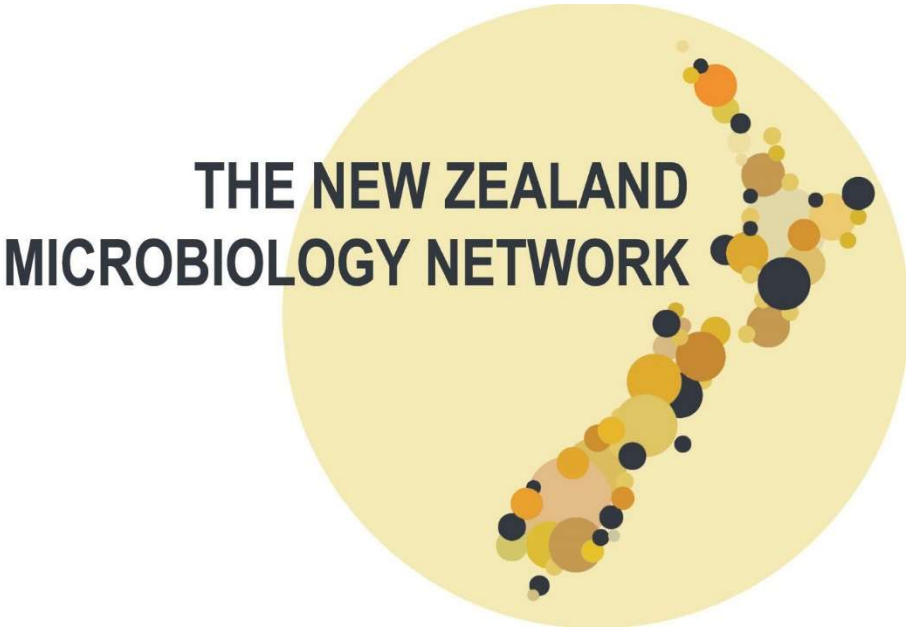

Document Title:	**Position statement from the New Zealand Microbiology Network (NZMN) regarding routine screening for bacterial vaginosis and vulvovaginal candidiasis in asymptomatic women** Replaces earlier version: "NZMN position statement regarding female genital specimen processing; … for routine bacterial and fungal culture…"
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Position statement from the New Zealand Microbiology Network (NZMN) regarding routine screening for bacterial vaginosis and vulvovaginal candidiasis in asymptomatic women

Screening for bacterial vaginosis (BV) and vulvovaginal candidiasis (VVC) in asymptomatic women is not routinely recommended.

New Zealand Microbiology Network

The New Zealand Microbiology Network (NZMN) core membership comprises clinical microbiologists representing laboratories interested in and supporting public health microbiology testing in New Zealand, representatives of the Ministry of Health and Ministry for Primary Industries, and representatives of the Institute of Environmental Science and Research Limited (ESR).

The vision of the NZMN is to build national capability, optimise technical methods and collaborative processes in public health microbiology across New Zealand.

Relevance

This position statement from the New Zealand Microbiology Network (NZMN) contains information for relevant stakeholders including GPs, midwives, practice nurses, sexual health services, family planning, and Obstetrics & Gynaecology specialists.

Position background

Some healthcare providers routinely collect genital specimens in asymptomatic patients, for example prior to intrauterine coil device (IUCD) insertion or at the time of specimen collection for cervical cancer screening. However, the NZMN recommends reviewing this practice.

BV is a vaginal dysbiosis condition with replacement of the normal flora (lactobacilli) with anaerobic bacteria; gold standard laboratory diagnosis is by Gram stain of vaginal swab which is scored according to specified criteria. This process relies on manual interpretation, has a wide indeterminate “grey zone” of reporting and has potential for inter-operator variability. Sampling for BV therefore is not recommended unless suggestive clinical features (usually presence of abnormal vaginal discharge) increase the pre-test probability of BV being present.

Similarly, presence of yeast species from a genital sample cannot *per se* confirm a diagnosis of VVC since they are part of the normal genital flora.

Testing for BV and VVC in the absence of symptoms can lead to patient harms through false diagnosis and unnecessary antimicrobial treatment, which can itself lead to dysbiosis.

There is debate around the clinical utility of asymptomatic screening for BV prior to termination of pregnancy or during pregnancies at risk for pre-term labour or other complications. There is insufficient evidence to currently support this as routine practice.

It is imperative that all samples are accompanied by detailed clinical information as part of diagnostic stewardship measures to ensure optimised sample processing.

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