



Common Sense Ltd.



VS-SENSE™

Rapid Acidity Test
for Evaluation of
Vaginitis

The VS-SENSE™ TEST is a qualitative, visually-read swab for clinicians who wish to evaluate women with vaginal symptoms to rule out or rule in Bacterial Vaginosis and Trichomoniasis. The test indicates by color change whether a vaginal secretion has disordered acidity parameters. Results are based on combined indication of pH level and buffer capacity (watery secretion) which characterizes Bacterial Vaginosis and Trichomoniasis.



Facts:

- Vaginitis is a very common feminine disease affecting millions each year.
- Vaginitis accounts for over 50 percent of all gynecologic office visits.
- The key to proper Vaginitis treatment is accurate diagnosis.
- There is a need for a tool that enables a clinician to diagnose the causes of the patient's Vaginitis and prescribe the correct treatment.

Vaginitis - Vulvovaginitis, is an inflammation or infection of the vagina. It can also affect the vulva, which is the external part of a woman's genitals. It is symptomatically observed by a watery discharge with burning and itching of the vulva.

Vaginitis is common, especially in women in their reproductive years. It is one of the most common reasons for gynecological consultation. It usually happens when there is a change in the balance of bacteria or yeast that are normally found in the vagina. There are different types of vaginitis, and they have different causes, symptoms, and treatments.

Normal levels of vaginal pH fluctuate between 3.8 and 4.5. A normal, healthy vagina contains both *Lactobacillus* sp. ("good bacteria") and harmful bacteria. Normally, the *Lactobacillus* flora are predominant and produce lactic acid (and H₂O₂) to keep the vaginal pH level between 3.8 and 4.5.

Various factors may cause a loss of *Lactobacillus* bacteria in the vagina, including use of: antibiotics, vaginal medications, systemic hormones, contraceptive preparations, and douches; as well as sexual intercourse and STDs. Some of these situations may cause the harmful bacteria to overgrow. When this occurs the harmful bacteria "over control", which can lead to bacterial vaginosis (BV) may occur. With BV and parasitic infections the vaginal pH usually increases to 5.0 or 6.0 and above, which are above the normal range.

The three common types of vaginitis

- Bacterial Vaginosis (BV)
- Trichomonas Vaginalis (TV)
- Yeast (Candida Infection)

Bacterial Vaginosis (BV)

BV is the most common cause of abnormal vaginal discharge in women of childbearing age, but may also be encountered in menopausal women, and is rather rare in children. The prevalence in the United States is estimated to be 21.2 million (29.2%) among women ages 14–49, based on a nationally representative sample of women who participated in NHANES 2001–2004. The following are other findings from this study:

- In Caucasian women the prevalence is 5-23%
- In African and American blacks 45-55%
- Mexican Americans 32%
- In Asian women the prevalence is less well studied, but in general around 20-30%.

BV is caused by high concentration of gram-negative rods of anaerobic bacteria like: *Gardenerella vaginalis*, *Mycoplasmas hominis* *Ureaplasma*, *Prevotella* spp., *Mobiluncus* spp., *Peptostreptococcus* spp.

This flora replaces the normal flora: Lactic acid and H₂O₂ to produce *Lactobacillus* sp.

BV doesn't usually cause any vaginal soreness or itching, but often causes unusual vaginal discharge.

BV is not serious for the vast majority of women, although it may be a concern if symptoms of BV develop in pregnancy and there is a history of pregnancy-related complications.

Around half of women with BV have no symptoms.

