



gynaecological complaints, promiscuous women, and normal family women was assessed by cultivation on selective differential medium, a human blood bilayer Tween 80 (HBT) agar. The laboratory investigations on vaginal discharge as well as vaginal pH, appearance of vaginal discharge, clue cell test, amine test, and Gram stain method were evaluated for a diagnostic test for indicating the isolation of G. vaginalis as well as for screening BV. Nine antibiotics such as ampicillin, carbenicillin, chloramphenicol, cloxacillin, kanamycin, penicillin, trimethoprim/sulfamethoxazole, and tetracycline were tested on the isolated strains of G. vaginalis by agar disc diffusion method. G. vaginalis was the most isolate among groups of women, ranging from 11.96 to 50.45%, while BV or NSV was the most common cause of vaginal infection, ranging from 12.50 to 36.49%. The organism was associated with symptoms of abnormal vaginal discharge (odds ratio 2.07 (1.48-2.89),  $p < 0.005$ ,  $x^2 = 67.42$ ) as well as promiscuity (odds ratio 1.21(1.03-1.44),  $p < 0.005$ ,  $x^2 = 40.11$ ). It was frequently isolated among BV discharge, ranging from 60.87 to 79.55% and was associated with signs of BV (odds ratio 5.35 (4.22-6.82),  $p < 0.005$ ,  $x^2 = 491.93$ ). It was also associated with both symptoms and signs of BV (odds ratio 7.10 (3.87-13.03),  $p < 0.005$ ,  $x^2 = 120.98$ ) as well as both promiscuity and signs of BV (odds ratio 3.07 (2.25-4.18),  $p < 0.005$ ,  $x^2 = 206.82$ ). It was isolated in 78.48% among NSV discharge, and was associated with signs of NSV ( $p=0.000,2$ ; Fisher's exact test) as well as both symptoms and signs of NSV (odds ratio 6.57

(3.57-12.03),  $p < 0.005$ ,  $x^2 = 96.71$ ). The BV syndrome was associated with symptoms of abnormal vaginal discharge (odds ratio 2.92(1.77-4.83),  $p < 0.005$ ,  $x^2 = 30.38$ ) as well as promiscuity (odds ratio 2.13 (1.52-2.99),  $p < 0.005$ ,  $x^2 = 31.63$ ). The isolation of G. vaginalis for screening BV was sensitive in 76-78% and specific in 89-96%, and it gave correctly results in 92-93% of cases. The Gram stain diagnosis was recommended the best diagnostic method for indicating the isolation of G. vaginalis among the symptomatic, and the promiscuous group, as the clue cell test was the best among the asymptomatic, and the normal family. While the Gram stain diagnosis was recommended the best diagnostic method for screening BV among the symptomatic and the promiscuous group, either the clue cell test or the amine test was the best among the asymptomatic, and the clue cell test was the best among the normal family group. The G. vaginalis was over 93% susceptible to ampicillin, carbenicillin, chloramphenicol, kanamycin, penicillin, trimethoprim/sulfamethoxazole, no matter of where the organism was derived, while it was 62% tetracycline and 81% to cloxacillin.