US BioTek LABORATORIES

PATIENT REPORT

16020 Linden Ave N, Shoreline, WA 98133 USA • usbiotek.com • +1.206.365.1256

26219-0343

Dr Test Doctor (Test Doctor) Test Clinic. 123 Test Street, Test Suburb Victoria 3125

Lab ID 42199288
Patient ID P000060
Ext ID 26219-0343

Test Patient

Sex: Female • 56yrs • 01-Jan-70
123 Home Street, Test Suburb VIC 3125

RECEIVED
07-Aug-26

Clinical Notes .

VAGINAL IQ

Specimen type - Swab-Vaginal

Collected
02-Aug-26

TEST	RESULT	H/L	REFERENCE	UNITS
pH	6.1	H	(3.5-4.5)	
Bacterial Vaginosis	POSITIVE			
Aerobic Vaginitis	POSITIVE			

SEXUALLY TRANSMITTED INFECTIONS

TEST	RESULT
Chlamydia trachomatis	Not Detected
Neisseria gonorrhoeae	Not Detected
Trichomonas vaginalis	DETECTED
Mycoplasma genitalium	DETECTED
Herpes Simplex Virus 1	DETECTED
Herpes Simplex Virus 2	Not Detected
Haemophilus ducreyi	Not Detected
Lymphogranuloma venereum	Not Detected
Treponema pallidum (Syphilis)	Not Detected

OPPORTUNISTIC ORGANISMS

SERVICE	RESULT
Urinogenital Microbiota - PCR	
Mycoplasma hominis	Not Detected
Ureaplasma parvum	Not Detected
Ureaplasma urealyticum	Not Detected
Other Viruses	
Cytomegalovirus (CMV)	Not Detected
Varicella-Zoster Virus (VZV)	Not Detected

Bacteria / Viruses

Enterococcus faecium
Bacterial Vaginosis-Associated Bacterium 2 (BVAB2)
Gardnerella vaginalis
Anaerococcus mediterraneensis
Anaerococcus obesiensis
Gardnerella vaginalis
Mageeibacillus indolicus
Megasphaera hutchinsoni
Murdochiella vaginalis
Klebsiella pneumoniae
Proteus mirabilis
Staphylococcus haemolyticus
Enterobacter cloacae

Mycology

Candida albicans
Nakaseomyces glabratus

Sexually Transmitted Infections

Herpes Simplex Virus 1
Mycoplasma genitalium
Trichomonas vaginalis

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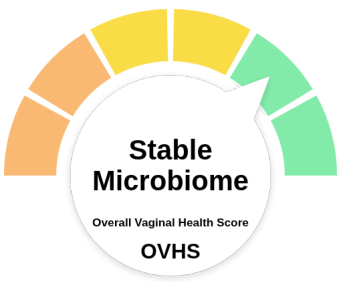
Test Patient

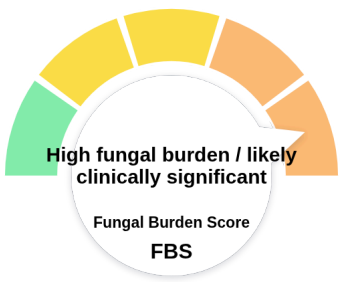
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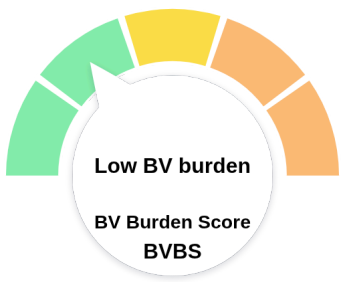
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VAGINAL HEALTH SCORES

TEST	RESULT	REFERENCE
Overall Vaginal Health Score	88	(75-100)
Fungal Burden Score	77	(0-10)
BV Burden Score	11	(0-25)
Aerobic Dysbiosis Score	66	(0-25)
Opportunitstics Burden Score	9	(0-25)
Lactobacillus Dominance Score	23	(0-100)

