








VAGINITIS TESTING


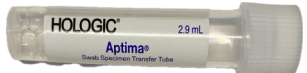
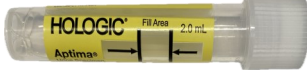

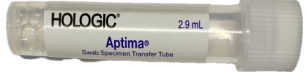

Healthcare provider collection instructions: Carefully insert swab ~5cm (2 inches) inside the opening of the vagina, then gently rotate against the vaginal wall for 30 seconds, ensuring moisture absorbed onto swab. Cervical swabs are **NOT** appropriate for vaginitis testing since testing methods assesses relative amounts of organisms in vaginal flora, and cervical flora may differ.

\* Self-collection instructions are available at <https://www.interiorhealth.ca/sites/default/files/PDFS/patient-collection-instructions.pdf>

Patient Age/ Clinical factors	Collection Container	Patient Self-collect Option*	Tests Included	Outpatient Laboratory Requisition Request	Inpatient/ED Meditech Orders
14 to 59 years, uncomplicated	<div>Aptima Multitest (orange)</div> 	Yes	Bacterial vaginosis Yeast screen Trichomonas <div>The <b>same</b> swab can be used for Chlamydia/gonorrhea testing . See “Combination Order” #1.</div>	Select any option below: <b>VAGINITIS</b> <input checked="" type="checkbox"/> Initial (smear for BV & yeast only) AND/OR <input checked="" type="checkbox"/> Chronic/recurrent (smear, culture, trichomonas)	Vagina14-59y BV/ Yeast/Trich
14 to 59 years, with diagnosis of: <ul style="list-style-type: none"><li>Pregnancy</li><li>Suspected PID</li><li>Infection post-gynecologic surgery</li><li>Intra or post-partum infection</li><li>Toxic shock syndrome</li></ul>	<div>Okanagan Region</div> <ul style="list-style-type: none"><li>eSwab (white cap)</li></ul>  <div>Thompson-Cariboo and Kootenay Regions</div> <ul style="list-style-type: none"><li>Gel swab (red cap)</li></ul> 	No	Bacterial vaginosis Yeast culture Bacterial culture <div>If Chlamydia/gonorrhea and/or Trichomonas testing required, collect and order additional Aptima swab. See Instructions below.</div>	Write in ‘Other Tests’ section: <b>“Vaginal culture relevant diagnosis”</b> <div>OTHER TESTS – Standing Orders Include expiry &amp; frequency</div> <div><input type="checkbox"/> ECG <input type="checkbox"/> FIT (Age 50-74 asymptomatic q2y) Copy to Colon Screening Program <input type="checkbox"/> FIT No copy to Colon Screening Program</div> <div>Vaginal culture relevant diagnosis</div>	Vagina C&S - Relevant Diagnosis
Less than 14 years OR 60 years and greater	<div>Okanagan Region</div> <ul style="list-style-type: none"><li>eSwab (white cap)</li></ul>  <div>Thompson-Cariboo and Kootenay Regions</div> <ul style="list-style-type: none"><li>Gel swab (red cap)</li></ul> 	No	Yeast culture Bacterial culture  Note: NOT eligible for BV testing due to different vaginal pH and flora	Select either option below: <b>VAGINITIS</b> <input checked="" type="checkbox"/> Initial (smear for BV & yeast only) OR <input checked="" type="checkbox"/> Chronic/recurrent (smear, culture, trichomonas)	Vagina C&S -Age <14yr or >59yr
Confirmed yeast infection with history of azole failure	<div>Okanagan Region</div> <ul style="list-style-type: none"><li>eSwab (white cap)</li></ul>  <div>Thompson-Cariboo and Kootenay Regions</div> <ul style="list-style-type: none"><li>Gel swab (red cap)</li></ul> 	No	Yeast culture	Write in ‘Other Tests’ section: <b>“Vaginal yeast culture-azole failure”</b> <div>OTHER TESTS – Standing Orders Include expiry &amp; frequency</div> <div><input type="checkbox"/> ECG <input type="checkbox"/> FIT (Age 50-74 asymptomatic q2y) Copy to Colon Screening Program <input type="checkbox"/> FIT No copy to Colon Screening Program</div> <div>Vaginal yeast culture - azole failure</div>	Vagina Yeast C&S- Azole Failure

SEXUALLY TRANSMITTED INFECTION TESTING

\* Self-collection, where appropriate, can only occur in a health care setting, such as a clinic or emergency department. Collection instructions are available at <https://www.interiorhealth.ca/sites/default/files/PDFS/patient-collection-instructions.pdf>

