴ and Catriona S. Bradshaw, Ph.D.,^{1,3} for the StepUp Team*

ABSTRACT

BACKGROUND

Bacterial vaginosis affects one third of reproductive-aged women, and recurrence is common. Evidence of sexual exchange of bacterial vaginosis-associated organisms between partners suggests that male-partner treatment may increase the likelihood of cure.

METHODS

This open-label, randomized, controlled trial involved couples in which a woman had bacterial vaginosis and was in a monogamous relationship with a male partner. In the partner-treatment group, the woman received first-line recommended antimicrobial agents and the male partner received oral and topical antimicrobial treatment (metronidazole 400-mg tablets and 2% clindamycin cream applied to penile skin, both twice daily for 7 days). In the control group, the woman received first-line treatment and the male partner received no treatment (standard care). The primary outcome was recurrence of bacterial vaginosis within 12 weeks.

RESULTS

A total of 81 couples were assigned to the partner-treatment group, and 83 couples were assigned to the control group. The trial was stopped by the data and safety monitoring board after 150 couples had completed the 12-week follow-up period because treatment of the woman only was inferior to treatment of both the woman and her male partner. In the modified intention-to-treat population, recurrence occurred in 24 of 69 women (35%) in the partner-treatment group (recurrence rate, 1.6 per person-year; 95% confidence interval [CI], 1.1 to 2.4) and in 43 of 68 women (63%) in the control group (recurrence rate, 4.2 per person-year; 95% CI, 3.2 to 5.7), which corresponded to an absolute risk difference of -2.6 recurrences per person-year (95% CI, -4.0 to -1.2 ; $P<0.001$). Adverse events in treated men included nausea, headache, and metallic taste.

CONCLUSIONS

The addition of combined oral and topical antimicrobial therapy for male partners to treatment of women for bacterial vaginosis resulted in a lower rate of recurrence of bacterial vaginosis within 12 weeks than standard care. (Funded by the National Health and Medical Research Council of Australia; StepUp Australian New Zealand Clinical Trials Registry number, ACTRN12619000196145.)

Author affiliations are listed at the end of the article. Drs. Vodstrcil and Bradshaw can be contacted at lenka.vodstrcil@monash.edu and catriona.bradshaw@monash.edu, respectively, or at the Melbourne Sexual Health Centre, 580 Swanston St., Carlton 3053, VIC, Australia.

*The StepUp Team members are listed in the Supplementary Appendix, available at NEJM.org.

N Engl J Med 2025;392:947-57.
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CME



Lessons learnt

- Important to support women to discuss BV with partners
- Engage men using inclusive non-stigmatising language
 - “exchanging/sharing” good and bad bacteria
 - involving partners to improve cure
 - framing this as a shared responsibility
- Explain an intervention only works if
 - all individuals in a partnership receive treatment
 - everyone takes all of their medication
 - avoid sex during treatment



The NEW ENGLAND JOURNAL of MEDICINE

Male-Partner Treatment to Prevent Recurrence of Bacterial Vaginosis

A Research Summary based on Vodstrcil LA et al. | 10.1056/NEJMoa2405404 | Published on March 6, 2025

WHY WAS THE TRIAL DONE?

Studies have shown that men may harbor bacterial species associated with bacterial vaginosis in the distal urethra and subpreputial space and that the penile microbiota is predictive of a woman's risk of bacterial vaginosis. Evidence of sexual exchange of bacterial vaginosis-associated organisms suggests that treating partners could increase the likelihood of cure.

HOW WAS THE TRIAL CONDUCTED?

Women with bacterial vaginosis who were in a monogamous relationship with a male partner received first-line recommended antimicrobial agents; their male partners were assigned to receive either partner treatment — oral metronidazole and 2% clindamycin cream applied to penile skin — or no partner treatment. The primary efficacy outcome was recurrence of bacterial vaginosis within 12 weeks.

TRIAL DESIGN

- Open-label
- Randomized
- Controlled

• Location: Five health centers in three Australian states

RESULTS

The trial was stopped early after an interim analysis showed that treating only the female partner was inferior to treating both partners with respect to recurrence of bacterial vaginosis by week 12. Adverse events were reported by nearly half the treated male partners; the incidence of systemic adverse events in treated men was similar to that in the women. Common adverse events included nausea, headache, and metallic taste.

