



Consider adding trich to STI screening

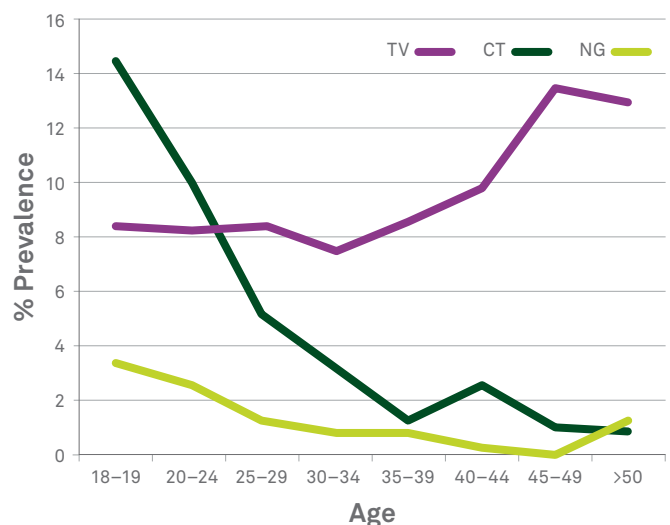
SureSwab® means highly sensitive and specific molecular testing for detecting chlamydia, gonorrhea and trich from one specimen: provider collection or self-collection of vaginal specimens

Consider adding trich to STI screening

You play an important role in identifying women at risk for STIs.

- If you are about to order CT/NG testing because you suspect your patient is at high risk, consider adding *T. vaginalis* testing too¹
- High *T. vaginalis* prevalence in all age groups indicates that all women at risk should be screened^{1,2,3,4} (see graph)
- Recent evidence confirms *T. vaginalis* is the most common sexually transmitted infection (STI) in women >40 years of age^{1,2}
- Even when asymptomatic, these STIs are contagious and can cause permanent damage¹
- Left undiscovered, chlamydia, gonorrhea or trich can live for months or years in the vagina¹

Trich: high prevalence across age groups²



* N = 7,593. Women aged 18–89 undergoing screening for *C. trachomatis*/*N. gonorrhoeae* were also tested for *T. vaginalis*. Overall, prevalence for *T. vaginalis*, *C. trachomatis* and *N. gonorrhoeae* was 8.7%, 6.7% and 1.7% respectively. *T. vaginalis* was more prevalent than both *C. trachomatis* and *N. gonorrhoeae* in all age groups except the 18- to 19-year-old group.²

Three chances to catch and cure

Why include *T. vaginalis* testing for women at risk?

- The most common, nonviral, curable STI⁵
- Highly prevalent infection across all age groups, but particularly in women >40 years old²
- Estimated 4 million cases each year in the United States²
- 50–60% of cases are asymptomatic but all are potentially contagious and easily passed to partners²
- Detection of *T. vaginalis* is key for treatment, reducing transmission and preventing associated negative health outcomes

Why SureSwab® CT/NG, *T. vaginalis*?

- 100% sensitive for *T. vaginalis* and 98.2% specific, making the SureSwab nucleic acid amplification test (NAAT) the most reliable diagnostic test for detecting the infections^{3,6}
- The sensitivity of wet mount in-office microscopy is low at ~50%⁵
- Wet mount is unreliable for diagnosis in asymptomatic patients who are concerned about their risk for infection¹
- CDC guidelines suggest that NAAT testing be performed even if wet mount is negative¹
- Vaginal culture is ~82% sensitive and expensive, and has a 7-day turnaround time, making it impractical to use¹
- SureSwab is consistent with CDC guidelines and recommendations regarding diagnosis of STIs¹



Test Name	Test Code
▶ SureSwab® CT/NG and <i>T. vaginalis</i>	16492
▶ SureSwab® <i>Trichomonas vaginalis</i> RNA, Qualitative, TMA	19550
▶ SureSwab® <i>Chlamydia trachomatis/Neisseria gonorrhoeae</i> RNA, TMA	11363



Contact your Quest Diagnostics sales representative, call 1.866.MY.QUEST (1.866.697.8378) or visit QuestDiagnostics.com.

References

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2. Ginocchio CC, 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 Aug;50(8):2601–8.
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