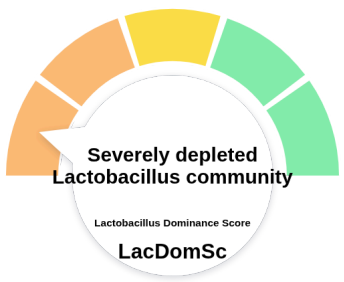












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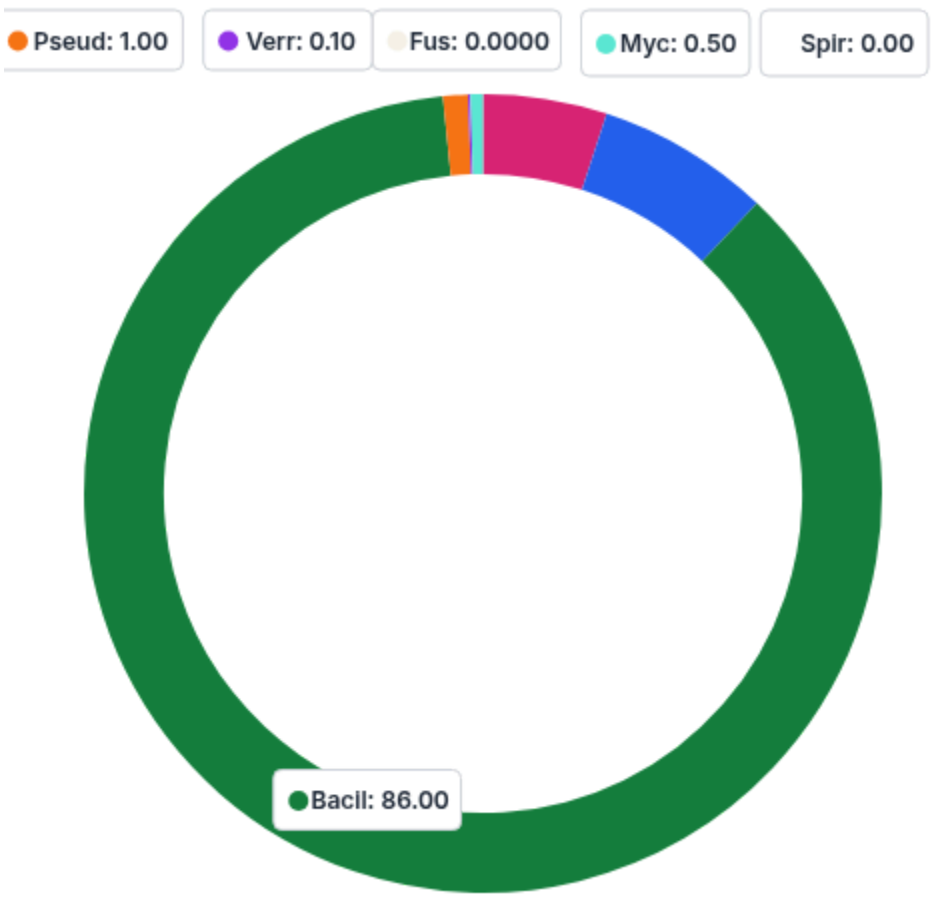
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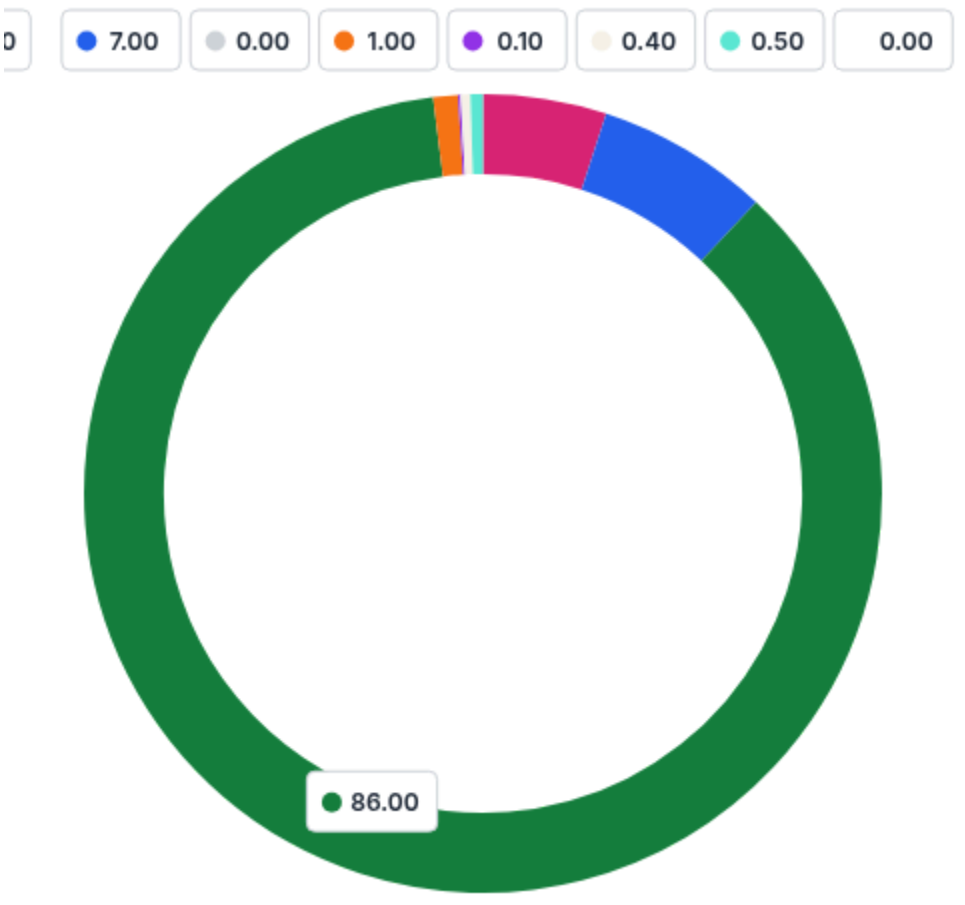
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Your Phyla



Healthy Phyla



MICROBIOTA PHYLA

TEST	RESULT	H/L	REFERENCE	UNITS
Actinomycetota	5.00		(<15.00)	%
Bacteriodota	7.00		(<10.00)	%
Methanobacteriota	0.00		(<0.01)	%
Bacillota	86.00		(>80.00)	%
Pseudomonadota	1.00		(<2.00)	%
Verrucomicrobiota	0.10		(<0.50)	%
Fusobacteriota	0.40		(<0.50)	%
Mycoplasmatota	0.50		(<1.00)	%
Spirochaetota	0.00		(<0.01)	%

MICROBIOTA DIVERSITY INDEXES

TEST	RESULT	H/L	REFERENCE	UNITS
Shannon Diversity Index	2.20		(0.50-2.50)	
Simpson Diversity Index	0.80	H	(<0.75)	

CST TYPE

TEST	RESULT	INTERPRETATION
CST Type	4	CST IV: Diverse anaerobic community with no dominant Lactobacillus

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OPPORTUNISTIC BACTERIA

TEST	RESULT	H/L	REFERENCE	UNITS
Mollicutes				
Mycoplasma genitalium	1.10	H	(<1.00)	x10^6 CFU/ml
Mycoplasma hominis	<DL		(<1.00)	x10^6 CFU/ml
Ureaplasma parvum	<DL		(<1.00)	x10^5 CFU/ml
Ureaplasma urealyticum	<DL		(<1.00)	x10^5 CFU/ml
Bacteria linked to positive-Bacterial Vaginosis				
Megasphaera species	<DL		(<1.00)	x10^5 CFU/ml
Phocaeicola fragilis	0.60		(<1.00)	x10^5 CFU/ml
Gardnerella vaginalis	1.78	H	(<1.00)	x10^5 CFU/ml
Bacterial Vaginosis-Associated Bacterium 2 (BVAB2)	1.22	H	(<1.00)	x10^5 CFU/g
Atopobium vaginae	<DL		(<1.00)	x10^5 CFU/ml
Mobiluncus species	<DL		(<1.00)	x10^5 CFU/g

VAGINAL MYCOLOGY

TEST	RESULT	H/L	REFERENCE	UNITS
Candida species	<DL		(<1.000)	x10^5 CFU/ml
Candida albicans	1.86	H	(<1.00)	x10^5 CFU/ml
Candida dubliniensis	<DL		(<1.00)	x10^5 CFU/g
Nakaseomyces glabratus	2.10	H	(<1.00)	x10^5 CFU/g
Pichia kudriavzevii	<DL		(<1.00)	x10^5 CFU/g
Clavispora lusitaniae	<DL		(<1.00)	x10^5 CFU/g
Candida parapsilosis	<DL		(<1.00)	x10^5 CFU/ml
Candida tropicalis	<DL		(<1.00)	x10^5 CFU/ml
Meyerozyma guilliermondii	<DL		(<1.00)	x10^5 CFU/g
Cyberlindnera intermedia	<DL		(<1.00)	x10^5 CFU/g
Barnettozyma lambica	<DL		(<1.00)	x10^5 CFU/g
Debaryomyces hansenii	<DL		(<1.00)	x10^5 CFU/g
Kluyveromyces marxianus	<DL		(<1.00)	x10^5 CFU/g
Yarrowia lipolytica	<DL		(<1.00)	x10^5 CFU/g
Non-Candida Fungi				
Saccharomyces cerevisiae	<DL		(<1.000)	x10^5 CFU/ml
Trichosporon asahii	<DL		(<1.00)	x10^5 CFU/g
Rhodotorula mucilaginosa	<DL		(<1.00)	x10^5 CFU/g
Fungal Burden Score	77	H	(0-10)	%