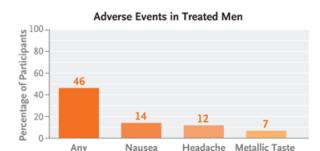
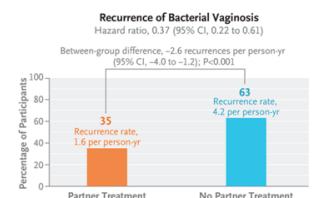
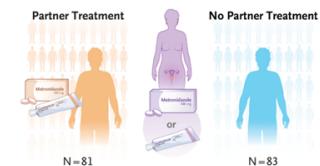
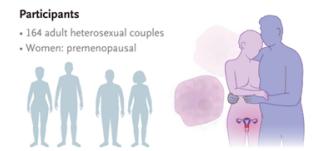
LIMITATIONS AND REMAINING QUESTIONS

- Placebo cream was not given to any male partners, owing to concern that any topical cream might alter the penile microbiome.
- Participants and clinicians knew the trial-group assignments, but the laboratory staff and microscopist assessing the primary outcome did not.
- Most of the trial participants attended a single sexual health center in urban Australia, which may affect the generalizability of the results.

CONCLUSIONS

Treating male partners with oral metronidazole and topical clindamycin, in addition to treating female patients, resulted in a lower incidence of recurrent bacterial vaginosis within 12 weeks than treating only women.

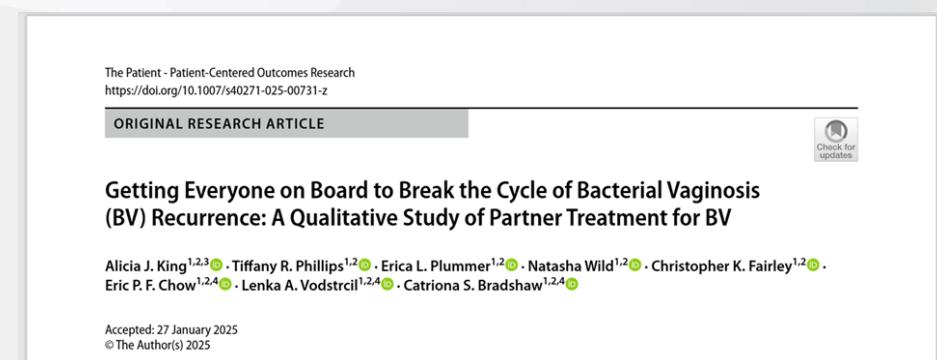
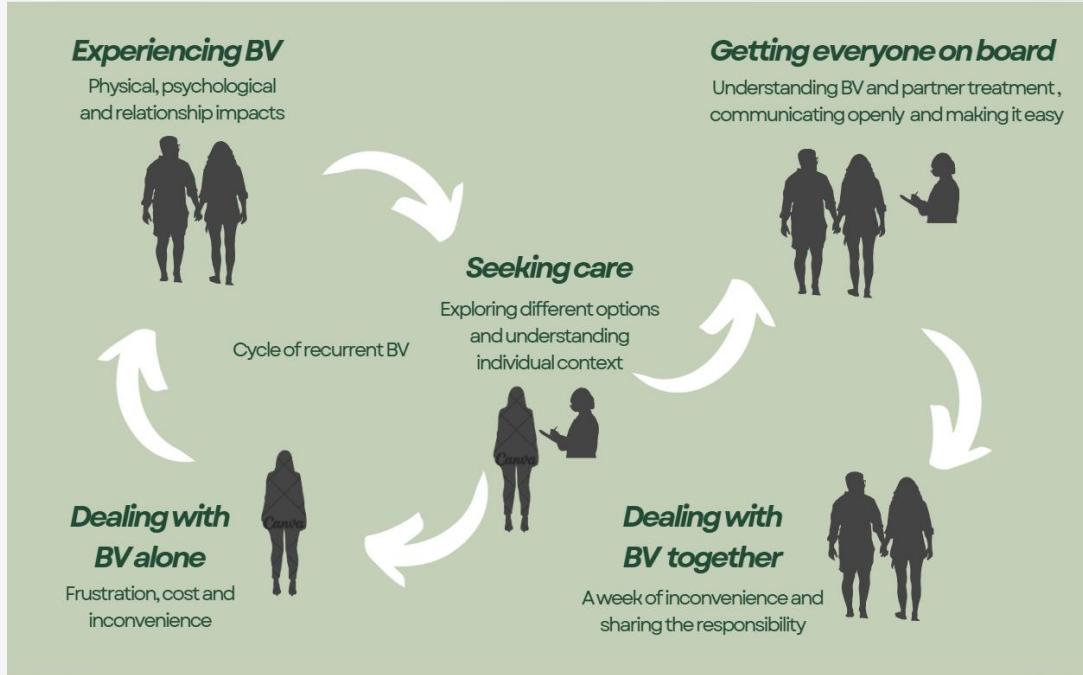
NEJM QUICK TAKE | EDITORIAL



Qualitative Study - Stepping Forward study

Semi-structured interviews with Step Up trial participants :

- “Alone” - women bear the burden of BV recurrence: physical impacts associated with repeated infection and antibiotic use, reported time and financial costs of having to repeatedly attend healthcare providers
- “Dealing with BV together” - partner treatment was described by participants as “a week of inconvenience”, a short-term sacrifice to help the female partner achieve symptom resolution and improve their sexual relationship
- The inconvenience of medications, avoiding alcohol and sex, and potential side effects described as minor compared with the inconvenience of repeated BV infections.