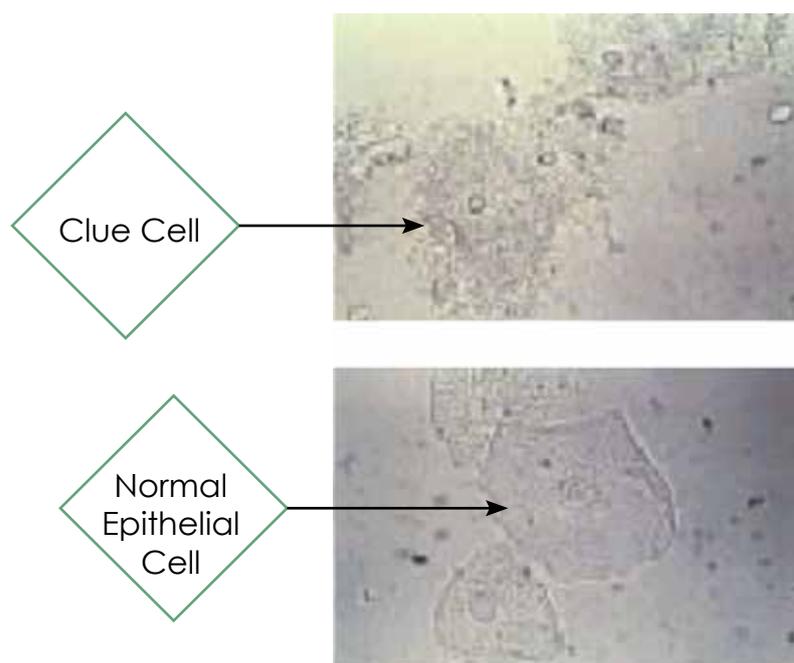


Figure 1: Clue cells seen in vaginal saline preparation

Trichomonas Vaginalis (TV)

TV is a globally occurring anaerobic Urogenital Protozoa, which colonizes the epithelium of the human urogenital tract. Although often asymptomatic, TV infections can cause inflammation in the cervix, the vagina, and the urethra. Based on estimates of the World Health Organization (WHO) from 2008, trichomoniasis constitutes the most prevalent non-viral sexually transmitted disease (STD) worldwide, affecting more than 3.7 million people every year.

Health disparities persist in the epidemiology of TV infection in the United States: Of the women tested, 13% of black women were affected compared with 1.8% of non-Hispanic white women. TV infection affects >11% of women aged ≥ 40 years, and a particularly high prevalence has been detected among STD clinic patients.

In the Republic of Korea, 10.4% of women complain of vaginal symptoms and signs, or were reported to be infected with TV.

Trichomonas infections are asymptomatic in as many as 50% of male and female patients.

Women and men are infected with comparable frequency, but in men symptoms are normally mild and infections are cleared by the host's immune system within weeks.

In women, however, TV infections can persist for many years, and symptoms, mainly pruritus caused by inflammation and odorous vaginal discharge, can attain a severity which is debilitating.



Figure 2: Trichomonas Vaginalis motile organisms seen in microscopy wet preparation

Yeast infection - Candidiasis

Candidiasis is an infection caused by a yeast called *Candida*. Vulvovaginal candidiasis (VVC) is an infection caused by a *Candida* species that affects millions of women every year. Although *Candida albicans* is the main cause of VVC; the identification of non-*Candida albicans* *Candida* (NCAC) species, especially *Candida glabrata*, as the cause of this infection appears to be increasing. *Candida* normally lives inside the body (in places such as the mouth, throat, gut, and vagina) and on skin without causing any problems. Sometimes *Candida* can multiply and cause an infection if the environment inside the vagina changes in a way that encourages its growth. Candidiasis in the vagina is commonly called a "vaginal yeast infection." Other names for this infection are "vaginal candidiasis", "vulvovaginal candidiasis", "candidal vaginitis", or "thrush infection".

Although most vaginal candidiasis is mild, some women can develop severe infections involving redness, swelling, and cracks in the wall of the vagina.

Approximately 75% of all women will experience at least one episode of VVC during their lifetime.

