

Assessing STI Risk in Patients with Bacterial Vaginosis

Across multiple studies with different designs – observational and controlled – a consistent conclusion has emerged: women with bacterial vaginosis (BV) have an elevated rate of concurrent STIs. This mounting evidence reinforces clinical recommendations for STI testing in women with BV.¹

Marlowe et al, 2026²

- Geographically and demographically diverse
- Analyzed > 1.5M patients
- 15+ years of age
- General population

Schwebke et al, 2024^{*3}

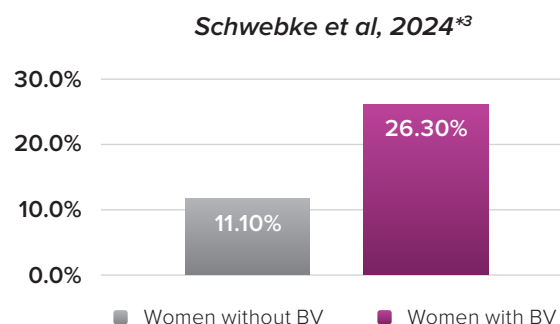
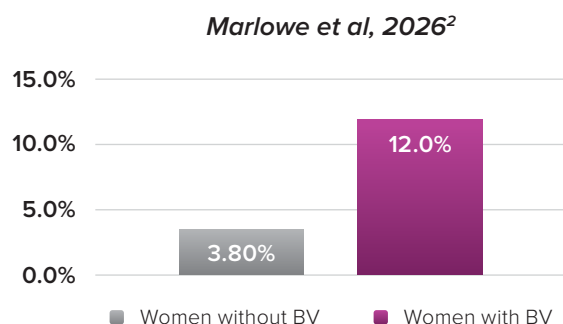
- Enrollment from 21 U.S. Clinics
- Analyzed 1,051 patients
- 14+ years of age
- High-risk population

Chlamydia trachomatis (CT), *Neisseria gonorrhoeae* (NG), *Trichomonas vaginalis* (TV), and *Mycoplasma genitalium* (MG)

BV-Positive Signals Higher STI Rate^{2,3}

Across studies, BV positivity is associated with an increased likelihood of STIs, independent of baseline risk.

Women with ≥ 1 STI (%)

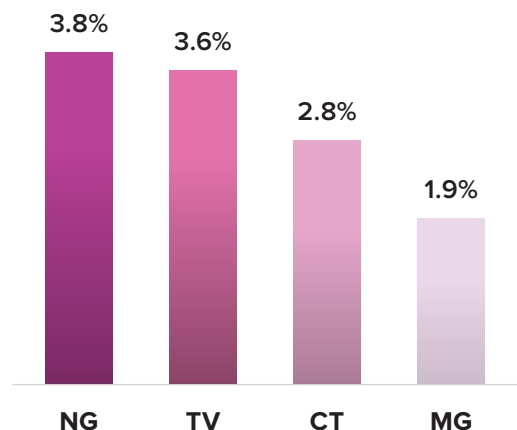


NAATs Support Comprehensive Care

“Improved molecular diagnostics that allow the detection of multiple analytes from a common specimen has enabled enhanced management for women who present with vaginitis.”

– Marlowe et al, 2026²

BV and STI Co-Infection Risk²



~2-4x

Odds of having an STI for BV+ women were about **~2-4x greater** compared to BV- women.

“The consistent, strong associations between BV and non-viral STIs—not just for TV and MG but also for CT and NG—reinforce current CDC STI Treatment Guidelines that recommend STI testing for women with BV.”²

Optimizing Clinical Management



Microbiome Impact

Alterations in the vaginal microbiome influence susceptibility to STI acquisition and persistence²



Awareness

TV is often overlooked; its burden is high across middle-aged groups, warranting increased attention²



STI Positivity

CT, NG, and MG are more prevalent in younger groups, while TV is highest in middle-aged groups²



CDC

CDC recommends all women diagnosed with BV be tested for STIs¹

“These findings support comprehensive STI testing in women with BV to optimize clinical management and reduce reproductive health complications.”¹

²Hologic sponsored study

References: **1.** Workowski KA, Bachmann LH, Chan PA, et al. Sexually Transmitted Infections Treatment Guidelines, 2021. MMWR Recomm Rep 2021;70(No. RR-4):1-187. DOI: [http://dx.doi.org/10.15585/mmwr.rr7004a1.46\(4\):1501-1503](http://dx.doi.org/10.15585/mmwr.rr7004a1.46(4):1501-1503) **2.** Marlowe EM, Starolis MW, Chen Z, et al. Vaginitis and Sexually Transmitted Infections Coinfections O&G Open. 2026;3(4). doi:10.1097/og9.0000000000000185 **3.** Schwebke JR, Nyirjesy P, Dsouza M, Getman D. Vaginitis and risk of sexually transmitted infections: results of a multi-center U.S. clinical study using STI nucleic acid amplification testing. J Clin Microbiol. 2024;62(9):e0081624. doi:10.1128/jcm.00816-24.

SS-01757-001 Rev. 001 © 2026 Hologic, Inc. All rights reserved. Hologic, Aptima and associated logos are trademarks and/or registered trademarks of Hologic, Inc. and/or its subsidiaries in the United States and/or other countries. All other trademarks are the property of their respective owners.