Successful treatment of infections with *Trichomonas vaginalis* (TV) is difficult because of many confounding factors such as poor abstinence from sex during chemotherapy, lack of standardised chemotherapy, difficulties in understanding transmission patterns and low detection rates among infected individuals. The purpose of this study was to establish the present efficacy of the available drugs at their recommended single or double dosages for Kenya. Adult symptomatic females (age 17-39 years) with positive High Vaginal Swabs but without pregnancy were recruited into the study; and asked to swallow one of the following medicine: nimorazole 2G (Naxogin Farmitalia Carlo Erba, Italy), nimorazole 4G in two equally divided doses 24 hours apart (2GBD), nimorazole 3G, tinidazole 2G (Fasilgn, Pfizer Ltd) and ornidazole 1.5G (Tiberal, Roche, Switzerland). All patients were reviewed 48 hours after the drugs administration and 24 hours after the last dose for the group which received nimorazole 2GBD. 153 patients were recruited into the study. 121 came for follow up out of which 49 were dropped
from the study for involvement in sexual intercourse leaving only 72 for the final analysis. Clinical cure was 100% for the group receiving nimorazole 2GBD and nimorazole 3G. Parasitological cure was highest for the group on nimorazole 2GBD (100%) and lowest for the group on tinidazole (50%). Instruction to avoid sex during treatment were withheld from patients. This made it easier during the follow up to pick out and drop from the study those who had had sexual contact.

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