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BACTERIAL VAGINOSIS-ASSOCIATED MICROBIOME

TEST	RESULT	H/L	REFERENCE	UNITS
Alloscardovia omnicolens	<DL		(<1.0000)	%
Anaerococcus genus	<DL		(<6.0000)	%
Anaerococcus lactolyticus	<DL		(<1.0000)	%
Anaerococcus mediterraneensis	2.0000	H	(<1.0000)	%
Anaerococcus obesiensis	1.1200	H	(<1.0000)	%
Anaerococcus prevotii	<DL		(<1.0000)	%
Anaerococcus tetradius	<DL		(<1.0000)	%
Anaerococcus vaginalis	<DL		(<1.0000)	%
Fannyhessea vaginae	<DL		(<1.0000)	%
Candidatus Vaginella massiliensis	<DL		(<1.0000)	%
Bacteroides fragilis	0.2700		(<1.0000)	%
Campylobacter ureolyticus	<DL		(<1.0000)	%
Lachnocurva vaginae (BVAB1)	<DL		(<1.0000)	%
Dialister invisus	<DL		(<1.0000)	%
Dialister micraerophilus	<DL		(<1.0000)	%
Fusobacterium nucleatum	<DL		(<1.0000)	%
Gardnerella genus	<DL		(<5.0000)	%
Gardnerella greenwoodii	<DL		(<1.0000)	%
Gardnerella leopoldii	<DL		(<1.0000)	%
Gardnerella piotti	<DL		(<1.0000)	%
Gardnerella swidsinskii	<DL		(<1.0000)	%
Gardnerella vaginalis	1.6800	H	(<1.0000)	%
Hoylesella genus	<DL		(<1.0000)	%
Mageeibacillus indolicus	1.0000	H	(<1.0000)	%
Megasphaera genus	<DL		(<3.0000)	%
Megasphaera elsdenii	<DL		(<1.0000)	%
Megasphaera hutchinsoni	2.0000	H	(<1.0000)	%
Megasphaera lornae	<DL		(<1.0000)	%
Mobiluncus genus	<DL		(<3.0000)	%
Mobiluncus curtisii	<DL		(<1.0000)	%
Mobiluncus mulieris	<DL		(<1.0000)	%
Murdochiella vaginalis	1.0000	H	(<1.0000)	%
Parvimonas genus	<DL		(<2.0000)	%
Parvimonas micra	<DL		(<1.0000)	%
Parvimonas parva	<DL		(<1.0000)	%
Peptoniphilus genus	<DL		(<4.0000)	%

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TEST	RESULT	H/L	REFERENCE	UNITS
Peptoniphilus asaccaharolyticus	<DL		(<1.0000)	%
Peptoniphilus duerdenii	<DL		(<1.0000)	%
Peptoniphilus harei	<DL		(<1.0000)	%
Peptoniphilus vaginalis	<DL		(<1.0000)	%
Porphyromonas genus	<DL		(<1.0000)	%
Prevotella genus	<DL		(<1.0000)	%
Sneathia genus	<DL		(<2.0000)	%
Sneathia amnii	<DL		(<1.0000)	%
Sneathia sanguinegens	<DL		(<1.0000)	%
BV Burden Score	11		(0-25)	%

AEROBIC VAGINOSIS-ASSOCIATED MICROBIOME

SERVICE	TEST	H/L	REFERENCE	UNITS
Escherichia coli	0.8900		(<1.0000)	%
Acinetobacter johnsonii	<DL		(<1.0000)	%
Aerococcus christensenii	<DL		(<1.0000)	%
Enterococcus genus	1.0300		(<2.0000)	%
Enterococcus faecalis	0.7400		(<1.0000)	%
Enterococcus faecium	1.0000	H	(<1.0000)	%
Klebsiella pneumoniae	1.2600	H	(<1.0000)	%
Proteus mirabilis	2.0000	H	(<1.0000)	%
Pseudomonas aeruginosa	<DL		(<1.0000)	%
Staphylococcus genus	<DL		(<3.0000)	%
Staphylococcus aureus	<DL		(<1.0000)	%
Staphylococcus epidermidis	<DL		(<1.0000)	%
Staphylococcus haemolyticus	1.0000	H	(<1.0000)	%
Stenotrophomonas maltophilia	<DL		(<1.0000)	%
Streptococcus agalactiae	<DL		(<1.0000)	%
Streptococcus agalactiae (GBS10)	<DL		(<1.0000)	%
Streptococcus agalactiae (GBS11)	<DL		(<1.0000)	%
Streptococcus agalactiae (GBS12)	<DL		(<1.0000)	%
Streptococcus anginosus	<DL		(<1.0000)	%
Streptococcus dysgalactiae	<DL		(<1.0000)	%
Aerobic Dysbiosis Score	66	H	(0-25)	%

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GENERAL OPPORTUNISTIC / DYSBIOSIS-ASSOCIATED MICROBIOME

TEST	RESULT	H/L	REFERENCE	UNITS
Cutibacterium acnes	<DL		(<1.0000)	%
Campylobacter Genus	<DL		(<1.0000)	%
Citrobacter freundii	<DL		(<1.0000)	%
Corynebacterium genus	<DL		(<5.0000)	%
Corynebacterium amycolatum	<DL		(<1.0000)	%
Corynebacterium coyleae	0.0000		(<1.0000)	%
Corynebacterium glucuronolyticum	<DL		(<1.0000)	%
Corynebacterium pyruviciproducens	<DL		(<1.0000)	%
Corynebacterium riegelii	<DL		(<1.0000)	%
Enterobacter cloacae	1.1900	H	(<1.0000)	%
Haemophilus influenzae	<DL		(<1.0000)	%
Leptotrichia genus	<DL		(<1.0000)	%
Neisseria genus	<DL		(<1.0000)	%
Peptostreptococcus genus	<DL		(<1.0000)	%
Rothia mucilaginosa	0.0000		(<1.0000)	%
Serratia marcescens	<DL		(<1.0000)	%
Streptococcus pneumoniae	<DL		(<1.0000)	%
Streptococcus pyogenes	<DL		(<1.0000)	%
Opportunitstics Burden Score	9		(0-25)	%

LACTOBACILLUS COMPOSITION

TEST	RESULT	H/L	REFERENCE	UNITS
Lactobacillus genus	16.0000	L	(>80.0000)	%
Lactobacillus crispatus	1.4500		(>1.0000)	%
Ligilactobacillus gasseri	<DL	L	(>1.0000)	%
Lactobacillus iners	<DL	L	(>1.0000)	%
Lactobacillus jensenii	1.0000	L	(>1.0000)	%
Lacticaseibacillus rhamnosus	<DL	L	(>1.0000)	%
Ligilactobacillus salivarius	<DL	L	(>1.0000)	%
Limosilactobacillus vaginalis	<DL	L	(>1.0000)	%
Lactobacillus acidophilus	<DL	L	(>1.0000)	%
Lacticaseibacillus paracasei	<DL	L	(>1.0000)	%
Lactobacillus delbrueckii	<DL	L	(>1.0000)	%
Limosilactobacillus fermentum	<DL	L	(>1.0000)	%
Lactobacillus helveticus	<DL	L	(>1.0000)	%
Lactiplantibacillus plantarum	<DL	L	(>1.0000)	%

