

**Date:** September 11, 2012

**To:** Edmonton Zone, Central Zone (Camrose and Lloydminster) and North Zone (Former Aspen and Northern Lights)  
Physicians, Nurses and Laboratory Directors and Managers

**From:** AHS Laboratory Services and DynaLIFE<sub>DX</sub> Diagnostic Laboratory Services

**Re:** Standardization of Laboratory Processing & Reporting for Interpretation of Vaginal Specimens

## PLEASE POST OR DISTRIBUTE AS WIDELY AS APPROPRIATE

### Key Messages:

- Effective September 24, 2012, DynaLIFE<sub>DX</sub> will be implementing the following change to align with the provincial guideline:
  - Routine yeast cultures will no longer be performed unless there is a clinical history of recurrent vaginal candidiasis, treatment failure and/or immunosuppression, particularly HIV infection. Microscopy will continue to be done for the detection of yeast and, if seen, it will be reported.
- In January, 2012, the AHS MicroNet working group completed a review of the current and best practices regarding laboratory processing and reporting of vaginal smears submitted for the diagnosis of Bacterial Vaginosis (BV) and produced a guideline for Alberta laboratories to adhere to. This guideline is also intended to support Province-wide standardization for the management of these specimens.
- The standardized reporting comments are provided below.

### Bacterial Vaginosis interpretation comments:

• Smear NEGATIVE for Bacterial Vaginosis.
• Gram stain shows altered vaginal flora. Results are indeterminate for Bacterial Vaginosis.
• Presence of Clue cells suggests transition of vaginal flora towards Bacterial Vaginosis. Repeat testing of another vaginal smear is recommended.
• Smear consistent with BACTERIAL VAGINOSIS.

### Other Comments:

<ul style="list-style-type: none"> <li>• Results may not be reliable in post-menopausal women. Correlate with the clinical picture.           <ul style="list-style-type: none"> <li>➤ This comment will be added to the Bacterial Vaginosis interpretation comment for all women greater than 55 years of age.</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Yeast Seen. Candida species are normal flora in the genital area of 30-40% of women. The presence of yeast must be correlated with clinical picture.           <ul style="list-style-type: none"> <li>➤ This comment will be added when yeast are seen in the vaginal smear.</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Purulence suggests the presence of another infection and/or inflammatory condition. Correlate with the clinical picture. Testing for <i>N. gonorrhoeae</i> and <i>C. trachomatis</i> may be indicated.           <ul style="list-style-type: none"> <li>➤ This comment will be added when there are 3+ or more white blood cells (WBC) seen in the vaginal smear.</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Insufficient sample to assess for vaginitis. Immediate recollection required.           <ul style="list-style-type: none"> <li>➤ No interpretation can be made when there are scant or no cells in the collected specimen.</li> </ul> </li> </ul>

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**Action Required:**

- No processes for specimen collection, handling, and shipping have changed.

**For additional questions contact:**

- *DynaLIFE<sub>Dx</sub>* Diagnostic Laboratory Services at: (780) 451-3702 (ask for the Microbiologist-on-Call).

This bulletin has been reviewed and approved by:

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