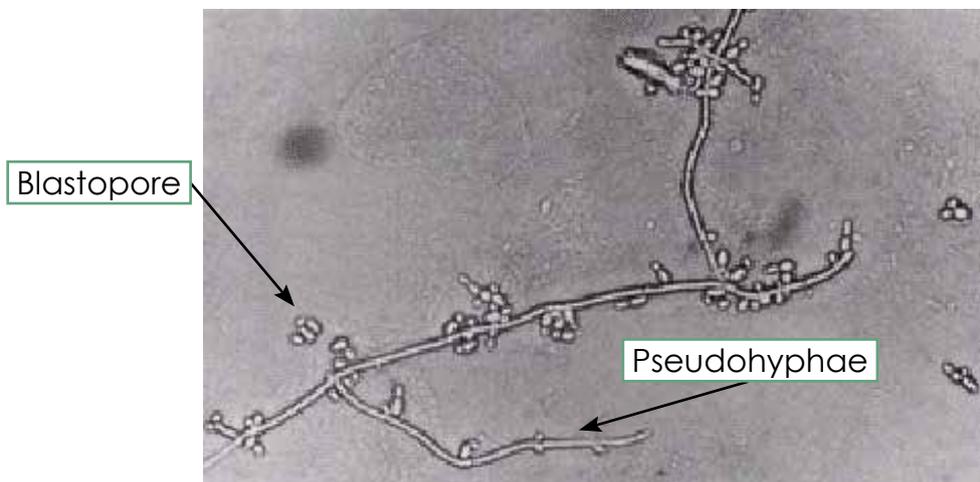


Figure 3: Yeast seen in microscopy 10% KOH wet preparation

Symptoms of vaginitis

The symptoms of vaginitis differ according to the type of infection

Table 1: Symptoms of vaginitis by type of infection

Type of Infection	Symptoms and Signs
Bacterial Vaginosis (BV)	<p>Discharge become white or grey</p> <p>Thin homogeneous vaginal discharge – watery discharge.</p> <p>Positive amine test - strong fishy odor.</p> <p>Increased vaginal pH to level of above 4.5.</p>
Trichomoniasis	<p>More extensive inflammation.</p> <p>Erosion of the epithelial lining that is associated with itching, burning and pain during urination.</p> <p>Smelly and foamy discharge.</p> <p>Yellow or gray-green discharge.</p> <p>Increased vaginal pH to levels above 4.5.</p>
Yeast	<p>Vulvovaginal itching irritation or soreness.</p> <p>Whitish, cheesy discharge.</p> <p>Pain during sexual intercourse</p> <p>Pain or discomfort when urinating</p> <p>Abnormal vaginal discharge</p> <p>The pH level of the vaginal discharge remains normal.</p>

Mixed Vaginal Infection

This is a combination which is rarely detected and occurs in over 20% of cases that are difficult to detect. This is because the Candida symptoms cause doctors to assume that it is Candida and not mixed vaginal infection.

Usually, symptoms lead to offering Candida treatment which is only a partial treatment.

Abnormal discharge persists due to partial treatment, requiring a second and third visit to the clinic. In cases where a patient has an infection of both BV and Candida, both of these inflammations should be treated. Trichomoniasis and BV are relatively common mixed infections, both benefiting from elevated vaginal pH and anaerobic environment. Treating with metronidazole will treat both, Trichomoniasis and BV.

Table 2: Commonly available methods for detecting abnormal vaginal discharge and their drawbacks

Method	Description	Drawbacks
Clinical Examination	<p>Patient's complaints and visual examination of the discharge and its characteristics.</p> <p>Used to detect BV, Trichomoniasis, Candida sp. and other infections.</p>	Symptoms are not specific to a particular type of vaginitis. Low sensitivity and specificity.
Microscope	<p>Use of a microscope with wet mounts to look for clue cells (BV), Trichomonas and Candida.</p> <div style="display: flex; justify-content: space-around; align-items: center;">    </div>	A microscope not always available and detection takes time. Low sensitivity.
Acidity Tests	<p>Perform a pH test using pH paper. Used to detect BV and Trichomoniasis.</p> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">4.5</div> <div style="margin-right: 10px;">5.0</div> <div style="margin-right: 10px;">5.5</div> <div style="margin-right: 10px;">6.0</div> <div>6.5</div> </div> 	Time consuming and results are based on a color scale. Low sensitivity and specificity.

