Date:	March 21, 2012
То:	<u>North Zone – Former Peace Country Health Region:</u> Physicians, Nurse practitioners
From:	AHS Laboratory Services – North Zone
Re:	Standardized Testing and Reporting for Interpretation of Vaginal Specimens

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Key Messages:

Alberta Health

Services

- The testing and interpretation of vaginal specimens for the diagnosis of Bacterial Vaginosis (BV) has been standardized across laboratories in Alberta. The reporting comments used to communicate laboratory findings to primary care physicians have also been revised to include more informative interpretations.
- Routine yeast cultures will no longer be performed unless there is a clinical history of recurrent vaginal candidiasis and/or treatment failure and/or immunosuppression, particularly HIV infection. Microscopy will continue to be done for the detection of yeast and if seen, will be reported.
- The age of testing for pediatric patients has also changed. Currently patients 13 years of age or older can be tested for Bacterial Vaginosis. This will change to 14 years of age or older.

Why this is important:

Effective April 2, 2012, the Queen Elizabeth II Microbiology lab will implement these changes into the routine service. 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 suggest transition of vaginal flora towards Bacterial Vaginosis.
	Repeat testing of another vaginal smear is recommended.
•	Smear consistent with Bacterial Vaginosis.



Other Comments:

- Results may not be reliable in post-menopausal women. Correlate with the clinical picture.
- This comment will be added to the Bacterial Vaginosis interpretation comment for all women greater than 55 years of age.
- Candida species are normal flora in 30-40% of women. The presence of yeast must be correlated with the clinical picture.
- This comment will be added when yeast are seen in the vaginal smear.
- Purulence suggests the presence of another infection and/or inflammatory condition. Correlate with the clinical picture. Testing for N. gonorrhoeae, C.trachomatis and T. vaginalis may be indicated.
- This comment will be added when there are 3+ to 4+ polymorphonuclear leucocytes or white blood cells (PNMs/WBC) seen in the vaginal smear.
- Insufficient sample to assess for vaginitis. Immediate recollection required.

Action Required:

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

Inquiries and feedback may be directed to:

Barb Nilsson, Microbiology Supervisor at 780-538-7626

This bulletin has been reviewed and approved by:

Dr. James Wesenberg, AHS Provincial Medical / Scientific Director, Laboratory Services