A cost-effectiveness study of MPT to prevent recurrence of BV



Decision-analytic models based on RCT data assessing concurrent MPT versus standard care

Models developed to represent healthcare delivery in Australia

MPT became cost-saving at $\geq 30\%$ partner uptake in Australia. Cost-effectiveness improved with higher partner treatment uptake.

Simulated cohorts of 10,000 women with symptomatic BV and a male partner, incorporating recurrence rates, treatment pathways, and downstream complications, including increased risk of STIs, HIV, PID and adverse pregnancy outcomes.

Microsimulations demonstrated substantial cost savings and improved health outcomes over 12-month time horizon.

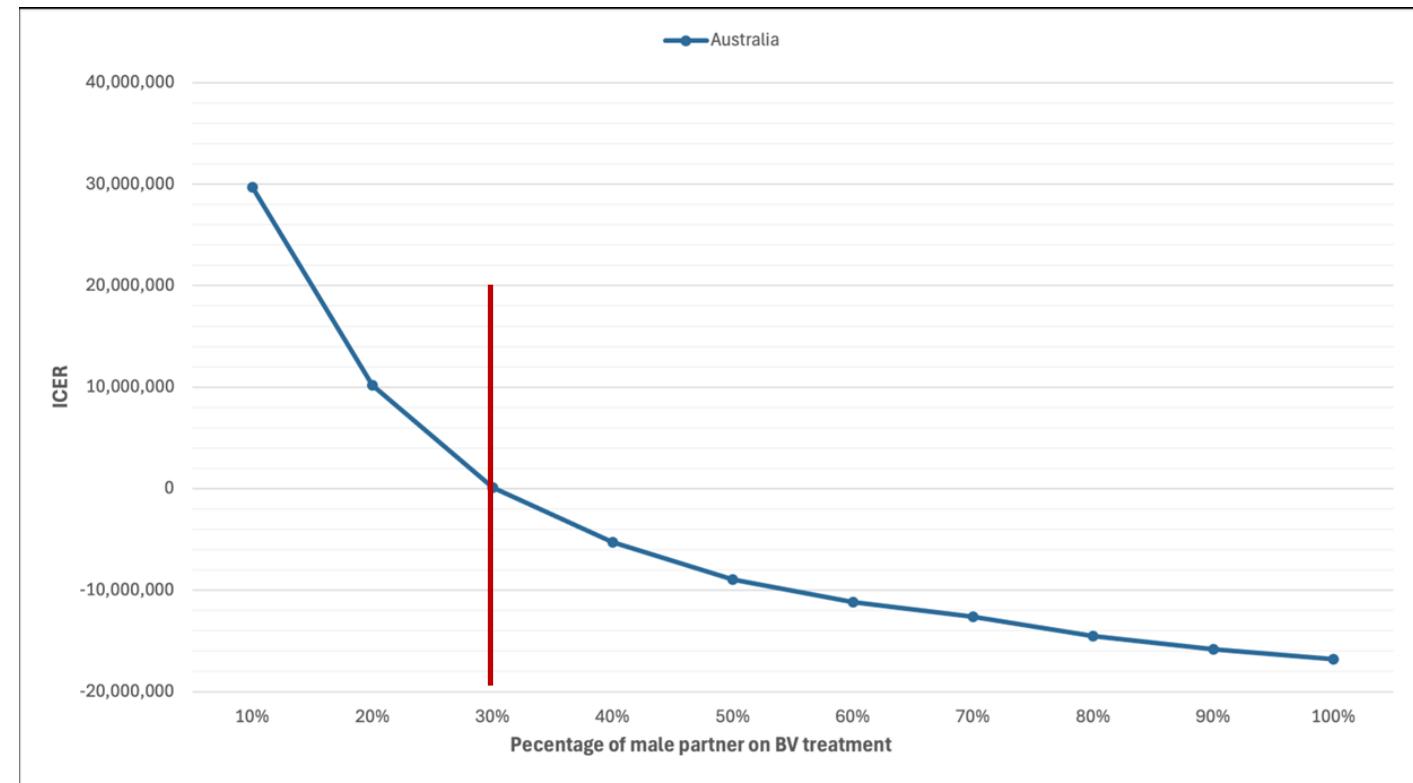


Figure 1: Incremental cost-effectiveness ratio (ICER) by percentage of male partners receiving concurrent BV treatment, comparing Australian and South African settings (USD/QALY gained).

