



A Whiff of Prevention: Treating Male Partners to Reduce Bacterial Vaginosis Recurrence

CLINICAL QUESTION

Does treating male sexual partners of females undergoing treatment for bacterial vaginosis infection decrease recurrence?

BOTTOM LINE

For women undergoing bacterial vaginosis treatment, simultaneously treating male partners with metronidazole alone is ineffective. However, treating male partners with a combination of topical clindamycin and oral metronidazole may reduce the rate of bacterial vaginosis recurrence to 35% from 63% (no treatment) at 12 weeks based on 1 randomized, controlled trial (RCT). Considering the limited harms, this combination may be reasonable in male partners.

EVIDENCE

- Results statistically different unless stated.
- Two newer, higher-quality RCTs. Most females received oral metronidazole 400-500mg twice daily for 7 days:
- Open-label RCT (164 couples, 87% previous bacterial vaginosis, monogamous relationship ~14 months).¹ Partners given oral metronidazole 400mg and clindamycin 2% cream twice daily for 7 days, or no treatment.
 - Recurrence at 12 weeks: 35% versus 63% (control), Number Needed To Treat=4
 - Mean time to recurrence: 74 days versus 55 days (control).

- Adverse events, males:
 - Oral: Nausea (14%), headache (12%), metallic taste (7%).
 - Topical: Penile redness (4%) and irritation (7%).
 - Control arm not reported.
- Stopped early for benefit (may overestimate benefit).
- Double-blind RCT (214 females with ≥ 2 infections in past year, 14-18% had ≥ 2 partners in previous 3 months).² Partners given oral metronidazole or placebo for 7 days. At 16 weeks:
 - Treatment failure: No difference.
 - Adverse events: No difference.
 - Stopped early for futility.
- Older systematic review, 7 RCT (1026 participants), partners treated with oral antibiotics alone: no effect.³ Limitations include some non-standard treatments (example: oral metronidazole 2g single dose).

CONTEXT

- Clindamycin cream applied to glans penis, upper shaft and under foreskin (if uncircumcised).¹
- Guidelines recommend:^{4,5}
 - In females: Metronidazole 500mg orally twice daily or clindamycin 2% vaginal cream daily for 7 days; or metronidazole 0.75% vaginal gel daily for 5 days.
 - Partner treatment not currently recommended.
 - Oral and vaginal regimens are similarly effective; oral metronidazole has more gastrointestinal side effects.^{6,7}
- Cost (7 days):⁸
 - Oral: Metronidazole 500mg \$28.
 - Vaginal: Clindamycin 2% cream \$65; metronidazole 0.75% gel \$44.

REFERENCES

1. Vodstrcil LA, Plummer EL, Fairley CK, *et al.* N Engl J Med. 2025;392(10):947-957.
2. Schwebke JR, Lensing SY, Lee J, *et al.* Clin Infect Dis. 2021;73(3):e672-9.
3. Amaya-Guio J, Viveros-Carreño DA, Sierra-Barrios EM, *et al.* Cochrane Database Syst Rev. 2016 Oct 1;10:CD011701.
4. Centers for Disease Control and Prevention. Bacterial vaginosis – STI treatment guidelines [Internet]. Updated Jul 22, 2021. Available from: <https://www.cdc.gov/std/treatment-guidelines/bv.htm> Accessed Jul 31, 2025.
5. Alberta Health Services. Bugs & Drugs® antimicrobial reference [Internet]. Vancouver (BC): Do Bugs Need Drugs® Program; [updated unknown; cited 2025 Jul 31]. Available from: <https://www.bugsanddrugs.org/434E4B36-9DF6-4B8A-9692-CD50D1A0FA94>

AUTHORS

Betsy Thomas, BSc Pharm
Caitlin Finley, MSc MD CCFP

*Authors do not have any
 conflicts of interest to declare.*

6. Oduyebo OO, Anorlu RI, Ogunsola FT. Cochrane Database Syst Rev. 2009 Jul 8;(3):CD006055.
7. Hirai J, Arakawa Y, Kato H, *et al.* J Infect Chemother. 2025 Nov;31(11):102826.
8. Personal communication. Summerside Pharmacy, Edmonton Alberta. July 30, 2025.

**TOOLS FOR PRACTICE
PROVIDED BY**



IN PARTNERSHIP WITH



Tools for Practice are peer reviewed and summarize practice-changing medical evidence for primary care. Coordinated by **Dr. Adrienne Lindblad**, the articles are developed by the Patients, Experience, Evidence, Research (PEER) team, and supported by the College of Family Physicians of Canada, and the Alberta, Ontario, and Saskatchewan Colleges of Family Physicians. Feedback is welcome and can be sent to toolsforpractice@cfpc.ca. Archived articles can be found at www.toolsforpractice.ca

This communication reflects the opinion of the authors and does not necessarily mirror the perspective and policy of the College of Family Physicians of Canada.