

# Current ACOG and CDC Guidelines for TV<sup>5,9</sup>:

- ▶ Nucleic acid amplification testing (NAAT) is recommended for the diagnosis of TV.
- ▶ Patients should be retested approximately 3 months after treatment because of the high rates of infection recurrence.
- ▶ For persistent infections, women should consider resistance testing.
- ▶ Current partners should be referred for presumptive treatment to avoid reinfection.

## Additional CDC Guidance<sup>5</sup>:

- ▶ All women seeking care for vaginal discharge or who report other symptoms should be tested for TV.
- ▶ All women with HIV infection should be tested for TV.
- ▶ Women receiving care in high-prevalence settings (e.g., STD clinics and correctional facilities) should consider screening.
- ▶ Asymptomatic persons at increased risk for infections should consider screening.
- ▶ Women with TV should be tested for other STIs, including HIV, syphilis, chlamydia and gonorrhea.

# The Aptima® Trichomonas vaginalis Assay

An accurate test to diagnose trichomoniasis — symptomatic or not.

- ▶ The Aptima Trichomonas vaginalis assay is an **FDA-cleared** nucleic acid amplification test (NAAT) for symptomatic and asymptomatic trichomoniasis detection.<sup>14</sup>
- ▶ Requires only a fraction of one organism to **detect up to 100%** of trichomoniasis infections.<sup>14</sup>

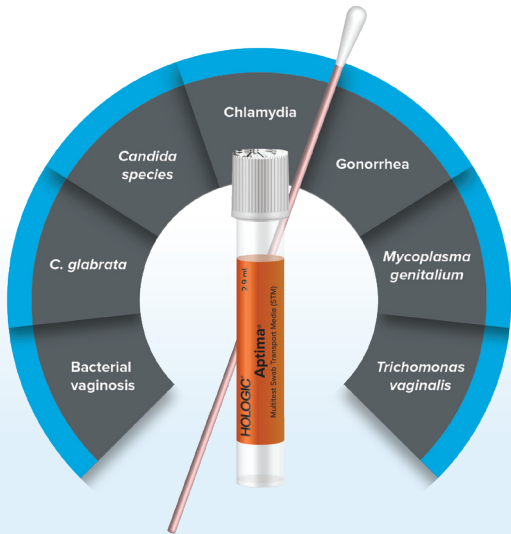
## Aptima® Multitest Swab

One Sample. Multiple Results.  
Maximum Efficiency.

NAAT testing is highly sensitive in detecting more T. vaginalis.<sup>5</sup> Multiple sample types make it easy to order the Aptima Trichomonas vaginalis assay as a standalone test. You can also add it to the ThinPrep® Pap test or Aptima Combo 2® test for chlamydia and gonorrhea from just one sample.

Performance Data by Sample Type<sup>14</sup>

Specimen Type <sup>†</sup>	Sensitivity	Specificity
Aptima® Multitest Swab (Clinician Collected Vaginal Sample)	100.0%	98.2%
Aptima® Multitest Swab (Patient Collected Vaginal Sample)	98.8%	99.4%
Aptima® Unisex Swab (Endocervical Sample)	100.0%	98.1%
ThinPrep® Solution	100.0%	98.6%
Aptima® Urine (Female Sample)	100.0%	100.0%
Aptima® Urine (Male Sample)	100.0%	99.8%



Testing may also be performed with any of the following alternative specimen types:

