

## Clinical Relevance

- Vaginal symptoms such as abnormal discharge, unpleasant odor, itching, and burning are common reasons for gynecologic consultation and typically lead to a diagnosis of bacterial vaginosis (BV), parasitic vaginitis (vaginal trichomoniasis; VT), or yeast vaginitis (vaginal candidiasis; VC).
- Up to 25% of vaginal infections are mixed infections which are frequently missed by microscopy. Physicians who order the vaginitis screening test can confidently provide appropriate drug therapy for mixed infections.
- Up to 90% of infections are caused by Bacterial vaginosis (BV), *Candida* species and *Trichomonas vaginalis*. *Gardnerella vaginalis* is the sentinel organism for BV.
- BV is the most common finding in women with vaginal symptoms, affecting 22% to 50% of symptomatic women.<sup>1</sup> Although not sexually transmitted, it can occur as a coinfection with a sexually transmitted infection (STI). BV is characterized by replacement of normal *Lactobacillus* flora with anaerobic and other bacteria. For example, an abnormally high level of *Gardnerella vaginalis*, a part of the normal flora, is a marker of BV. Treatment of BV for symptomatic women is recommended to relieve symptoms and potentially reduce the risk of acquiring other STIs.<sup>2</sup>
- VT is an STI caused by *Trichomonas vaginalis* and it is estimated that 5 million women are infected each year in the United States.<sup>3</sup> VT is diagnosed in 4% to 35% of women presenting with symptoms of vaginosis/vaginitis.<sup>1</sup> VT has been associated with increased risk of acquiring human immunodeficiency virus (HIV).
- BV and VT are both associated with adverse pregnancy outcomes, including premature rupture of the membranes, preterm labor and delivery, and low birth weight. The CDC thus recommends evaluation and treatment of BV and VT for symptomatic pregnant women.
- VC is present in 17% to 39% of symptomatic women.<sup>1</sup> About 75% of women develop VC at some point during their lifetime and approximately 45% will suffer a second occurrence; 5% have recurrent candidiasis, which is frequently intractable.<sup>2</sup>

## Analytes Detected:

- ✓ *Gardnerella vaginalis*
- ✓ *Candida glabrata*
- ✓ *Mobiluncus* spp. (*mulieris* & *curtisii*)
- ✓ *Candida albicans*
- ✓ *Trichomonas vaginalis*

## Sample Type:

- Cervical/vaginal swabs collected and placed immediately in E-Swab transport medium.

## References:

1. ACOG Practice Bulletin: Vaginitis. *Obstet Gynecol.* 2006;107:1195-1206.
2. Centers for Disease Control and Prevention. Sexually transmitted diseases treatment guidelines, 2010. *MMWR Recomm Rep.* 2010;59(RR-12).