Method	Description	Drawbacks
KOH Test	Add several drops of a potassium hydroxide (KOH) solution to a sample of the vaginal discharge. A strong fishy odor from the mix means BV is present.	Subjective. Low sensitivity.
Culture (lab)	Send samples to professional labs. Used to detect Trichomonas and Candida.	High cost, low availability, and takes 48 hours.
Immuno and Molecular Assays	Send samples to professional labs or the point of care	High cost and low availability, but does have the advantage of high sensitivity and specificity.

What are the complications of BV?

The bacteria typical of BV have been found in the upper genital tract of nonpregnant women with endometritis, postabortion endometritis, and nonchlamydial, nongonococcal pelvic inflammatory disease (PID).

In most cases, BV causes no complications, but evidence has accumulated that associates BV with serious medical complications including:

1. Increased to HIV infection if exposed to the HIV virus.
2. Increased chance that an HIV-infected woman can pass HIV to her sex partner.
3. Increase in the development of Pelvic Inflammatory Disease (PID) following surgical procedures such as a hysterectomy, abortion, or post-caesarean delivery endometritis.
4. If it occurs during a pregnancy, increased risk of miscarriage, low birth weight infants, preterm delivery, premature rupture of the fetal membranes, chorioamnionitis, postpartum complications in the infant, and endometritis following vaginal delivery.
5. Higher risk of acquiring sexually transmitted diseases (STDs) and HIV infection and of transmitting HIV infection, infection with human papilloma virus (HPV), Herpes simplex virus type 2 (HSV-2), chlamydia, *Trichomonas vaginalis*, *Neisseria gonorrhoeae*. Studies have recently shown an association between high vaginal pH and cervico-vaginal inflammatory, that are implicated in increased vulnerability to HIV, sexually transmitted infection (STI) in asymptomatic women with BV.

Because of these associated complications, accurate diagnosis of BV is increasingly important in pregnancy and prior to pelvic surgery.





BV is a risk factor for preterm delivery

Ascending infections of the lower genital tract in pregnant women are associated with PreTerm Delivery (PTD), preterm rupture of membranes or miscarriage. BV is more commonly reported in women who deliver or rupture the membranes prematurely. In order to decrease the preterm delivery rate, it is recommended to screen for BV during the first or second trimester of pregnancy and treat in case of positive BV.

Abnormal genital tract flora detected early in pregnancy is associated with an increased risk of adverse outcome. The earlier that it occurs, the greater the risk. Antibiotics should be used to reduce the incidence of spontaneous preterm labor due to abnormal colonization.

BV screening and treating in early pregnancy (first and second trimester), in women who have BV and previous preterm birth, has been shown by several investigators to reduce the risk of preterm birth.

The Connection between BV and HIV

There are three ways in which HIV is spread from human to human:

1. Blood transmission (contaminated transfusions, needle sharing during drug use, needle-stick injuries)
2. Vertical transmission (mother to offspring during parturition or breastfeeding)
3. Sexual transmission, which accounts for more than 75% of HIV infections worldwide

Various medical publications report that sexually transmitted infections facilitate the transmission of HIV. Today, the medical community is becoming more aware of a similar link between BV and HIV. This common vaginal condition is associated with an increased risk of HIV in women. A normal Vaginal Acidity Level which is maintained by the natural population of lactobacillus has a significant contribution to the general health of a woman. Such Lactobacilli produce lactic acid which maintains low vaginal pH levels, which in turn, inhibit the growth of BV. In BV, the lack of lactobacilli in the vagina is linked with an increased vaginal pH, which actually promotes HIV transmission by inhibiting the CD4 lymphocyte activation. In addition, such lactobacilli produce hydrogen peroxide which has a lot of activity against the virus HIV as a toxic product. A number of studies have been published by Dr. Spear and his colleagues in Chicago showing that microbial products found in the vagina of women with BV actually enhances the ability of the virus to infect white cells including lymphocytes. Other microbial products found in the vagina of women with BV actually increase susceptibility of the white cells to infection. BV has also been shown to trigger an increase in interleukin10 which in turn increases susceptibility to HIV.