Test Request	Patient Sex	Specimen source	Patient Self-collect Option*	Collection Container	Outpatient Laboratory Requisition Request	Inpatient/ED Meditech Orders
Chlamydia/ Gonorrhea	Female	<div>Vagina</div> <div>preferred; equivalent performance to cervical collection</div> <div>The <b>same</b> swab can be used for Trichomonas testing. See “Combination Order” #2.</div>	Yes	<div>Aptima Multitest (orange)</div> 	<b>CHLAMYDIA (CT) &amp; GONORRHEA (GC) by NAAT</b> Source/site: <input type="checkbox"/> Urethra <input type="checkbox"/> Cervix <input type="checkbox"/> Urine <input checked="" type="checkbox"/> Vagina <input type="checkbox"/> Throat <input type="checkbox"/> Rectum	Vagina-Chlamydia/GC ( CT/GC)
Chlamydia/ Gonorrhea	Female	<div>Cervix</div> <div>Use larger swab to remove cervical mucous prior to collection to avoid cancellation due to specimen viscosity</div>	No	<div>Aptima Unisex (white)</div> 	<b>CHLAMYDIA (CT) &amp; GONORRHEA (GC) by NAAT</b> Source/site: <input type="checkbox"/> Urethra <input checked="" type="checkbox"/> Cervix <input type="checkbox"/> Urine <input type="checkbox"/> Vagina <input type="checkbox"/> Throat <input type="checkbox"/> Rectum	Cervix- Chlamydia/GC ( CT/GC)
Chlamydia/ Gonorrhea	Female OR Male	<div>First catch urine (limit to first 20-30 mL of urine only)</div> <div><b>NOT</b> optimal for female patients; vaginal or cervical specimens perform better</div>	Yes	<div>Aptima Urine (yellow)</div> 	<b>CHLAMYDIA (CT) &amp; GONORRHEA (GC) by NAAT</b> Source/site: <input type="checkbox"/> Urethra <input type="checkbox"/> Cervix <input checked="" type="checkbox"/> Urine <input type="checkbox"/> Vagina <input type="checkbox"/> Throat <input type="checkbox"/> Rectum	Urine- Chlamydia/GC ( CT/GC)
Chlamydia/ Gonorrhea	Female OR Male	<div>Throat</div> <div>OR</div> <div>Rectum</div>	Yes	<div>Aptima Multitest (orange)</div> 	<b>CHLAMYDIA (CT) &amp; GONORRHEA (GC) by NAAT</b> Source/site: <input type="checkbox"/> Urethra <input type="checkbox"/> Cervix <input type="checkbox"/> Urine <input type="checkbox"/> Vagina <input checked="" type="checkbox"/> Throat <input type="checkbox"/> Rectum  <b>OR</b> Source/site: <input type="checkbox"/> Urethra <input type="checkbox"/> Cervix <input type="checkbox"/> Urine <input type="checkbox"/> Vagina <input type="checkbox"/> Throat <input checked="" type="checkbox"/> Rectum	Throat- Chlamydia/GC ( CT/GC)  <b>OR</b> Rectal- Chlamydia/GC ( CT/GC)
Chlamydia/ Gonorrhea	Male	<div>Urethra</div>	No	<div>Aptima Unisex (white)</div> 	<b>CHLAMYDIA (CT) &amp; GONORRHEA (GC) by NAAT</b> Source/site: <input checked="" type="checkbox"/> Urethra <input type="checkbox"/> Cervix <input type="checkbox"/> Urine <input type="checkbox"/> Vagina <input type="checkbox"/> Throat <input type="checkbox"/> Rectum	Urethra- Chlamydia/GC ( CT/GC)
Trichomonas	Female	<div>Vagina</div>	Yes	<div>Aptima Multitest (orange)</div> 	<b>VAGINITIS</b> <input type="checkbox"/> Initial (smear for BV & yeast only) <input checked="" type="checkbox"/> Chronic/recurrent (smear, culture, trichomonas) <input checked="" type="checkbox"/> Trichomonas testing	Trichomonas – Female/Aptima kit

COMBINATION ORDERS FOR MEDITECH USERS:

1. For one vaginal swab, requesting Bacterial vaginosis, Yeast, Trichomonas and Chlamydia/Gonorrhea testing, order: **Vagina14-59y BV/Yst/Trich/CTGC**

2. For one vaginal swab, requesting Chlamydia/Gonorrhea and Trichomonas testing, order: **CT/GC + Trichomonas Female**