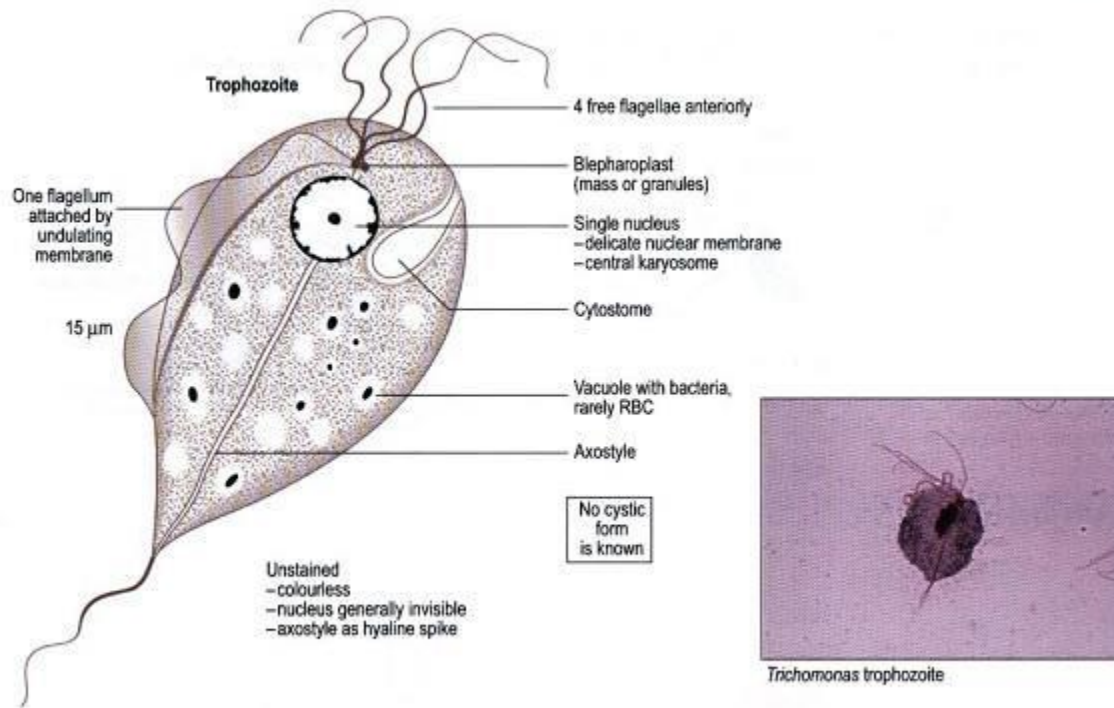


Aptima® *Trichomonas vaginalis* assay



Clinical use

- Diagnose *Trichomonas vaginalis* infection

Clinical Background

Trichomonas vaginalis is the most common curable sexually transmitted disease (STD) agent in the United States, with an estimated 7.4 million new cases occurring annually. ^(1, 2)

Infections in women cause vaginitis, urethritis, and cervicitis. Discharge and small hemorrhagic lesions may be present in the genitourinary tract. Complications can include premature labor, low-birth-weight offspring, premature rupture of membranes, and post-abortion or post-hysterectomy infection. An association with pelvic inflammatory disease, tubal infertility, and cervical cancer with previous episodes of trichomoniasis has been reported. Symptomatic women with trichomoniasis usually complain of vaginal discharge, vulvovaginal soreness, and/or irritation. Dysuria is also common. However, it has been estimated that 10 to 50% of *T. vaginalis* infections in women are asymptomatic, and in men the proportion may even be higher. ^(3, 4, 5)

CDC guidelines for testing:

- Testing for all women presenting with vaginal discharge
- Annual screening for HIV positive women
- Screening can be considered for women with risk factors including new sex partners, other STIs, or inconsistent condom use
- All symptomatic pregnant women should be considered for testing and treatment regardless of pregnancy stage
- Retest positive patients in 3 months

Specimen type

- Room temperature or refrigerated Clinician-collected PreservCyt Solution liquid Pap specimen (Thin Prep vial)
- Room temperature or refrigerated Aptima Unisex Swab Specimen Collection Kit (white tube with foil cap)

Method

- Qualitative nucleic acid amplification test (NAAT) for the detection of ribosomal RNA (rRNA)

Interpretation

Positive – consistent with active *T. vaginalis* infection

Negative – consistent with the absence of *T. vaginalis* infection, or
Organism concentration below the assay detection limit, or
Improper specimen collection and handling (**Reference Range**)

References

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2. **Soper, D.** 2004. Trichomoniasis: under control or undercontrolled? *Am. J. Obstet. Gynecol.* **190**(1):281-290.
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5. **Niccolai, L. M., J. J. Kopicko, A. Kassie, H. Petros, R. A. Clark, and P. Kissinger.** 2000. Incidence and predictors of reinfection with *Trichomonas vaginalis* in HIV-infected women. *Sex. Transm. Dis.* **27**:284-288.