Because of the increased risk for postoperative infectious complications associated with abnormal vaginal flora, it is recommended that before performing invasive procedures (surgical abortion, hysterectomy act.). Health care providers should screen for and treat women with abnormal vaginal flora in addition to providing routine prophylaxis.

The Connection between BV and Endometritis

In a previous study it was demonstrated that there is an association between anaerobic gram-negative rods and gram-positive cocci, which are microorganisms common among women with BV and acute endometritis.

The protective effect of lactobacilli for endometritis may be mediated through a decreased prevalence of BV and anaerobic and facultative bacteria.

It was suggested that vaginal microorganisms frequent among women with BV ascend to the endometrium, resulting in upper genital tract infection. Alternatively, transcervical sampling of the endometrium may have led to contamination of endometrial biopsy specimens by vaginal or cervical microorganisms.

It was found that BV - associated organisms were strongly associated with endometritis. It is recommended to add metronidazole to all regimens of PID therapy to improve anaerobic coverage and potentially reduce the frequency of infertility, chronic pelvic pain, recurrent PID, and ectopic pregnancy.

VS-SENSE™ Test Summary and Explanation of the Test

The **VS-SENSE™** Test indicates abnormal vaginal discharge acidity by identifying changes in the pH level. The test cutoff is set at pH 4.7 (+0.3/-0.2 pH units; there may be variations due to sensitivity to buffer capacity). When the vaginal secretion has a pH above this cutoff, the test tip will be stained (or partially stained) Blue or Green. The test, when combined with clinical examination, assists the physician in diagnosing conditions which are associated with elevated pH levels.

Principles of the Test

The **VS-SENSE™** Test is comprised of a vaginal swab, coated with an innovative proprietary polymer, which contains the colorimetric pH indicator, Nitrazine Yellow. When the polymer, which is yellow before use, comes into contact with fluids with an elevated pH level, the user observes a blue or green stain on the yellow background.

VS-SENSE™ the double parameter acidity test Not just a pH test

One of the most used characteristics of BV and Trichomonas is the elevation of the pH level of the vaginal secretion. An average of 78% of the BV cases will be accompanied by a pH level of 4.7 or greater. Another characteristic is the dilution of the discharged secretion by extra-cellular fluid watery discharge, which is detectable by measuring the percentage of protein per volume of discharge (Buffer Capacity).

Amsel's criteria is one of the most common clinical diagnostic methods for BV. Three of four criteria must be met to establish an accurate diagnosis of BV in 90 percent of affected women.

- Homogeneous, thin, watery vaginal discharge (color and amount may vary)
- Amine (fishy) odor when potassium hydroxide solution is added to vaginal secretions (commonly called the "whiff test")
- Presence of clue cells (greater than 20%) on microscopy
- Vaginal pH greater than 4.5

In Amsel criteria, diluted secretion is described as "homogeneous, thin, watery discharge". The more the secretion is diluted, meaning the discharge is more watery, its buffer capacity is expected to be lower compared with normal discharge.

BV discharge is described as watery discharge due to the release of extracellular fluid across the vaginal cell walls. Regarding this biological behavior, the concentrations of the proteins and other large organic molecules are lower in BV secretions compared to normal secretions. Thus, the buffer capacity of the BV secretions is lower than that of normal secretions.

Buffer is a solution that can keep its relative acidity or alkalinity constant. Buffer Capacity of solution is the amount of acid or base it can handle before the pH of the solution changes.

The sensitivity of a regular pH test is about 77-78%. Therefore, a regular pH test will miss at least 22% of cases (22% false negative indications) in which BV is accompanied by normal pH.