Unpublished data please do not photograph or share

Ying Zhang, Catriona S Bradshaw, Lindi Masson, Elise Smith, Lenka A Vodstrcil, Jason J Ong

Male Partner Treatment Resources

www.mshc.org.au/Bacterial-vaginosis-in-focus

Developed and co-designed resources for clinicians, consumers and pharmacists



Bacterial vaginosis in focus

From the basics to breakthrough treatment options that are improving BV cure



GENERAL INFORMATION

For consumers

Everything you need to know about bacterial vaginosis (BV)



HEALTH PROFESSIONAL INFORMATION

For clinicians and pharmacists

Clinical management of bacterial vaginosis (BV). Our updated recommendations



BV RESEARCH STUDIES

Get involved

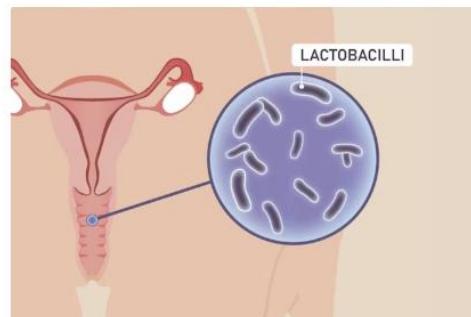
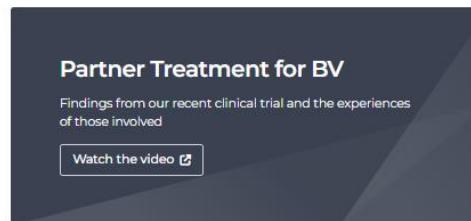
LGBTQIA+ couples interested in partner treatment for BV. We'd love to hear from you!



BV podcast and media

Podcast, videos and other media for Bacterial vaginosis

[BV podcast and media](#)



Male Partner-Treatment to Prevent Recurrence of Bacterial Vaginosis

Vodstrcil LA, Plummer EL, Fairley CK, Hocking JS, Law MG, Petoumenos K, Bateson D, Murray GL, Donovan B, Chow EPF, Chen MY, Kaldor J, Bradshaw CS.

The New England Journal of Medicine. 2025

[Read the publication](#)

Bacterial vaginosis general information

What's going on? And what are the treatment options?

About bacterial vaginosis

A guide to BV: symptoms, transmission, prevention, diagnosis and treatment



Individual treatment for bacterial vaginosis

Treatment given only to the individual diagnosed with BV



Partner treatment for bacterial vaginosis

Involving partners in the treatment of BV to improve BV cure and reduce repeat infections



Bacterial vaginosis FAQs

Frequently asked questions about BV



Sexual health

Sexual health for everyone



Sexual health fact sheets



Bacterial vaginosis in focus



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Bacterial vaginosis FAQs

Telling your partner

Other sexual health services

Sexual health conditions

Sexual health resources

Sexual health videos

Partner treatment for bacterial vaginosis

Involving partners in the treatment of BV to improve BV cure and reduce repeat infections

Partner treatment for couples where one partner has a penis

The use of antibiotics by people with a penis can improve bacterial vaginosis (BV) cure for partners who have a vagina and are diagnosed with BV

Partner treatment for couples where both partners have a vagina

The use of antibiotics by partners can improve bacterial vaginosis (BV) cure when both partners have a vagina and at least one partner is diagnosed with BV

Raising partner treatment with your GP

Discussing whether partner treatment is right for you for couples where one partner has a penis

How to have the conversation with your partner

Discussing partner treatment for BV for couples where one partner has a penis

Experiencing BV

Physical, psychological and relationship impacts



Getting everyone onboard

Understanding BV and partner treatment and communicating openly



Sexual health

Sexual health for everyone

Sexual health fact sheets

Bacterial vaginosis in females

Bacterial vaginosis general information

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Individual treatment

Partner treatment

Bacterial vaginosis

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Partner treatment for couples where one partner has a penis

The use of antibiotics by people with a penis can improve bacterial vaginosis (BV) cure for partners who have a vagina and are diagnosed with BV

About BV

Bacterial vaginosis (BV) is a very common vaginal infection that affects about 1 in 3 people with a vagina worldwide. BV is caused by a disruption in the bacteria present in the [vagina](#). In BV, the 'good' or 'healthy' bacteria that are normally present in the [vagina](#) (called lactobacilli) are replaced with a group of 'bad' or 'non-optimal' bacteria (referred to as [BV-bacteria](#)). This disruption in bacteria can cause symptoms such as [discharge](#) and [odour](#). Most people with BV do not experience complications, but BV can increase the risk of developing pelvic inflammatory disease, getting a sexually transmitted infection, and experiencing pregnancy complications like preterm birth.