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TEST	RESULT	H/L	REFERENCE	UNITS
Lactobacillus reuteri	<DL	L	(>1.0000)	%
Lactobacillus Dominance Score	23		(0-100)	%

Vaginal Microbiome Comment

VAGINAL pH ELEVATED:

Vaginal pH can be elevated by the presence of pathogenic infection, blood, semen, vaginal medications, using certain soaps and douches. In the absence of the latter, an elevated pH may be the result of decreased serum oestradiol and is suggestive of menopause or hormone imbalance and may require further pathology investigation. The typical vaginal pH is 3.5-4.5. Prepubertal and postmenopausal pH levels are normally >5 pH. With the increase of the oestrogen levels around puberty, the genital mucosa thickens and becomes colonized with Lactobacillus species which produce lactic acid and hydrogen peroxide to lower the pH below 4.5.

BACTERIAL VAGINOSIS PRESENT:

Bacterial Vaginosis (BV) may be asymptomatic or cause symptoms such as itching and malodorous discharge (often thin and white/grey). It is associated with an increased risk of preterm delivery, pelvic inflammatory disease and an increased risk of acquisition of sexually transmitted infections. Risk factors include poor sexual hygiene, cigarette smoking or hormone dysregulation.

VULVOVAGINAL CANDIDIASIS (VVC):

Candida species are opportunistic fungal pathogens that may also exist as commensal members of the vaginal microbiome. Vulvovaginal candidiasis (VVC) is typically associated with disruption of Lactobacillus dominance (Total Lactobacillus $< 10^6$ CFU/mL) together with elevated Candida levels ($>10^5$ CFU/mL). Although Candida albicans remains the predominant cause, non-albicans species—including C. glabrata, C. krusei, C. tropicalis, C. parapsilosis, C. dubliniensis, and C. lusitaniae—can also be implicated. These species may present with milder symptoms and may respond less reliably to standard azole therapy. VVC is usually not associated with elevated vaginal pH, and concurrent bacterial vaginosis is uncommon. Risk factors include recent antibiotic use, poorly controlled diabetes, immunosuppression, and oestrogen exposure. Symptoms may include itching, thick white discharge, burning, dysuria, dyspareunia, and vulvovaginal erythema due to epithelial invasion by Candida species.

Clinical correlation is essential, and alternative causes of symptoms should be considered. First-line treatment for uncomplicated cases includes intravaginal azole therapy (e.g., clotrimazole) or a single oral dose of fluconazole 150 mg, noting that oral therapy is generally avoided in pregnancy. Recurrent candidiasis (≥4 episodes/year) may require extended or maintenance regimens. Routine partner treatment is not indicated.

CHLAMYDIA TRACHOMATIS – Not Detected:

This does not completely exclude the possibility of infection as is dependent on an adequate specimen collection. If you have symptoms, please consult with your healthcare practitioner.

NEISSERIA GONORRHOEAE – Not Detected:

This does not completely exclude the possibility of infection as is dependent on an adequate specimen collection. If you have symptoms, please consult with your healthcare practitioner.

TRICHOMONAS VAGINALIS DETECTED:

Trichomonas vaginalis, a flagellated protozoan parasite and the causative agent of the sexually transmitted disease trichomoniasis. Symptoms include foul-smelling greenish-yellow discharge, dysuria (painful urination), dyspareunia (pain during sexual intercourse) and burning sensation in the area of the cervix. Post-coital bleeding has also been reported as an occasional symptom. Depending on the extent of disease, significant signs of inflammation are often found on clinical examination of the vulva and/or cervix. Even asymptomatic infections should be treated and must always include the patients partner/sexual contacts.

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This organism may be classified as a notifiable pathogen. Confirmation has been performed through repeat testing and/or verification on a secondary platform, where required. The result will be reported to the relevant Department of Health in accordance with statutory requirements. For specific state-based notification obligations, please refer to your local public health authority.

MYCOPLASMA GENITALIUM DETECTED:

Mycoplasma genitalium is a sexually transmitted pathogen associated with urethritis, cervicitis, and pelvic inflammatory disease, and may increase the risk of adverse outcomes in pregnancy. Antimicrobial resistance is common in Australia, with macrolide resistance exceeding 60% and fluoroquinolone resistance rising. Empirical treatment should begin with doxycycline 100 mg twice daily for 7 days to reduce bacterial load, followed by an appropriate second-line agent based on resistance profile (e.g., azithromycin for macrolide-susceptible strains or moxifloxacin for resistant strains). Beta-lactam antibiotics are ineffective due to the absence of a cell wall. Clinical correlation, antimicrobial resistence testing and partner management are essential.

General advice for along with above treatment as follows:

- Regular salt or warm water only washes (no douching)
- Good personal hygiene
- Avoid irritants (soaps/perfumes)
- Use barrier protection during sex

HERPES SIMPLEX VIRUS 1 – DETECTED:

HSV STIs may be either symptomatic or asymptomatic. Whilst HSV-1 often affects the perioral region, while HSV-1/2 can cause genital herpes. These present as painful blisters on or around the genital area that erode to leave ulcers, with the initial episode usually the most severe. Other symptoms can include genital itchiness or irritation. Herpes genitalis remains one of the most common sexually transmitted infections (STI) and the primary mode of transmission of both HSV-1 and HSV-2 is via direct contact with open lesions. Management of genital herpes incudes suppressing viral shedding through antiviral therapy and counselling to prevent its transmission. Specific antivirals commenced within 72 hours of symptoms can shorten the episode but have a tendency to hide in latency and re-emerge when immunity declines.

HERPES SIMPLEX VIRUS Type 2 – Not Detected:

This does not completely exclude the possibility of infection as is dependent on an adequate specimen collection. If you have symptoms, please consult with your healthcare practitioner.

GARDNERELLA VAGINALIS ELEVATED:

Gardnerella is a part of normal vaginal anaerobic flora but overgrowth can cause Bacterial vaginosis. This is a poly-microbial infection which suppresses dominance of normal vaginal lactobacillus spp. (Total lactobacillus <10^6 CFU/ml), presence of clue cells, alkaline vaginal pH (>4.5) and fishy vaginal discharge. BV may be asymptomatic or cause symptoms such as itching and malodorous discharge (often thin and white/grey). It is associated with an increased risk of preterm delivery, pelvic inflammatory disease and an increased risk of acquisition of sexually transmitted infections.