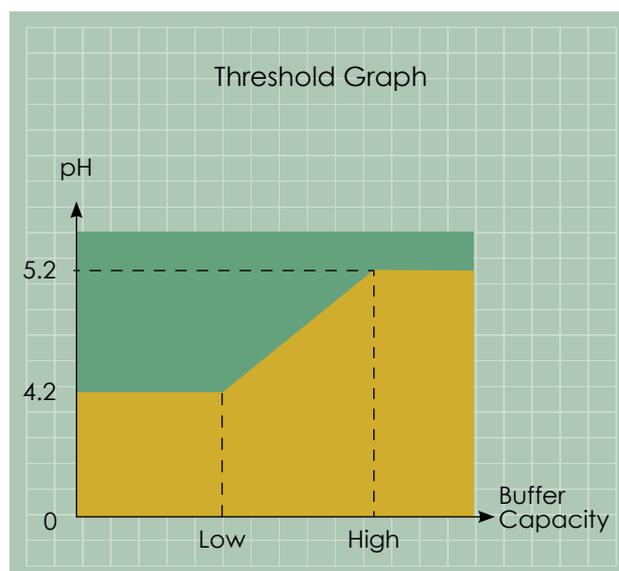
VS-SENSE™ supports diagnosis of BV by detecting two disorder parameters in a vaginal secretion: pH level above normal and watery secretion - with low buffer capacity.

The **VS-SENSE™** is a testing swab coated with unique chemical composition. The swab tip reacts as a pH indicator due to the incorporation of Nitrazine yellow in the polymer matrix. In addition, the **VS-SENSE™** has hydrophobic characters in contrast to the hydrophilic character of commercial pH papers like Nitrazine paper®. This makes the **VS-SENSE™** sensitive to buffer capacity of a solution as well as to pH. The lower the buffer capacity, the greater the sensitivity of the **VS-SENSE™** to pH. The tip changes color in lower pH than comparable solutions that have a higher buffer capacity.

The color of the **VS-SENSE™** swab tip will change from yellow to Blue or Green when the swab comes into contact with vaginal secretions whose pH and /or buffer capacity is abnormal. The color changes when the secretion pH is above 5.2 units. In addition, the color changes will occur in a dynamic range between pH levels of 4.3 to 5.2, depending on the levels of the secretion buffer capacity.

The threshold is set as follows:

1. $\text{pH} \leq 4.2$ the swab tip stays yellow.
2. $\text{pH} \geq 5.2$ the swab tip stains blue-green.
3. $5.2 > \text{pH} > 4.2$ the swab tip stains blue-green only if the buffer capacity is low.



The optimal time to read the results is after 10 seconds.

VS-SENSE™ performance

The **VS-SENSE™** results showed high accuracy compared to the clinical diagnosis and statistically significant agreement level with the clinical diagnosis.

The **VS-SENSE™** demonstrated sensitivity ranges between 86.32% and 91.8%, and specificity between 92.9% and 93.43% (Sobel et al, CE file and FDA file).

To summarize, unlike other standard commercial pH tests like Nitrazine paper, the **VS-SENSE™** indicator can combine two Amsel criteria in a dynamic range, high pH levels (4.3 and above) and watery discharge. When BV and Candida are mixed, the pH in the vagina will be above normal, and the **VS-SENSE™** test will give a positive result.

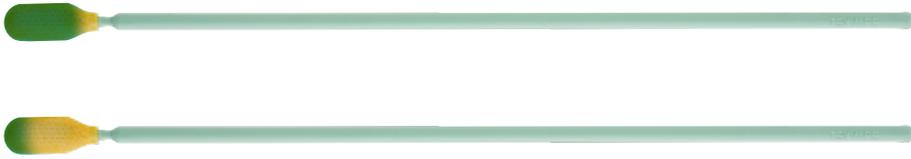
Combining both characteristics (pH and Buffer Capacity) increases the sensitivity and specificity of the test to over 90%.