- Aptima® Urine Specimen
- Aptima® Unisex Swab
- ThinPrep® Pap Test Vial

**References:** 1. Incidence, Prevalence, and Cost of Sexually Transmitted Infection in the United States. Last reviewed: March 16, 2022. Accessed September 12, 2023. <https://www.cdc.gov/nchhstp/newsroom/fact-sheets/std/ST-Incidence-Prevalence-Cost-Factsheet.html> 2. Ginocchio C, et al. Prevalence of Trichomonas vaginalis and Coinfection with Chlamydia trachomatis and Neisseria gonorrhoeae in the United States as Determined by the Aptima Trichomonas vaginalis Nucleic Acid Amplification Assay. J Clin Microbiol. 2012;50(8):2601-2608. doi: 10.1128/JCM.00748-12 3. Ginocchio C, et al. Prevalence of Trichomonas vaginalis and Coinfection with Chlamydia trachomatis and Neisseria gonorrhoeae in the United States as Determined by the Aptima Trichomonas vaginalis Nucleic Acid Amplification Assay. 19th International Society for Sexually Transmitted Diseases Research (ISSTD). July 10-13, 2011. Quebec City, Quebec, Canada. Oral presentation O3-52-05. 4. Stemmer SM, et al. Detection Rates of Trichomonas vaginalis, in Different Age Groups, Using Real-Time Polymerase Chain Reaction. J Low Genit Tract Dis. 2012;16(4):352-357. doi: 10.1097/LGT.0b013e31824b9be2 5. Workowski KA, Bachmann LH, Chan PA, Johnston CM, Muzny CA, Park I, Reno H, Zenilman JM, Bolan GA. Sexually Transmitted Infections Treatment Guidelines, 2021. MMWR Recomm Rep. 2021 Jul 23;70(4):1-187. doi: 10.15585/mmwr.rr7004a1 6. Thomason JL and Gelbart SM. Trichomonas vaginalis. Obst Gynecol. 1989;74(3):536-541. <https://pubmed.ncbi.nlm.nih.gov/2668827/> 7. Allsworth JE, et al. Trichomoniasis and other sexually transmitted infections: results from the 2001-2004 National Health and Nutrition Examination Surveys. Sex Transm Dis. 2009;36(12):738-744. doi: 10.1097/OLQ.0b013e3181b38a4b 8. Shew ML, et al. Association of condom use, sexual behaviors and sexually transmitted infections with the duration of genital human papillomavirus infection among adolescent women. Arch Pediatr Adolesc Med. 2006;160(2):151-156. doi:10.1001/archpedi.160.2.15 9. ACOG. Vaginitis in Nonpregnant Patients. ACOG Practice Bulletin. Number 215. 2020;135(1):e1-e17. doi: 10.1097/AOG.0000000000003604 10. Nye MB, et al. Comparison of APTIMA Trichomonas vaginalis transcription-mediated amplification to wet mount microscopy, culture, and polymerase chain reaction for diagnosis of trichomoniasis in men and women. Am J Obstet Gynecol. 2009;200(2):188.e1-7. doi: 10.1016/j.ajog.2008.10.005 11. Stoner KA, Rabe LK, Meyn LA, et al. Survival of Trichomonas vaginalis in wet preparation and on wet mount. Sex Transm Infect. 2013;89:485-8. doi: 10.1136/sextrans-2012-051001 12. Garber GE. The laboratory diagnosis of Trichomonas vaginalis. Can J Infect Dis Med Microbiol. 2005;16(1):35-38. doi: 10.1155/2005/373920 13. Kingston MA, et al. 'Shelf life' of Trichomonas vaginalis. Intl J STD AIDS. 2003;14(1):28-29. doi: 10.1258/095646203321043228 14. Aptima Trichomonas vaginalis Assay, Pather. US package insert AW-25942-001. Hologic, Inc., 2023. 15. Andrea SB and Chapin KC. Comparison of Aptima Trichomonas vaginalis Transcription-Mediated Amplification Assay and BD Affirm VPIII for Detection of T. vaginalis in symptomatic women: Performance Parameters and Epidemiological Implications. J Clin Microbiol. 2011;49(3):866-869. doi:10.1128/JCM.02367-10 16. Wendel KA, et al. Trichomonas vaginalis polymerase chain reaction compared with standard diagnostic and therapeutic protocols for detection and treatment of vaginal trichomoniasis. Clin Infect Dis. 2002;35(5):576-80. doi: 10.1086/342060

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**Aptima® Trichomonas vaginalis**  
Assay

**HOLOGIC®**

DON'T LET  
*Symptomatic*  
BECOME  
PROBLEMATIC

Test. Treat. Triumph.

