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WOMEN'S HEALTH

Women's Health utilizes quantitative Real-Time PCR to rapidly analyze your patient's sample in 48 hours. Accurate solutions eliminates the guess work in diagnosing and treating Bacterial Vaginosis (BV) infections.

Bacterial Vaginosis is a type of vaginal inflammation caused by the overgrowth of bacteria naturally found in the vagina, which upsets the natural balance. Usually, "good" bacterial (lactobacilli) outnumber "bad" bacteria (anaerobes). But if there are too many anaerobic bacteria, they upset the natural balance of microorganisms in your vagina and cause BV.

Women in their reproductive years are most likely to get BV, but it can affect women of any age. BV may increase the risk of preterm birth, sexually transmitted infections, infection after gynecologic surgery, and pelvic inflammatory disease.

The most common treatments for BV are Metronidazole, Clindamycin, and Tinidazole. It's common for bacterial vaginosis to recur within three to twelve months, even if a patient has been treated. Diagnostic testing is a beneficial tool to help identify pathogens that cause BV. Regular screenings may help determine possible health risks and inform patients and providers if any preventative measures need to be taken.

Accurate diagnosis within 48 hours with real-time PCR for pathogen identification and detection of antibiotic resistance

- PCR, a molecular technique, can precisely analyze the genetic material of pathogens
- Provides a more definitive diagnosis than POC antigen assays
- 48-hour turnaround from specimen receipt
- Higher accuracy than conventional culture

Helps improve clinical confidence and decrease patient risks

- Detects polymicrobial infections
- Unaffected by concurrent antibiotic use
- Identifies potential antibiotic resistance
- Aids in quick clinical decision-making
- Reduces potential unnecessary drug exposure and adverse events

Women's Health Test Menu

Bacterium

- Atopobium vaginae
- Bacteroides fragilis
- BVAB-2
- Chlamydia trachomatis
- Enterococcus faecalis
- Escherichia coli
- Gardnerella vaginalis
- Haemophilus ducreyi
- Lactobacillus crispatus
- Lactobacillus gasseri
- Lactobacillus iners
- Lactobacillus jensenii
- Uncultured Megasphera 1
- Uncultured Megasphera 2
- Mobiluncus curtisii
- Mobiluncus mulieris
- Mycoplasma genitalium
- Mycoplasma hominis
- Neisseria gonorrhoeae
- Prevotella bivia
- Staphylococcus aureus
- Streptococcus agalactiae (Group B)
- Treponema pallidum
- Ureaplasma urealyticum

Fungi

- Candida albicans
- Candida dubliniensis
- Candida glabrata
- Candida krusei
- Candida lusitaniae
- Candida parapsilosis
- Candida tropicalis

Protozoa

- Trichamonas vaginalis

Viruses

- Herpes simplex virus 1
- Herpes simplex virus 2
- Human papillomavirus 16
- Human papillomavirus 18

Antibiotic Resistance Panel

- Aminoglycoside (aph(3)-VI,aph(3)-VIa,aph(3)-Vib, aac(6)-Ib, aac(6)-Ib11) Aminoglycoside/ Quinolone (aac(6)-Ib-cr)
- Beta Lactamase (blaSHV, blaTEM, blaOKP, blaOHIO)
- Carbapenem (blaOXA)
- Carbapenem (blaIMP)
- Carbapenem (blaNDM, blaVIM, blaAFM)
- Carbapenem (blaKPC)
- Cephamycin (blaCMY, blaLAT)
- Minor-ESBL (blaGES, blaVEB, blaPER)
- Ampicillin/Cephalosporin (blaACT, blaMIR, blaMOX, blaCMY)
- Ampicillin/Cephalosporin (blaFOX, blaDHA, blaACC)
- Colistin (mcr-1, mcr-2)
- ESBL (blaCTX-M)
- Vancomycin (VanA, VanB, VanC)
- Vancomycin (VanC, VanC, VanZ)
- Macrolide (ere(b), mef(A))
- Macrolide (erm(A), erm(B), erm(C))
- Methicillin (mecA, mecC)
- Nitroimidazole (nimA, nimB, nimC)
- Nitroimidazole (nimD, nimE, nimI)
- Nitroimidazole (nimJ, nimF, nimH)
- Quinolone (qrnA, qnrS)
- Sulfonamide (sul1, sul2)
- Tetracycline (tetM, tetB, tetS)
- Trimethoprim (dfrA1, dfrA5)
- Linezolid/Macrolide (cfr)
- OXA - carbapenem

Reference: https://medlineplus.gov/lab-tests/bacterial-vaginosis-test/