THE EFFECT OF SEXUAL INTERCOURSE ON VAGINAL COLONISATION WITH CANDIDA

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Background:
Is vulvovaginal candidiasis (VVC) sexually transmitted?

YES: Concordance of Candida spp. between women and their partners (Schmid et al. 1993)

NO: No association between sexual intercourse and VVC in case-control study. (Geiger & Foxman 1996)

YES: Successful treatment of male partner. (Sobel 1985)

NO: Male partner treatment unsuccessful. (Buch & Christensen 1985)

NO: VVC common in women before sexual debut. (O’Connor & Sobel 1985)

EXPERT CONSENSUS: Most studies have failed to show that treatment of male partner has significant effect on VVC

Results:
Do colonisation levels rise after sexual intercourse?

In 14 episodes of sexual intercourse in 59 women:

CFU count LOWER Day 0-2 following sexual intercourse N=56

CFU count THE SAME, OR REMAINED CULTURE NEGATIVE on Day 0-2 following sexual intercourse N=42

Conclusions:
No evidence that colonisation levels of candida rise following sexual intercourse. Friction or hormonal influences may affect host response to candida colonisation, affecting symptoms of VVC. Women experiencing symptoms of VVC after sexual intercourse may be advised to use methods to relieve discomfort, including use of lubricants, gentle and slow intercourse, application of post-coital ice packs.

Methods:
Secondary analysis of data from Randomised Controlled Trial (Watson et al. 2014)

•Fifty nine participants who were culture positive for Candida spp. self-collected daily vaginal swabs during the two weeks before menstruation.

•They kept a daily diary and recorded incidence of sexual intercourse as well as abnormal vaginal symptoms.

•Swabs were analysed for quantitative colony counts of candida before and after sexual intercourse.

Bibliography