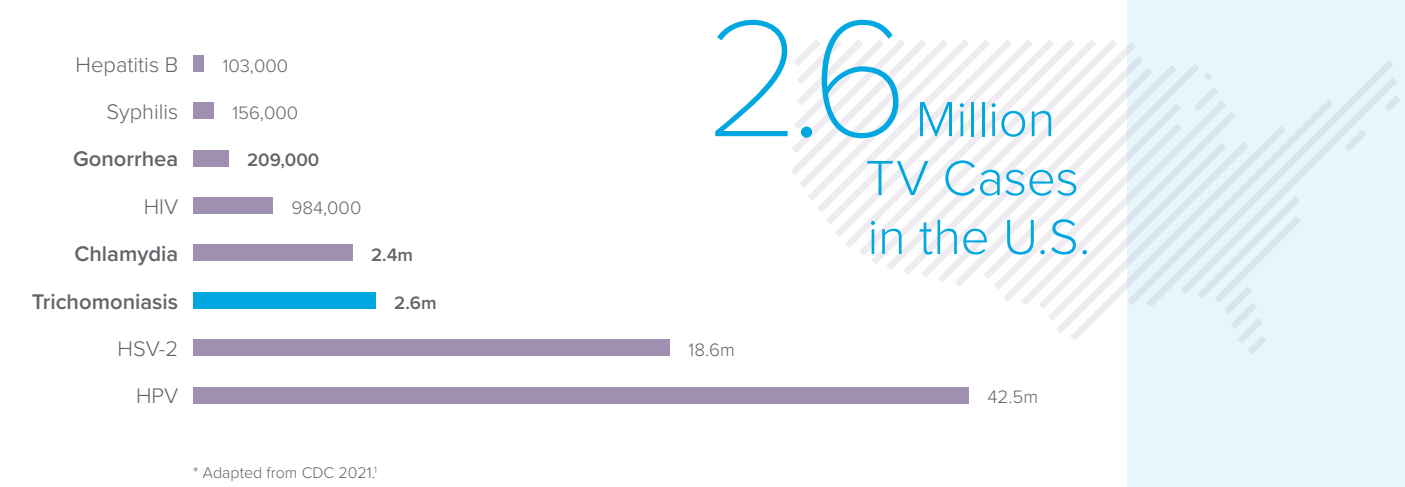
**Aptima® Trichomonas vaginalis**  
Assay



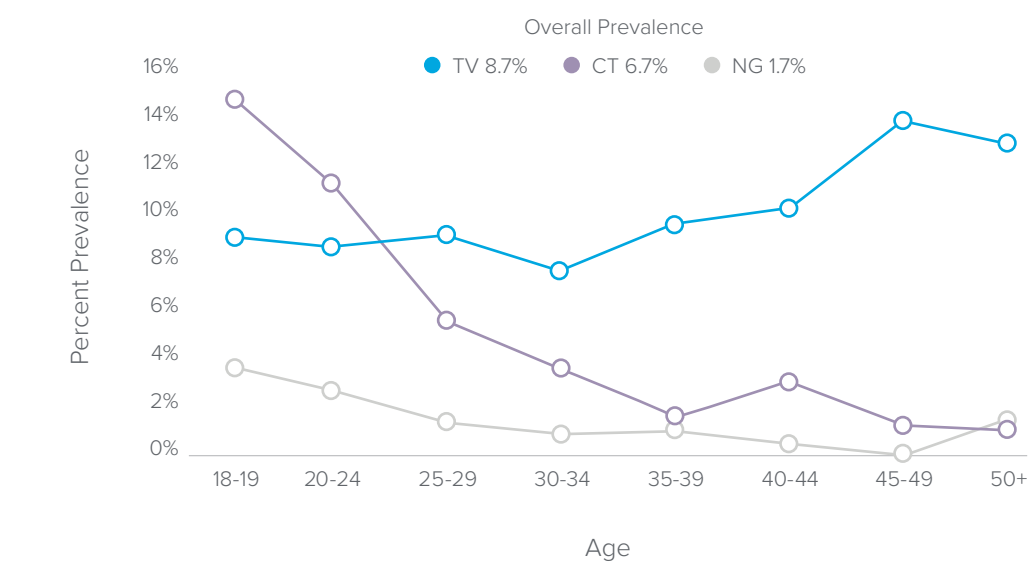
# The Most Common Curable STI

*Trichomonas vaginalis* (TV) is as prevalent as chlamydia (CT) and gonorrhea (NG) combined.<sup>1</sup>

## Estimated Prevalence of STIs in the United States\*



## Trichomoniasis is Prevalent in Women Across a Wide Range of Ages<sup>2,3†</sup>



Prevalence of trichomoniasis, chlamydia and gonorrhea infections in a subset of females in the U.S. (n=7,593).  
† Adapted from Ginocchio C. et al.<sup>2,3</sup>

“Detection rates of *T. vaginalis* were found to be highest among women age 46 to 55 years and may be due to *T. vaginalis* infiltrating the subepithelial glands and being detected only during hormone-induced or antibiotic-induced changes in the vaginal flora.”

Stemmer et al.<sup>4</sup>

# The latest CDC estimates reported more than 26 million new sexually transmitted infections and 6.9 million incidences are from Trichomoniasis.<sup>1</sup>

About 70% of people with the infection do not have any signs or symptoms.<sup>5</sup> When there are symptoms, many different conditions may cause symptoms similar to TV, and co-infections can be common. If you aren't testing for TV using a highly sensitive, FDA-cleared NAAT test — like the Aptima® *Trichomonas vaginalis* assay — you may be missing underlying cases of TV.