Instructions for Use

1. Take one **VS-SENSE™** test swab unit out of the package.
2. Keep the individual test package sealed until use.
3. If you are not using a speculum, separate the labia so the vagina is exposed.
4. Insert the yellow tip of the **VS-SENSE™** test swab approximately 5cm (2") into the mid vagina and rotate the swab several times to contact the vaginal walls.
5. Withdraw the **VS-SENSE™** test swab without touching the vulva surface and check that it has collected a visible amount of discharged secretion.
6. Wait 10 seconds and check the tip of the **VS-SENSE™** TEST swab for color changes from yellow to blue or green.
7. Dispose of the **VS-SENSE™** test swab after usage as you would any other vaginal swab.

Interpretation of test results

Positive **VS-SENSE™** TEST Result



If after 10 seconds the tip is stained blue or green , the vaginal acidity parameters are disordered and the risk of having a BV or parasitic infection is high.

Any partial blue or green stain on the yellow indicator swab tip should be considered a positive result.

Negative **VS-SENSE™** TEST Result



If after 10 seconds the tip is not stained and remains completely yellow, then the vaginal acidity parameters are normal and the risk of BV or parasitic infection is low.

VS-SENSE™ Advantages

- High sensitivity and specificity
- Assists the gynecologist in diagnosis of BV / Trichomonas
- Helps diagnose a combined infection. When BV and Candida are mixed, and the pH in the vagina is above normal, the **VS-SENSE™** test will give a positive result.
- Rapid (10 seconds) office test
- Clear to read and interpret
- Eliminates the need to send a discharge specimen for a lab test
- **VS-SENSE™** may improve accurate diagnosis medical outcomes by enabling appropriate treatment on the patient's first visit

VS-SENSE™ has been approved by:

CE regulation

FDA regulation (CLIA Approved)

South America: Mexico, Honduras, Belize, Guatemala, Nicaragua, El Salvador, Costa Rica, Panama, Dominican Republic

Asia: Thailand, Vietnam, Israel, Turkey

South Africa

The New 2010 CDC STI Treatment Guidelines and Implications for Screening: Everything You're Itching to Know!

Mimi Secor, MS, M.Ed, FNP-BC, FAANP

Feb. 10, 2011

The New CDC STD Treatment Guidelines were released in December 2010 and provide the most current, evidence-based recommendations for screening, diagnosis and treatment of Sexually Transmitted Infections.

As both the incidence and prevalence of STIs in the US and Worldwide continues to burgeon, the proportion of patients that are appropriately screened is significantly lower than recommended in these recently published guidelines. This is especially a problem among the highest risk populations of young adults 25 years old and younger. It is estimated that only 40- 60% of young adults are appropriately screened for chlamydia.

Yet, rates of chlamydia, gonorrhea, trichomoniasis, genital herpes, HPV, HIV and syphilis are all increasing particularly among adolescents, young adults and high risk populations. Often asymptomatic (over half of women with chlamydia or bacterial vaginosis) and unaware they harbor various STIs, many go undetected and untreated. This contributes to further transmission of STIs and may also increase the risk of developing associated complications and sequelae such as PID, chronic pelvic pain, infertility and preterm labor.

For these reasons, there is an urgent need for more comprehensive STI screening particularly targeting high risk populations, adolescents, young adults, and individuals of any age who are "at risk" by history.

Opportunistic screening is a growing trend in the US (widely implemented in Canada and the UK) that involves screening for STIs at the same time patients are seen for other health problems. With convenient and accurate urine testing for chlamydia and gonorrhea, office based-outpatient HIV testing, and new vaginal pH screening tests now available, opportunistic screening is an idea whose time has come and is an approach more feasible than ever before.