Treatment:

Can be treated after ruling out allergy/pregnancy status: Metronidazole 400 mg orally, 12-hourly for 7 days or Metronidazole 0.75% vaginal gel 1 applicatorful intravaginally at bedtime for 5 nights OR Clindamycin 2% vaginal cream 1 applicatorful intravaginally, at bedtime for 7 nights (If pregnant or allergic to metronidazole)

General advice for along with above treatment as follows:

- Regular salt or warm water only washes (no douching)
- Good personal hygiene
- Avoid irritants (soaps/perfumes)
- Use barrier protection during sex

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BVAV2 ELEVATED:

BVAV2 refers to a mixed bacterial vaginosis–aerobic vaginitis (BV–AV) pattern in which classical BV-associated anaerobes coexist with aerobic or facultative pathogens, producing a clinical picture that blends BV's thin grey-white discharge, amine odor, and minimal inflammation with AV-associated soreness, burning, or dyspareunia due to mucosal inflammation. This pattern reflects a transitional or compounded dysbiosis where loss of Lactobacillus dominance permits both anaerobic overgrowth and aerobic epithelial inflammation, often resulting in more persistent or recurrent symptoms than BV alone.

Mycology Comment

CANDIDA ALBICANS ELEVATED:

Description:

Candida albicans is a dimorphic yeast and the most common cause of vulvovaginal candidiasis, capable of transitioning between commensal yeast and pathogenic hyphal forms.

Clinical Relevance:

C. albicans is responsible for the large majority of symptomatic VVC episodes. It typically responds well to first-line azole therapy, though azole resistance in vaginal isolates is becoming more frequently reported and should be considered in treatment-refractory cases.

Common Associated Symptoms:

Vulvovaginal pruritus, burning, thick white discharge, dyspareunia and vulvar erythema.

Emerging Research:

Increasing reports of fluconazole-resistant C. albicans vaginal isolates are prompting greater use of culture/susceptibility testing in complicated or recurrent cases.

Potential Treatment Outcome:

Short-course topical azole (e.g. clotrimazole) or single/short-course oral fluconazole is typically curative for uncomplicated disease; recurrent disease may require an induction-maintenance regimen.

NAKASEOMYCES GLABRATUS (CANDIDA GLABRATA) ELEVATED:

Description:

Candida glabrata (recently reclassified as Nakaseomyces glabratus) is a non-albicans yeast that does not form hyphae/pseudohyphae, making it harder to identify by microscopy alone.

Clinical Relevance:

C. glabrata is the most common non-albicans cause of VVC and is of particular clinical importance due to intrinsically reduced azole susceptibility and rising fluconazole resistance rates; it is a frequent cause of recurrent/refractory VVC, particularly in women with diabetes or on chronic antibiotic/immunosuppressive therapy.

Common Associated Symptoms:

May cause milder or atypical symptoms compared with C. albicans (sometimes minimal or absent symptoms despite colonisation), or persistent irritation/discharge in symptomatic cases.

Emerging Research:

Fluconazole resistance in C. glabrata has been reported to be rising substantially in recent US surveillance data; boric acid, topical amphotericin/flucytosine compounding, and newer agents (ibrexafungerp, oteseconazole) are being evaluated for resistant cases.

Potential Treatment Outcome:

Boric acid vaginal suppositories or extended-course topical non-azole regimens are often required given reduced azole efficacy; culture with susceptibility testing is recommended for persistent/recurrent cases.

Vaginal-IQ Comment

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TOTAL LACTOBACILLUS LOW:

Description:

Total Lactobacillus relative abundance below the reference range indicates insufficient protective Lactobacillus genus from the vaginal microbiome.

Clinical Relevance:

This is a significant finding consistent with CST IV (non-Lactobacillus-dominant) and correlates strongly with bacterial vaginosis and/or aerobic vaginitis; it is associated with increased risk of STI/HIV acquisition and adverse pregnancy outcomes. Correlate directly with the Lactobacillus Dominance Index, CST, and BV/Aerobic Dysbiosis burden scores.

Common Associated Symptoms:

Abnormal discharge, odour, and irritation are common though not universal in this setting; some women with low total Lactobacillus remain asymptomatic.

Emerging Research:

Restoring total Lactobacillus dominance (via BV/AV treatment and, increasingly, live biotherapeutic vaginal products) is a major focus of current vaginal microbiome therapeutic research.

Potential Treatment Outcome:

Treating the underlying BV/AV driver is the priority; a rise in total Lactobacillus on re-testing would be an expected favourable outcome, ideally with a shift specifically toward L. crispatus, L. gasseri or L. jensenii dominance given their stronger protective profile relative to L. iners.

MAGEEIBACILLUS INDOLICUS ELEVATED:

Description:

Mageeibacillus indolicus (formerly BVAB3, "Bacterial Vaginosis-Associated Bacterium 3") is an obligate anaerobic, slow-growing, non-motile Gram-positive rod, now successfully cultured and formally named, unlike its BVAB1/BVAB2 counterparts.

Clinical Relevance:

Strongly associated with bacterial vaginosis in molecular surveys; as with other BV-associated bacteria, its precise independent contribution to BV pathogenesis and inflammation is still being characterised, though its successful cultivation has enabled more detailed biochemical study than BVAB1/BVAB2.

Common Associated Symptoms:

Contributes to typical BV symptoms when part of an overall BV-positive polymicrobial profile.

Emerging Research:

As one of the few historically "unculturable" BV-associated bacteria now grown in vitro, M. indolicus is a useful model for studying the physiology and host-immune interactions of fastidious BV organisms.

Potential Treatment Outcome:

Generally responds to standard anaerobic-targeted BV antimicrobial therapy as part of overall dysbiosis management.

ENTEROCOCCUS FAECIUM ELEVATED:

Description:

Enterococcus faecium is a Gram-positive coccus and the second most common Enterococcus species implicated in human infection after E. faecalis, occasionally detected in vaginal specimens as part of aerobic dysbiosis.

Clinical Relevance:

Less frequently implicated in AV than E. faecalis, but clinically notable given the greater propensity of E. faecium for acquired antimicrobial resistance (including vancomycin resistance) in healthcare-associated settings; detection should be interpreted in the context of overall symptom burden.

Common Associated Symptoms:

Similar to other AV-associated organisms when clinically significant (discharge, irritation, inflammation).

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Emerging Research:

Surveillance of vancomycin-resistant E. faecium (VRE) colonisation, including at mucosal sites, remains an area of infection control research relevance.

Potential Treatment Outcome:

Treatment guided by culture and susceptibility given higher resistance potential relative to E. faecalis.

LIMOSILACTOBACILLUS (LACTOBACILLUS) VAGINALIS LOW:

Description:

Lactobacillus vaginalis relative abundance below the reference range (<1%) indicates depletion or absence of this species from the vaginal microbiome.