	Similar symptoms			Chlamydia	Gonorrhea
	Trichomoniasis	Bacterial Vaginosis (BV)	Yeast Infection		
Abnormal discharge	✓	✓	✓	✓	✓
Vaginal odor	✓	✓			
Vaginal irritation	✓	✓	✓	✓	✓
Pain during urination/sex	✓	✓	✓	✓	✓

## Trichomoniasis Continues to Spread

A TV infection may not clear on its own and may continue to spread.<sup>6</sup> If left untreated, TV infection can be linked to:

- ▶ Increased risk of HIV transmission<sup>5</sup>
- ▶ Concurrent STIs (CT, NG and HSV types 1 & 2)<sup>7</sup>
- ▶ Prolonged HPV infection<sup>8</sup>
- ▶ Pelvic Inflammatory Disease (PID)<sup>5</sup>
- ▶ Endometritis<sup>5</sup>
- ▶ Adverse pregnancy outcomes, including preterm delivery and low birth weight<sup>5</sup>
- ▶ Patient discomfort

### CDC Guideline for Treatment<sup>5</sup>:

- ▶ Metronidazole, 500 mg orally 2x/day for 7 days.
- ▶ Tinidazole 2 g orally once for alternative therapy.

The content in this piece is for information purposes only and is not intended to be medical advice.

“Per the CDC

*Trichomoniasis-*

*STI Treatment*

*Guidelines*

“NAATs testing

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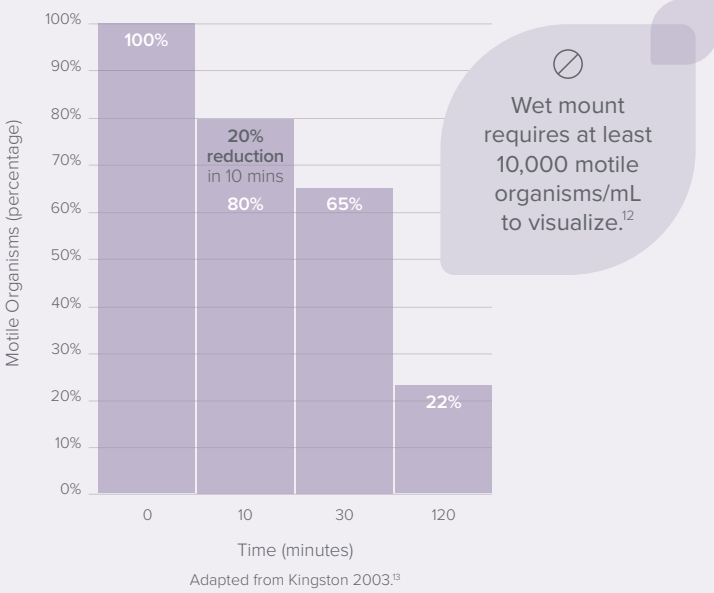
## Don't Trust a Negative Wet Mount

Up to 45% of TV infections are missed by a wet mount.<sup>10</sup>

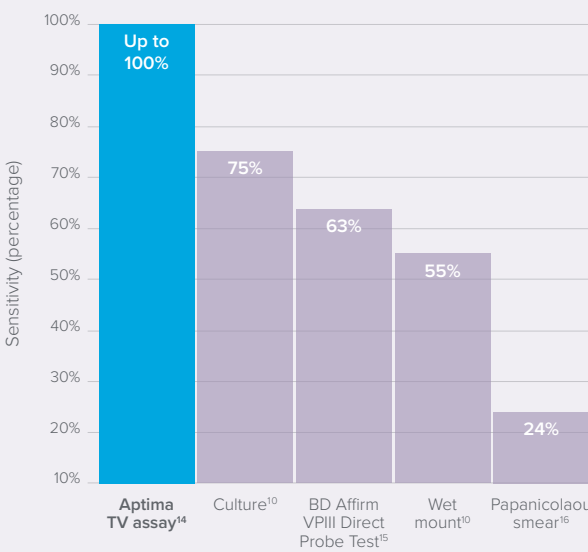
Wet mount testing results can be unreliable due to the following reasons<sup>11,12</sup>:

1. Sensitivity and Timing
  - ▶ Relies on detecting motile forms, leading to potential false negatives.
  - ▶ Delayed testing reduces accuracy as trichomonas motility decreases over time.
2. Interpretation Challenges
  - ▶ Variability in clinician skills affects accuracy.
  - ▶ Non-motile forms may be confused with vaginal cells.

## Motile Organisms Decrease Rapidly<sup>13</sup>



## Aptima® *Trichomonas vaginalis* Assay Detects up to 100% of TV Infections<sup>14</sup>



This chart is a representation of clinical data from multiple published sources. The clinical studies represented within these sources were conducted using different study designs with various assays.