Vaginal microscopy is fairly accurate (approximately 60% for average proficiency) for diagnosing vaginal infections including some STIs such as trichomoniasis. However, accuracy depends largely on the skill of the clinician, is fairly complex and time consuming. Therefore many clinicians rely on their clinical judgment "eyeballing" discharge and treating based on symptoms and empiric diagnosis. This approach is inaccurate and not recommended by the CDC. Relying on Pap smear reports suggesting vaginitis or STIs is also not recommended due to low sensitivity and specificity.

Use of vaginal pH testing is another diagnostic option for vaginitis and vaginitis related STI screening (e.g. checking for trichomoniasis). Traditionally, vaginal pH testing involves the use of Nitrazine pH paper (on a roll) requiring multiple steps to conduct the test including use of a color and numerical scale to determine if the test is normal or abnormal.

Considered too cumbersome and time consuming for many busy clinicians, vaginal pH testing is not widely utilized.

New, improved vaginal pH tests are now available affording a simple and quick way to screen patients during both routine and problem gynecologic visits.

The new **VS-SENSE™** diagnostic vaginal swab test facilitates diagnosis of bacterial vaginosis (BV) and trichomoniasis by identifying changes in the acidity parameters of the vaginal secretions. The **VS-SENSE™** swab is coated with an innovative proprietary polymer which contains a colorimetric pH indicator, Nitrazine yellow. When the polymer in the swab, which is yellow before use, contacts vaginal fluid and reaches a specific threshold, the user observes a blue or green color change on the swab. When the tip of the swab stains blue or green the **VS-SENSE™** test is positive indicating an elevated vaginal pH level (>4.7 +.3/- .2) which is associated with both bacterial vaginosis and trichomoniasis. If after 10 seconds the swab tip does not change color, but remains yellow, the **VS-SENSE™** test is negative, indicating that vaginal acidity is normal and the risk of having an infection associated with elevated vaginal pH level is unlikely.

The **VS-SENSE™** technology is based on combining the measurement of the vaginal pH with buffer capacity (the concentration of protein within the discharge) which together raises the overall accuracy of the test to over 90%.

This new vaginal pH test, **VS-SENSE™**, provides a quick, easy, accurate approach for screening and diagnosis of vaginitis and is especially well suited for busy primary care and women's health practices.

VS-SENSE™ OTC - self test swab

Positive VS-SENSE™ TEST Result



If after 10 seconds the tip is stained blue or green, the vaginal acidity parameters are disordered and the risk of having a BV or parasitic infection is high.

Any partial blue or green stain on the yellow indicator swab tip should be considered a positive result.

Negative VS-SENSE™ TEST Result



If after 10 seconds the tip is not stained and remains completely yellow, then the vaginal acidity parameters are normal and the risk of BV or parasitic infection is low.

How do women treat abnormal vaginal discharge?

- Use leftover treatments without proper diagnosis
- Purchase OTC treatments (where available)
- Treat themselves incorrectly
- Perform damaging vaginal douching



What are the results of incorrect treatments?

- Prolonged pain and uncomfortable feeling
- Side affects
- Unnecessary financial costs
- Repeat visits to the clinic
- Elevated levels of STD transitions

Self diagnosis with **VS-SENSE™-OTC** can prevent all those!

The **VS-SENSE™-OTC** is intended for use by symptomatic women experiencing abnormal vaginal discharge (e.g. excessive, with an unusual color or unpleasant odor), or other symptoms such as itching, irritation or a burning sensation. The use of **VS-SENSE™-OTC** enables women to differentiation between possible fungal (Yeast) infection and bacterial or Trichomonas infection.

The availability of over-the-counter (OTC) antifungal medication for immediate treatment, increases the necessity for a device like **VS-SENSE™-OTC** that will help women self-test to exclude bacterial or parasitic Infections.

VS-SENSE™-OTC offers women a chance to be aware of their condition and follow up on the success of treatment.

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Common Sense Ltd.

7 Ha'Eshel st., Zone 2

Caesarea Industrial Park 3088900, Israel

Tel: +972- 4-6277101

Fax: +972- 4-6277103

www.cs-commonsense.com