Clinical Relevance:

As L. vaginalis is a minor rather than dominant vaginal species, its absence is not independently significant and does not indicate loss of primary protective function; interpret alongside the four CST-defining species.

Common Associated Symptoms:

Depletion itself is not directly symptomatic, but the resulting non-Lactobacillus-dominant niche is often filled by BV- or AV-associated organisms, which may produce abnormal discharge, odour or irritation; correlate with BV Burden Score, Aerobic Dysbiosis Score and CST.

Emerging Research:

Limited species-specific research exists on the clinical impact of L. vaginalis absence specifically.

Potential Treatment Outcome:

Restoring this species (via treatment of underlying BV/AV and, where appropriate, targeted vaginal probiotics) is a goal of vaginal microbiome-directed therapy, though durable species-specific recolonisation can be difficult to achieve and maintain.

LACTOBACILLUS JENSENII LOW:

Description:

Lactobacillus jensenii relative abundance below the reference range (<1%) indicates depletion or absence of this species from the vaginal microbiome.

Clinical Relevance:

Absence of L. jensenii removes one of the four principal protective species, associated with reduced hydrogen peroxide-mediated antimicrobial defence; correlate with CST and other Lactobacillus results to determine overall protective status.

Common Associated Symptoms:

Depletion itself is not directly symptomatic, but the resulting non-Lactobacillus-dominant niche is often filled by BV- or AV-associated organisms, which may produce abnormal discharge, odour or irritation; correlate with BV Burden Score, Aerobic Dysbiosis Score and CST.

Emerging Research:

Strain-level comparative studies continue to clarify L. jensenii's specific antimicrobial contribution relative to other vaginal lactobacilli.

Potential Treatment Outcome:

Restoring this species (via treatment of underlying BV/AV and, where appropriate, targeted vaginal probiotics) is a goal of vaginal microbiome-directed therapy, though durable species-specific recolonisation can be difficult to achieve and maintain.

STAPHYLOCOCCUS HAEMOLYTICUS ELEVATED:

Description:

Staphylococcus haemolyticus is a coagulase-negative Staphylococcus species and skin commensal, occasionally detected as part of the vaginal aerobic flora.

Clinical Relevance:

Less frequently implicated as a primary AV pathogen than S. aureus or S. epidermidis; notable for a relatively high propensity for antimicrobial resistance among coagulase-negative staphylococci in healthcare settings, which may be relevant if the organism is judged

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clinically significant.

Common Associated Symptoms:

Usually asymptomatic as an isolated finding; may contribute to AV symptoms if present at significant burden.

Emerging Research:

Antimicrobial resistance patterns (including reduced glycopeptide susceptibility in some isolates) in S. haemolyticus continue to be monitored in healthcare-associated infection surveillance.

Potential Treatment Outcome:

Treatment reserved for symptomatic, clinically significant detection, guided by susceptibility testing.

KLEBSIELLA PNEUMONIAE COMPLEX ELEVATED:

Description:

Klebsiella pneumoniae complex comprises Gram-negative, encapsulated Enterobacteriaceae that are normal gut commensals capable of opportunistic vaginal colonisation and contribution to aerobic vaginitis.

Clinical Relevance:

Klebsiella spp. are recurrently identified among the causative organisms of AV in case series, and are also relevant given the wider clinical significance of Klebsiella pneumoniae as a cause of urinary tract and, in hypervirulent/carbapenem-resistant strains, more serious systemic infection.

Common Associated Symptoms:

Abnormal discharge, irritation, and inflammation consistent with AV when present at pathogenic burden.

Emerging Research:

Emergence of antimicrobial-resistant Klebsiella pneumoniae (including ESBL and carbapenemase-producing strains) in community and healthcare settings is a broader area of active surveillance relevant to treatment selection.

Potential Treatment Outcome:

Susceptibility-guided antibiotic therapy for symptomatic AV overgrowth; resistance patterns should inform empirical choice where local prevalence is significant.

ANAEROCOCCUS OBESIENSIS ELEVATED:

Description:

Anaerococcus obesiensis is one of several species-level members of the genus Anaerococcus (family Peptoniphilaceae), anaerobic Gram-positive cocci detected as part of the polymicrobial anaerobic flora in bacterial vaginosis.

Clinical Relevance:

As with other Anaerococcus species, individual species-level clinical distinctions within BV are not well characterised in the literature; detection is generally interpreted as part of the overall anaerobic/polymicrobial BV picture rather than as an independently significant pathogen.

Common Associated Symptoms:

Contributes to typical BV symptoms when part of an overall BV-positive, polymicrobial profile.

Emerging Research:

Species-level 16S/metagenomic characterisation of Anaerococcus within the vaginal microbiome is ongoing; specific pathogenic roles for individual species (as opposed to genus-level associations) remain to be fully defined.

Potential Treatment Outcome:

Generally responds to standard BV-directed anaerobic antimicrobial therapy as part of overall dysbiosis management.

ENTEROBACTER CLOACAE COMPLEX ELEVATED:

Description:

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Enterobacter cloacae complex comprises Gram-negative, facultatively anaerobic Enterobacteriaceae, normal gut commensals capable of opportunistic vaginal colonisation and contribution to aerobic dysbiosis.

Clinical Relevance:

Occasionally implicated in aerobic vaginitis alongside other enteric organisms (E. coli, Klebsiella); more classically significant as a cause of healthcare-associated infection, including in neonates, given its capacity for AmpC beta-lactamase-mediated antimicrobial resistance.

Common Associated Symptoms:

Abnormal discharge and irritation if contributing to clinically significant AV; often an incidental, asymptomatic finding.

Emerging Research:

Antimicrobial resistance patterns (AmpC, ESBL, carbapenemase production) in Enterobacter cloacae complex are an area of ongoing surveillance relevant to treatment selection if this organism is judged clinically significant.

Potential Treatment Outcome:

Treatment reserved for symptomatic, clinically significant detection, guided by susceptibility testing given resistance potential.

MURDOCHIELLA VAGINALIS ELEVATED:

Description:

Murdochiella vaginalis is an anaerobic, Gram-positive coccus within the family Peptoniphilaceae, first described from human vaginal isolates.

Clinical Relevance:

As with related Peptoniphilaceae genera (Anaerococcus, Peptoniphilus, Parvimonas), M. vaginalis is detected as part of the polymicrobial anaerobic flora in bacterial vaginosis; independent pathogenic significance beyond its role in the broader BV-associated anaerobic community is not well established.

Common Associated Symptoms:

Contributes to typical BV symptoms when part of an overall BV-positive, polymicrobial profile.

Emerging Research:

As a relatively recently described species, further characterisation of its prevalence and clinical significance in vaginal health and BV is ongoing.

