November 12, 2025

Clinical Recommendations for Male Partner Treatment to Prevent Recurrent Bacterial Vaginosis

Dear Health Care Providers,

The California Department of Public Health (CDPH) Sexually Transmitted Diseases (STD) Control Branch would like to make you aware of an important new evidence-based recommendation that supports treating male sexual partners of persons with bacterial vaginosis (BV) recurrence.

Recommendation

CDPH recommends that clinicians consider offering concurrent partner therapy for male partners of cisgender women with confirmed BV recurrence in ongoing monogamous relationships.

Suggested combination regimen for male partner treatment:

- Oral metronidazole 500 mg twice daily for 7 days, *concurrent with*
- Topical clindamycin 2% cream applied to the penile skin once daily for 7 days

Male partner treatment should occur concurrently while female partners receive standard BV treatment with oral metronidazole or intravaginal treatments per CDPH STI treatment guidelines.[1] Partners should abstain from all sexual contact throughout their respective treatment periods. Clinicians may also consider male partner treatment as part of shared decision-making in other scenarios outside the setting of BV recurrence in monogamous heterosexual relationships (see “additional considerations” below).

Rationale and Evidence:

BV is a vexing clinical problem, affecting nearly one third of reproductive-age women globally.[2] In the 3-6 months following treatment, recurrence is seen in upwards of 50% of patients.[3,4] In an open-label randomized controlled trial published in the *New England Journal of Medicine* (March 2025),[5,6] authors Vodstrcil et al. found that cisgender women with BV had almost half the chance of recurrence if their partners were also treated for BV, compared to those whose partners were not treated.

The study enrolled more than 150 cisgender women, all of whom were in monogamous heterosexual relationships (defined as having a regular partner for the 8 weeks prior to enrollment, and no other partners at study entry) and 87% of whom had prior BV. Male

partners were randomized to receive either: (1) oral metronidazole (400 mg twice daily, which is not available in the U.S.) with daily 2% topical clindamycin, or (2) no partner treatment. All female partners were symptomatic, had confirmed BV diagnoses (using both Amsel's criteria and Nugent score), and received standard BV treatment.

The trial was stopped early by the Data Safety and Monitoring Board after 150 couples completed 12 weeks of follow-up. **Female-only treatment was found to be inferior to concurrent male partner treatment.** Recurrence occurred in 35% (24/69) of women whose partners were treated compared to 63% (43/68) of women in the control group, corresponding to an absolute risk difference of -2.6 recurrences per person-year and a lower risk of recurrence among women in the partner treatment group (hazard ratio 0.37). The effect was most pronounced among couples with full adherence to the treatment regimen, with the lowest recurrence rate (1.3 recurrences per person-year) among female partners of men who reported 100% adherence to treatment. These findings support the hypothesis that male partner treatment can disrupt the cycle of reinfection for some patients.

While routine partner treatment for BV is not recommended in the 2021 U.S. Centers for Disease Control and Prevention (CDC) Sexually Transmitted Infections Treatment Guidelines due to lack of efficacy in earlier clinical trials,[7] the recent evidence warrants consideration as part of a shared decision-making process between patients and providers.

Additional Considerations

Clinicians may also consider partner treatment as part of shared decision-making in other clinical scenarios when indicated by assessment and sexual history (e.g., initial BV infection in a new relationship or temporal association of BV symptoms with sex with an ongoing non-monogamous male partner). There are currently no clinical trials of partner therapy among female sexual partners. Clinicians may still opt to test female partners for BV and treat the partner if BV is detected, consistent with some international clinical recommendations.[8]

Providing patient education resources for persons with BV may be helpful when discussing male partner therapy.[9] Additional considerations to inform shared decision-making conversations around BV partner therapy include:

- Carefully weigh the potential benefits and risks of partner treatment for women not in mutually monogamous relationships.
- Discuss the importance of medication adherence for both partners, and that BV may still recur despite partner therapy due to other factors (e.g., menses, douching, presence of intrauterine device).
- Consider any potential adverse effects or contraindications related to the medications used in male partner treatment, as well as the potential risk of contributing to antimicrobial resistance.
- Educate patients about the symptoms of recurrent BV and the importance of timely medical evaluation if symptoms recur.

CDPH STD Control Branch will continue to monitor developments in BV management and update our recommendations as further evidence becomes available. Remember that – per CDC recommendations – all women with BV should be tested for HIV and other sexually transmitted infections.[7]

Thank you for your continued commitment to improving sexual and reproductive health outcomes across California. If you have any questions or need additional guidance, please contact CDPH STD Control Branch at stdcb@cdph.ca.gov.

Sincerely,

Kathleen Jacobson, MD
Chief, STD Control Branch
California Department of Public Health

References:

[1]California Department of Public Health STD Control Branch. Sexually Transmitted Infections Treatment Guidelines for Adults and Adolescents. Available at: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/California-STI-Treatment-Guidelines.aspx.

[2]Peebles K et al. High Global Burden and Costs of Bacterial Vaginosis: A Systematic Review and Meta-Analysis. Sex Transm Dis. 2019 May;46(5):304-311. PMID 30624309.

[3]Bradshaw CS et al. High Recurrence Rates of Bacterial Vaginosis over the Course of 12 Months after Oral Metronidazole Therapy and Factors Associated with Recurrence. J Infect Dis. 2006 Jun 1;193(11):1478-86. PMID 16652274.

[4]Sobel JD et al. Long-term follow-up of patients with bacterial vaginosis treated with oral metronidazole and topical clindamycin. J Infect Dis. 1993 Mar;167(3):783-4. PMID 8440952.

[5]Vodstrcil LA et al. Male-Partner Treatment to Prevent Recurrence of Bacterial Vaginosis. N Engl J Med. 2025 Mar 6;392(10):947-957. PMID 40043236.

[6]IUSTI Canada Webinar. Is BV an STI now? Available at: https://www.youtube.com/watch?v=poDDPnotgBc.

[7]Centers for Disease Control and Prevention. 2021 STI Treatment Guidelines: Bacterial Vaginosis. Available at: https://www.cdc.gov/std/treatment-guidelines/bv.htm.

[8]Melbourne Sexual Health Centre. Clinician Instructions for BV Partner Treatment. Available at: https://www.mshc.org.au/health-professionals/bv-health-professional-info/clinician-instructions-for-bv-partner-treatment.

[9]Melbourne Sexual Health Centre. General Information on Partner Treatment for Bacterial Vaginosis. Available at: https://www.mshc.org.au/sexual-health/bacterial-vaginosis/bv-consumer-information/partner-treatment-for-bv