BV can be treated with oral or vaginal antibiotics given only to the individual diagnosed with BV. However, 1 in 2 people with a [vagina](#) will experience [BV recurrence](#) within 3 to 6 months of completing antibiotics. People with a regular sexual partner are more likely to get BV back again after antibiotics.

BV-bacteria can be carried by partners with a penis and exchanged during sex

Research studies have shown that people with a [penis](#) who have a partner with BV can carry [BV-bacteria](#) in the [urethra](#) (the tube that passes urine) and on the skin of the [penis](#) (particularly under the foreskin, but also on the head of the [penis](#) and the penile shaft). Penile carriage of BV bacteria is usually asymptomatic and there is no current method to test for [BV-bacteria](#) on the [penis](#), so people with a [penis](#) can carry the [BV-bacteria](#) without knowing. Research has shown that [BV-bacteria](#) can be exchanged between partners during sex. This exchange of [BV-bacteria](#) can result in people with a [vagina](#) acquiring BV for the first time. In people who have recently been treated for BV, this exchange of [BV-bacteria](#) during sex can result in the BV coming back after treatment.

Preventing BV recurrence

A recent [clinical trial](#) found that BV cure is greatly improved when partners with a [penis](#) are treated with antibiotics at the same time as the partner diagnosed with BV. The treatment for people with a [penis](#) involves taking two different antibiotics: metronidazole, which is a tablet that is taken by mouth, and 2% clindamycin cream, which is an antibiotic cream that is applied to the skin of the [penis](#). Both antibiotics are taken twice a day for 7 days and are best taken at the same time the partner with a [vagina](#) is taking their antibiotics. We have [medication instructions](#) that explain the use of these two antibiotics.

Safety and efficacy of partner treatment

Both clindamycin and metronidazole have been used for many years to treat people with a [vagina](#) who have BV. In the trial both antibiotics were shown to be safe in people with a [penis](#). A small number of people may experience mild redness or irritation of the penile skin from the clindamycin cream, and this usually does not result in the need to stop the cream.

We acknowledge that our research may not fully reflect the diversity of the community we aim to support, including people who are intersex. We encourage individuals to discuss their needs with their clinician to determine the most appropriate care.



- Sexual health for everyone
- Sexual health fact sheets
- Bacterial vaginosis in focus
- Bacterial vaginosis general information
 - About bacterial vaginosis
 - Individual treatment for bacterial vaginosis
 - [Partner treatment for bacterial vaginosis](#)
 - Bacterial vaginosis FAQs
- Telling your partner
- Other sexual health services
- Sexual health conditions
- Sexual health resources
- Sexual health videos



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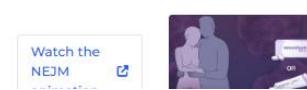
Quick Exit >



Now published: Our partner treatment trial results

The New England Journal of Medicine

[Read the summary](#) 



Watch the NEJM 

How should I take it?

Instructions for the tablets: Take one tablet in the morning and one at night for 7 days. Tablets should be taken with food.

Instructions for the cream: Apply the cream morning and night for 7 days. If you are planning on having a shower, please apply the cream after your shower as the water will wash off the cream. **Follow steps 1-5.**

1. Squeeze a line of cream from the tip of your finger to the first crease, as shown
2. If you have a foreskin, pull it back before applying the cream
3. Rub the cream over the skin of the head of the [penis](#), covering the whole head from the tip of the [penis](#) to the groove just below the head
4. Squeeze a second line of cream from the tip of your index finger to the first crease
5. Rub this second line of cream from the groove under the head of the [penis](#) to the base, making sure to cover the entire shaft. Gently rub the cream into the skin.

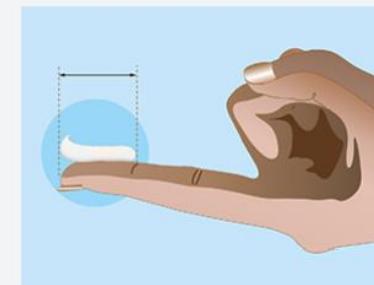
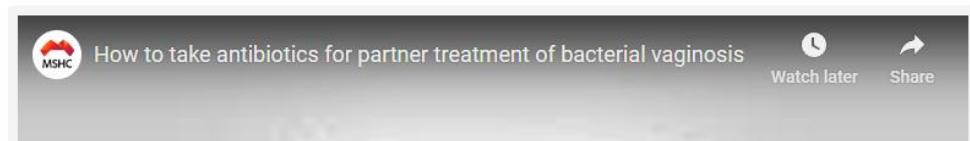


Image description: A line of cream measured from the fingertip to the first crease

Video instructions

Instructions for taking metronidazole tablets and applying clindamycin cream.