Potential Treatment Outcome:

Generally responds to standard anaerobic-targeted BV antimicrobial therapy as part of overall dysbiosis management.

ANAEROCOCCUS MEDITERRANEENSIS ELEVATED:

Description:

Anaerococcus mediterraneensis is one of several species-level members of the genus Anaerococcus (family Peptoniphilaceae), anaerobic Gram-positive cocci detected as part of the polymicrobial anaerobic flora in bacterial vaginosis.

Clinical Relevance:

As with other Anaerococcus species, individual species-level clinical distinctions within BV are not well characterised in the literature; detection is generally interpreted as part of the overall anaerobic/polymicrobial BV picture rather than as an independently significant pathogen.

Common Associated Symptoms:

Contributes to typical BV symptoms when part of an overall BV-positive, polymicrobial profile.

Emerging Research:

Species-level 16S/metagenomic characterisation of Anaerococcus within the vaginal microbiome is ongoing; specific pathogenic roles for individual species (as opposed to genus-level associations) remain to be fully defined.

Potential Treatment Outcome:

Generally responds to standard BV-directed anaerobic antimicrobial therapy as part of overall dysbiosis management.

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MEGASPHAERA HUTCHINSONI ELEVATED:

Description:

Megasphaera hutchinsoni is a species-level member of the genus Megasphaera, anaerobic Gram-negative to Gram-variable cocci that include some of the most BV-specific molecular diagnostic markers, a genus that includes some of the most BV-specific molecular diagnostic markers.

Clinical Relevance:

Species within this genus (particularly Megasphaera type 1) show high specificity for BV in molecular panels; species-level clinical distinctions beyond "type 1" and "type 2" are not well established in the current literature and detection is generally interpreted at the genus/type level.

Common Associated Symptoms:

Contributes to typical BV symptoms when part of an overall BV-positive profile.

Emerging Research:

Ongoing molecular epidemiology work continues to refine species/strain-level distinctions within Megasphaera and their relative diagnostic value compared with the more commonly reported Megasphaera type 1/2 markers.

Potential Treatment Outcome:

Responds to standard first-line BV antimicrobial therapy as part of overall anaerobic flora reduction.

PROTEUS MIRABILIS ELEVATED:

Description:

Proteus mirabilis is a motile, Gram-negative, urease-producing bacillus, a normal bowel commensal capable of opportunistic vaginal and urinary colonisation.

Clinical Relevance:

Less frequently implicated in AV than E. coli, Enterococcus or GBS, but recognised as a component of the broader enteric-organism spectrum causing AV; more classically significant as a urinary tract pathogen due to urease production and struvite stone formation.

Common Associated Symptoms:

Discharge and irritation consistent with AV when clinically significant; may coincide with urinary symptoms if concurrent UTI.

Emerging Research:

Most recent literature on P. mirabilis addresses urinary pathogenesis and biofilm/catheter-associated infection rather than vaginal-specific research.

Potential Treatment Outcome:

Susceptibility-guided antibiotic therapy for symptomatic infection.

LACTOBACILLUS INERS LOW:

Description:

Lactobacillus iners relative abundance below the reference range (<1%) indicates depletion or absence of this species from the vaginal microbiome.

Clinical Relevance:

Absence of L. iners is generally less clinically significant than absence of L. crispatus, L. gasseri or L. jensenii, since L. iners itself is only inconsistently protective; its absence should be interpreted in the context of which species (if any) has taken its place.

Common Associated Symptoms:

Depletion itself is not directly symptomatic, but the resulting non-Lactobacillus-dominant niche is often filled by BV- or AV-associated organisms, which may produce abnormal discharge, odour or irritation; correlate with BV Burden Score, Aerobic Dysbiosis Score and CST.

Emerging Research:

L. iners' enigmatic, transitional role means its absence is not straightforwardly interpretable as either reassuring or concerning without further context.

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Potential Treatment Outcome:

Restoring this species (via treatment of underlying BV/AV and, where appropriate, targeted vaginal probiotics) is a goal of vaginal microbiome-directed therapy, though durable species-specific recolonisation can be difficult to achieve and maintain.

LIGILACTOBACILLUS (LACTOBACILLUS) SALIVARIUS LOW:

Description:

Lactobacillus salivarius relative abundance below the reference range (<1%) indicates depletion or absence of this species from the vaginal microbiome.

Clinical Relevance:

As L. salivarius (Ligilactobacillus salivarius) is not one of the four principal vaginal community-defining species, its absence is not independently significant for vaginal health assessment; low/absent detection is a common and expected finding.

Common Associated Symptoms:

Depletion itself is not directly symptomatic, but the resulting non-Lactobacillus-dominant niche is often filled by BV- or AV-associated organisms, which may produce abnormal discharge, odour or irritation; correlate with BV Burden Score, Aerobic Dysbiosis Score and CST.

Emerging Research:

Absence does not indicate depletion of native protective flora, since this is not a dominant native vaginal species.

Potential Treatment Outcome:

Restoring this species (via treatment of underlying BV/AV and, where appropriate, targeted vaginal probiotics) is a goal of vaginal microbiome-directed therapy, though durable species-specific recolonisation can be difficult to achieve and maintain.

LACTICASEIBACILLUS (LACTOBACILLUS) RHAMNOSUS LOW:

Description:

Lactobacillus rhamnosus relative abundance below the reference range (<1%) indicates depletion or absence of this species from the vaginal microbiome.

Clinical Relevance:

As L. rhamnosus (Lacticaseibacillus rhamnosus) is not one of the four principal vaginal community-defining species, its absence is not independently significant for vaginal health assessment; low/absent detection is a common and expected finding.

Common Associated Symptoms:

Depletion itself is not directly symptomatic, but the resulting non-Lactobacillus-dominant niche is often filled by BV- or AV-associated organisms, which may produce abnormal discharge, odour or irritation; correlate with BV Burden Score, Aerobic Dysbiosis Score and CST.

Emerging Research:

Absence does not indicate depletion of native protective flora, since this is not a dominant native vaginal species.

Potential Treatment Outcome:

Restoring this species (via treatment of underlying BV/AV and, where appropriate, targeted vaginal probiotics) is a goal of vaginal microbiome-directed therapy, though durable species-specific recolonisation can be difficult to achieve and maintain.

LACTOBACILLUS ACIDOPHILUS LOW:

Description:

Lactobacillus acidophilus relative abundance below the reference range (<1%) indicates depletion or absence of this species from the vaginal microbiome.

Clinical Relevance:

As L. acidophilus is not one of the four principal vaginal community-defining species, its absence is not independently significant for vaginal health assessment; low/absent detection is a common and expected finding.

Common Associated Symptoms:

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Depletion itself is not directly symptomatic, but the resulting non-Lactobacillus-dominant niche is often filled by BV- or AV-associated organisms, which may produce abnormal discharge, odour or irritation; correlate with BV Burden Score, Aerobic Dysbiosis Score and CST.

