**Effective October 5th, 2022**, the VUMC clinical laboratory will discontinue genital cultures. In the place of these cultures, providers are encouraged to order pathogen-specific tests, which include evaluation for pathogens that cannot be detected by culture:

<table>
<thead>
<tr>
<th>Test</th>
<th>Detects</th>
<th>Notes</th>
<th>Acceptable specimens</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bacterial Vaginosis NAAT (LAB6082)</td>
<td>Shift in flora indicative of bacterial vaginosis</td>
<td></td>
<td>Vaginal swab collected using the Aptima Unisex Swab Collection Kit</td>
</tr>
</tbody>
</table>
| Mycoplasma genitalium NAAT (LAB 6084) | *M. genitalium*                              | Not detected by routine culture                                      | -Male/Female Urine (sterile container)  
-Vaginal Swab collected using the Aptima Multitest Swab Collection Kit  
-Endocervical sample collected in ThinPrep PreservCyt  
-Endocervical or Male Urethral Swabs collected in the Aptima Unisex Swab Collection Kit. |
| Candida and Trichomonas vaginalis NAAT (LAB6083) | *Candida spp.*  
*T. vaginalis* | *T. vaginalis* is not detected by culture. Fungal culture will remain available for cases requiring susceptibility testing. | *T. vaginalis* only:  
-Male/Female Urine (sterile container)  
-Vaginal Swab collected using the Aptima Multitest Swab Collection Kit  
-Endocervical sample collected in ThinPrep PreservCyt  
-Endocervical or Male Urethral Swabs collected in the Aptima Unisex Swab Collection Kit.  
*T. vaginalis + Candida spp:* Vaginal Swabs collected in the Aptima Multitest Swab Collection Kit |
| Chlamydia trachomatis and Neisseria gonorrhoeae by PCR (LAB1364) | *C. trachomatis*  
*N. gonorrhoeae* | *N. gonorrhoeae* culture will remain available for extra-genital infections | -Male/Female Urine collected in a sterile container or using the Roche "cobas PCR Urine Sample Kit"  
-Vaginal/Cervical/Throat/Rectal Swab collected in the Roche "cobas® PCR Dual or Uni Swab Sample Kit" |
| GBS DNA amplification (LAB5770) | *Streptococcus agalactiae* | Antepartum female ≥35 weeks' gestation | -Vaginal+Rectal collected with eSwab (Nylon flocked swab with applicator in Liquid Amies media) |
For surgically collected specimens and those from normally sterile sites, a routine wound culture will detect bacterial pathogens, and should be ordered in place of a genital culture.

Rationale for the change:
Bacterial cultures have widely been replaced by more sensitive pathogen-specific tests for the diagnosis of genital infections.

Genital cultures are designed to detect the presence of *Neisseria gonorrhoeae* and screen for yeast, *Gardnerella vaginalis*, group B *Streptococcus* and *Staphylococcus aureus*. This ‘catch-all’ approach is associated with significant disadvantages.

1) FDA-cleared nucleic acid amplification tests for detection of *Neisseria gonorrhoeae* are vastly superior to culture for fastidious organism (1). CDC currently recommends that NAATs be used for the detection of *N. gonorrhoeae* in both symptomatic and asymptomatic patients (1, 2).

2) CDC does not recommend use of bacterial culture for *G. vaginalis* for the diagnosis of bacterial vaginosis (BV), due to poor specificity. BV nucleic acid amplification tests (NAATs) are recommended. (2). BV is a polymicrobial syndrome resulting from the replacement of normal hydrogen peroxide producing *Lactobacillus* sp. in the vagina with high concentrations of anaerobic bacteria, which are not detected by genital cultures. The BV NAAT offered by the laboratory includes specific evaluation of this shift in vaginal flora (2).

3) Detection of group B *Streptococcus* in pregnant women is best performed by PCR. There is no evidence that these organisms cause genital infections in non-pregnant women, and 10-30% of women are colonized with group B *Streptococcus* (2).

References:

1. CDC. 2021 STI Treatment Guidelines. [https://www.cdc.gov/std/treatment-guidelines/default.htm](https://www.cdc.gov/std/treatment-guidelines/default.htm)


Please assist us by sharing this information with everyone on your work team that will collect lab specimens.

For more information or assistance, please contact Vanderbilt Lab Client Services at 615-875-5227 (ext: 5-5227) or visit our web site: [www.labVU.com](http://www.labVU.com)