MSHC

How to take antibiotics for partner treatment of bacterial vaginosis

Watch later Share

The development of patient-centred resources has been informed by StepUp trial participants, following interviews that explored their views and experiences of receiving partner treatment.¹

Instructions

[Clinician instructions pdf](#)

Instructions for clinicians who treat bacterial vaginosis (BV): information and key research findings to simplify and improve the management of BV and to support patient education

[Medication instructions pdf](#)

Instructions for the metronidazole tablets and clindamycin cream for people with a [penis](#) whose partners have been diagnosed with BV

Guides

[Pharmacy letter pdf](#)

A letter guiding the correct dispensing of partner treatment medication designed to accompany a script

[Pharmacy poster pdf](#)

A poster guiding the correct dispensing of partner treatment medication designed for use in pharmacies

[Partner treatment for couples where one partner has a penis pdf](#)

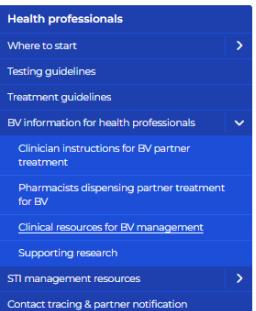
A guide to understanding how the use of antibiotics by people with a [penis](#) can improve bacterial vaginosis (BV) cure for partners who have a [vagina](#) and are diagnosed with BV

[How to have the conversation with your partner pdf](#)

A guide to raising the conversation around partner treatment for BV for couples where one partner has a [penis](#)

[Partner treatment for couples where both partners have a vagina pdf](#)

A guide to understanding how the use of antibiotics by partners can improve bacterial vaginosis (BV) cure for couples where both partners have a [vagina](#) and at least one partner is diagnosed with BV



We would love your feedback!

Healthcare professionals, your thoughts or feedback would be greatly appreciated

[Complete the 5-minute survey](#)



Dear Pharmacist,

You have received two scripts for partner treatment to improve cure of bacterial vaginosis (BV). A recent randomised trial¹ has shown that the addition of partner treatment, with a combination of oral and topical antibiotics, greatly improves cure for the individual with BV.

Treatment for people with a penis is a combined regimen of 400mg oral metronidazole twice daily for 7 days AND 2% topical clindamycin cream (Dalcin – V) applied to the skin of the penis twice daily for 7 days. The metronidazole targets BV-bacteria present inside the urethra, and the topical cream targets the BV-bacteria present on the skin of the penis. Metronidazole can cause a mild headache, nausea or metallic taste in some people. Penile application of clindamycin cream is well-tolerated¹; side effects are uncommon and can include mild penile skin redness and/or irritation.

Important: Dalcin – V cream (topical 2% clindamycin phosphate cream) is commercially packaged with instructions for vaginal use. **Please discard the vaginal applicators when dispensing this medication for penile application and label with the instructions below.**

¹ Vodstrcil LA, Plummer EL, Fairley CK, Hocking JS, Law MG, Petoumenos K, Bateson D, Murray GL, Donovan B, Chow EPF, Chen MY, Kaldor J, Bradshaw CS. Male-partner treatment to prevent recurrence of bacterial vaginosis. *NEJM*. 2025;392:10. doi: 10.1056/NEJMoa2405404

Instructions for use:

Oral metronidazole: Take one tablet in the morning and one at night for 7 days. Tablets should be taken with food.

Topical clindamycin cream: Apply the cream morning and night for 7 days. If you are planning on having a shower, please apply the cream after your shower as the water will wash off the cream.

Follow steps 1-5.

- 1) Squeeze a line of cream from the tip of your finger to the first crease, as shown
- 2) If you have a foreskin, pull it back before applying the cream
- 3) Rub the cream over the skin of the head of the penis, covering the whole head from the tip of the penis to the groove just below the head
- 4) Squeeze a second line of cream from the tip of your index finger to the first crease
- 5) Rub this second line of cream from the groove under the head of the penis to the base, making sure to cover the entire shaft. Gently rub the cream into the skin.