Emerging Research:

Absence does not indicate depletion of native protective flora, since this is not a dominant native vaginal species.

Potential Treatment Outcome:

Restoring this species (via treatment of underlying BV/AV and, where appropriate, targeted vaginal probiotics) is a goal of vaginal microbiome-directed therapy, though durable species-specific recolonisation can be difficult to achieve and maintain.

LACTICASEIBACILLUS (LACTOBACILLUS) PARACASEI LOW:

Description:

Lactobacillus paracasei relative abundance below the reference range (<1%) indicates depletion or absence of this species from the vaginal microbiome.

Clinical Relevance:

As L. casei/paracasei (Lacticaseibacillus paracasei) is not one of the four principal vaginal community-defining species, its absence is not independently significant for vaginal health assessment.

Common Associated Symptoms:

Depletion itself is not directly symptomatic, but the resulting non-Lactobacillus-dominant niche is often filled by BV- or AV-associated organisms, which may produce abnormal discharge, odour or irritation; correlate with BV Burden Score, Aerobic Dysbiosis Score and CST.

Emerging Research:

Absence does not indicate depletion of native protective flora, since this is not a dominant native vaginal species.

Potential Treatment Outcome:

Restoring this species (via treatment of underlying BV/AV and, where appropriate, targeted vaginal probiotics) is a goal of vaginal microbiome-directed therapy, though durable species-specific recolonisation can be difficult to achieve and maintain.

LACTOBACILLUS DELBRUECKII LOW:

Description:

Lactobacillus delbrueckii relative abundance below the reference range (<1%) indicates depletion or absence of this species from the vaginal microbiome.

Clinical Relevance:

As L. delbrueckii is not one of the four principal vaginal community-defining species, its absence is not independently significant for vaginal health assessment.

Common Associated Symptoms:

Depletion itself is not directly symptomatic, but the resulting non-Lactobacillus-dominant niche is often filled by BV- or AV-associated organisms, which may produce abnormal discharge, odour or irritation; correlate with BV Burden Score, Aerobic Dysbiosis Score and CST.

Emerging Research:

Absence does not indicate depletion of native protective flora, since this is not a dominant native vaginal species.

Potential Treatment Outcome:

Restoring this species (via treatment of underlying BV/AV and, where appropriate, targeted vaginal probiotics) is a goal of vaginal microbiome-directed therapy, though durable species-specific recolonisation can be difficult to achieve and maintain.

LIMOSILACTOBACILLUS (LACTOBACILLUS) FERMENTUM LOW:

Description:

Lactobacillus fermentum relative abundance below the reference range (<1%) indicates depletion or absence of this species from the vaginal microbiome.

Clinical Relevance:

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As L. fermentum (Limosilactobacillus fermentum) is not one of the four principal vaginal community-defining species, its absence is not independently significant for vaginal health assessment.

Common Associated Symptoms:

Depletion itself is not directly symptomatic, but the resulting non-Lactobacillus-dominant niche is often filled by BV- or AV-associated organisms, which may produce abnormal discharge, odour or irritation; correlate with BV Burden Score, Aerobic Dysbiosis Score and CST.

Emerging Research:

Absence does not indicate depletion of native protective flora, since this is not a dominant native vaginal species.

Potential Treatment Outcome:

Restoring this species (via treatment of underlying BV/AV and, where appropriate, targeted vaginal probiotics) is a goal of vaginal microbiome-directed therapy, though durable species-specific recolonisation can be difficult to achieve and maintain.

LACTOBACILLUS HELVETICUS LOW:

Description:

Lactobacillus helveticus relative abundance below the reference range (<1%) indicates depletion or absence of this species from the vaginal microbiome.

Clinical Relevance:

As L. helveticus is not one of the four principal vaginal community-defining species, its absence is not independently significant for vaginal health assessment.

Common Associated Symptoms:

Depletion itself is not directly symptomatic, but the resulting non-Lactobacillus-dominant niche is often filled by BV- or AV-associated organisms, which may produce abnormal discharge, odour or irritation; correlate with BV Burden Score, Aerobic Dysbiosis Score and CST.

Emerging Research:

Absence does not indicate depletion of native protective flora, since this is not a dominant native vaginal species.

Potential Treatment Outcome:

Restoring this species (via treatment of underlying BV/AV and, where appropriate, targeted vaginal probiotics) is a goal of vaginal microbiome-directed therapy, though durable species-specific recolonisation can be difficult to achieve and maintain.

LIMOSILACTOBACILLUS (LACTOBACILLUS) REUTERI LOW:

Description:

Lactobacillus reuteri relative abundance below the reference range (<1%) indicates depletion or absence of this species from the vaginal microbiome.

Clinical Relevance:

As L. reuteri (Limosilactobacillus reuteri) is not one of the four principal vaginal community-defining species, its absence is not independently significant for vaginal health assessment.

Common Associated Symptoms:

Depletion itself is not directly symptomatic, but the resulting non-Lactobacillus-dominant niche is often filled by BV- or AV-associated organisms, which may produce abnormal discharge, odour or irritation; correlate with BV Burden Score, Aerobic Dysbiosis Score and CST.

Emerging Research:

Absence does not indicate depletion of native protective flora, since this is not a dominant native vaginal species.

Potential Treatment Outcome:

Restoring this species (via treatment of underlying BV/AV and, where appropriate, targeted vaginal probiotics) is a goal of vaginal microbiome-directed therapy, though durable species-specific recolonisation can be difficult to achieve and maintain.

LACTIPLANTIBACILLUS (LACTOBACILLUS) PLANTARUM LOW:

Description:

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Lactobacillus plantarum relative abundance below the reference range (<1%) indicates depletion or absence of this species from the vaginal microbiome.

Clinical Relevance:

As L. plantarum (Lactiplantibacillus plantarum) is not one of the four principal vaginal community-defining species, its absence is not independently significant for vaginal health assessment.

Common Associated Symptoms:

Depletion itself is not directly symptomatic, but the resulting non-Lactobacillus-dominant niche is often filled by BV- or AV-associated organisms, which may produce abnormal discharge, odour or irritation; correlate with BV Burden Score, Aerobic Dysbiosis Score and CST.

Emerging Research:

Absence does not indicate depletion of native protective flora, since this is not a dominant native vaginal species.

Potential Treatment Outcome:

Restoring this species (via treatment of underlying BV/AV and, where appropriate, targeted vaginal probiotics) is a goal of vaginal microbiome-directed therapy, though durable species-specific recolonisation can be difficult to achieve and maintain.

Methodology

Enzyme-Linked Immunosorbent Assay (ELISA), pH Electrode, Quantitative PCR (qPCR), Metagenomic Next Generation Sequencing (mNGS), Polymerase Chain Reaction (PCR)

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