Important: Avoid all sexual contact during the treatment period

Kind regards,



Prescribing Doctor

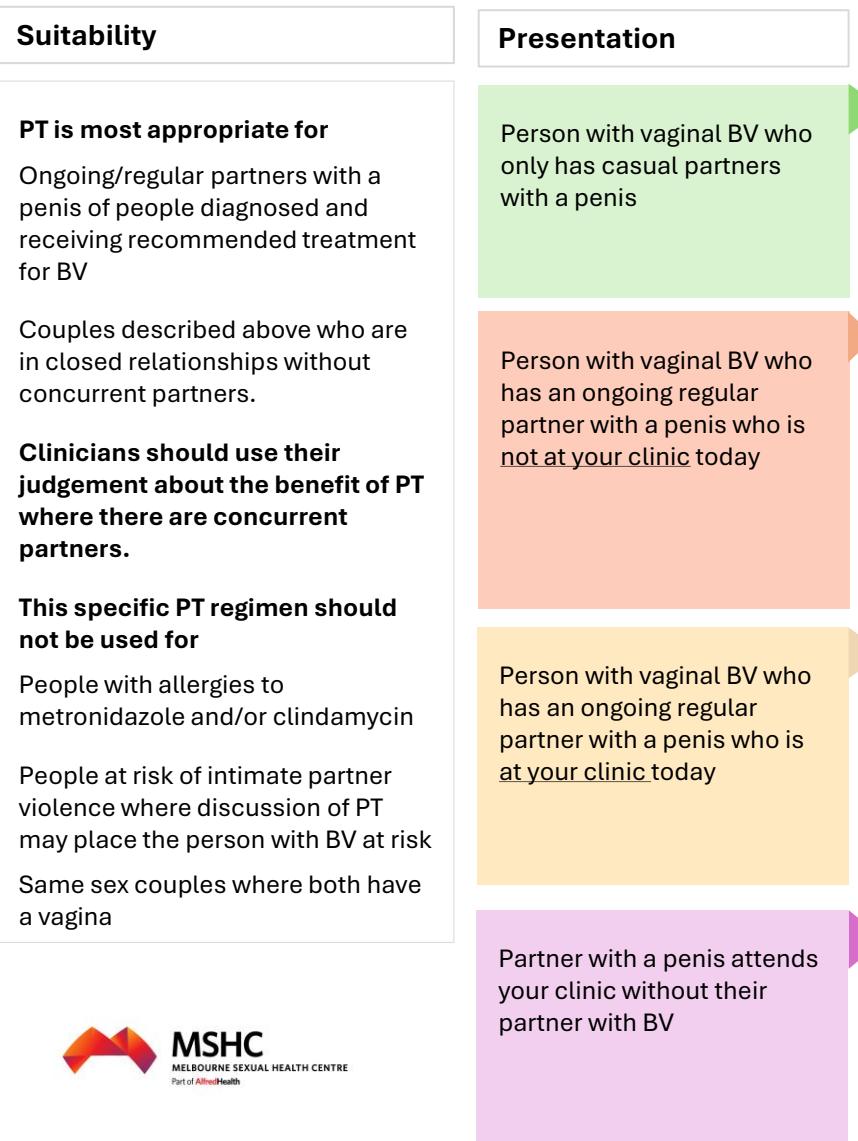
Simple instructions for 2% clindamycin cream application for a pharmacy label:

Squeeze a line of cream from the tip of your index finger to the first crease. Retract foreskin, if uncircumcised, and rub the cream over the penile head and into the groove below the head. Squeeze a 2nd line of cream onto your finger. Rub it over the full length of the penile shaft, front and back and down to the base of the penis. Repeat this twice daily for 7 days while taking the oral metronidazole tablets.



Partner Treatment for Bacterial Vaginosis (BV) Decision Making Tool

This tool is specific for couples in a sexual relationship where the person with BV has a partner with a penis. Partner Treatment (PT) is recommended for ongoing/regular partners with a penis of people treated for BV with recommended therapy. It involves the person with the penis taking 400mg of metronidazole orally combined with applying 2% clindamycin cream to the penile skin, both twice daily for 7 days.



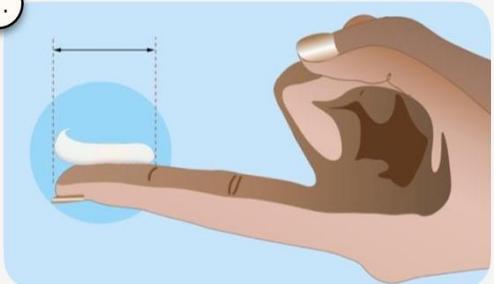
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Suitability	Presentation	Recommendations	Patient Education
<p>PT is most appropriate for Ongoing/regular partners with a penis of people diagnosed and receiving recommended treatment for BV</p> <p>Couples described above who are in closed relationships without concurrent partners.</p> <p>Clinicians should use their judgement about the benefit of PT where there are concurrent partners.</p> <p>This specific PT regimen should not be used for People with allergies to metronidazole and/or clindamycin</p> <p>People at risk of intimate partner violence where discussion of PT may place the person with BV at risk</p> <p>Same sex couples where both have a vagina</p>	<p>Person with vaginal BV who only has casual partners with a penis</p> <p>Person with vaginal BV who has an ongoing regular partner with a penis who is <u>not</u> at your clinic today</p> <p>Person with vaginal BV who has an ongoing regular partner with a penis who is <u>at</u> your clinic today</p> <p>Partner with a penis attends your clinic without their partner with BV</p>	<p>Treat with a first line recommended antibiotic regimen for vaginal BV</p> <p>Treat person with vaginal BV with a first line recommended antibiotic regimen for BV If the <u>partner with a penis is not present</u> then emphasize the need for them to access PT as soon as possible, particularly while their partner with a vagina is being treated and before resuming sex. Options include: 1. Partner being booked in for a face to face appointment. 2. Partner being offered telehealth. 3. Partner attending their own practitioner</p> <p>Treat person with vaginal BV with a first line recommended antibiotic regimen for BV If suitable, prescribe PT by following the instructions to the right and overleaf</p> <p>Ascertain when BV was diagnosed and treated in the partner with a vagina The optimal time to offer PT is if the index has been appropriately diagnosed and managed for BV, couple treatment is synchronous, and/or they have not resumed sex before antibiotic completion. Recommend the index is re-assessed for BV if there is any uncertainty, so PT can be prescribed at the time where it will be maximally effective If suitable, prescribe PT by following the PT instructions to the right and overleaf</p>	<p>For people with a vagina and BV Provide information on the sexual transmissibility of BV and BV-bacteria Advise that condoms provide protection against BV Alcohol should be avoided during metronidazole treatment</p> <p>Additional information if recommending PT Discuss sexual transmission of the BV-bacteria from the penile urethra and penile skin and explain why two antibiotics are needed to increase BV cure. Emphasize the need for high adherence to all antibiotics, to synchronize treatment, and to avoid condomless penile-vaginal sex until both partners finish antibiotics Explain that PT is less effective where there are other concurrent untreated partners, and when doses of either antibiotic are missed</p> <p>PT Instructions PT for the person with a penis involves oral metronidazole 400mg twice daily for 7 days combined with 2% clindamycin cream applied from the tip to the base of the penis, having retracted the foreskin if present Ask patients to complete all 14 doses of each antibiotic and refrain from until both partners have completed all antibiotics Alcohol should be avoided during treatment</p>
			<p>Instructions and Resources</p>

Male Medication Instructions

1.



Squeeze a line of cream from the tip of your finger to the first crease, as shown

2.



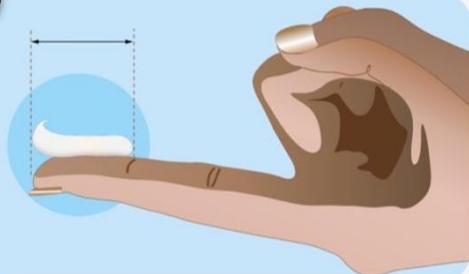
If you have a foreskin, pull it back before applying the cream

3.



Rub the cream over the skin of the head of the penis, covering the whole head from the tip of the penis to the groove just below the head

4.



Squeeze a second line of cream from the tip of your index finger to the first crease

5.



Rub this second line of cream from the groove under the head of the penis to the base, making sure to cover the entire shaft. Gently rub the cream into the skin.



Video Instructions



More information

BV and PT Information

www.mshc.org.au/Bacterial-vaginosis-in-focus

Treatment Guidelines

www.mshc.org.au/bv-treatment-guidelines

Partner Treatment Study Publication

Vodstrcil et al NEJM 2025



Monash Video on MPT



MPT NEJM Publication



MPT Consumer Experience

Conclusion

- BV is common, highly recurrent and associated with significant sexual and reproductive sequelae, distress and impact on quality of life and relationships
- MPT opens up exciting new opportunities for BV cure and prevention
- MPT is acceptable, well tolerated, associated with substantial cost savings and improved health outcomes and is not complex to prescribe
- This trial has shown that reinfection is a dominant but not sole driver of treatment failure
- Ongoing work to understand the optimal strategies for women where treatment failure is due to BV persistence rather than reinfection
- For same sex couples with two vaginas assess and treat partners if BV is detected
- PACT study is generating an evidence base to understand if all such partners benefit from treatment



Partner cohort treatment study for bacterial vaginosis

Principal Investigators: Dr Lenka Vodstrcil and Prof Catriona Bradshaw

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