

Major Changes/Improvements to Chlamydia & Gonorrhea Testing
Provincial Laboratory Services | Microbiology Division
www.healthpei.ca/src/microbiology

March 8, 2018

This information applies to: Physicians, Nurse Practitioners, Directors of Nursing, Nurse Managers and Clinical Instructors/Educators

EFFECTIVE March 9th 2018 *Chlamydia trachomatis/Neisseria gonorrhoeae* PCR/molecular testing will be moving to a new testing platform, the BD MAX. There are five major changes:

1. There will now be only one collection kit provided (BD MAX "UVE" Specimen Collection Kit), instead of the pink female and blue male BD PROBETEC kit. The QEH Microbiology Laboratory will continue to accept the old pink and blue collection kits until **March 29th 2018**.
2. Routinely Acceptable specimens (For special situations see boxed text):
 - ❖ Males: Only urine first stream (no swabs)
 - ❖ Females:
 - Endocervical (not necessary to clean the Cervical OS with a separate swab)
 - Vaginal: Either self-collected or clinician collected. (See appendix)
 - Swabs must be taken during office visit to place in supplied buffer tube.
 - Urine First stream. Not preferred due to decreased sensitivity of 5-10%.
3. Urine samples are stable for 24 hours when refrigerated and much longer if transferred in to the supplied buffer tube. This is an option to do at the clinic or it will be done at any non-QEH lab.
4. *Trichomonas (vaginalis)* testing is automatically performed and is research use only at this time so that only positive results will be reported.
5. Please make sure to have at least one set of bar code squares at the bottom of the tube clearly visible (do not cover with patient sticker; see appendix for picture)

Besides providing testing for Trichomoniasis, this allows our laboratory to provide all routine *Chlamydia trachomatis/Neisseria gonorrhoeae* on Island, vaginal testing is a new option, and laboratory testing and reporting is faster. The BD PROBETEC is being retired and has faithfully provided Island testing for almost 20 years.

There are four minor points:

1. Appropriate testing: any symptomatic, asymptomatic limited to having any risk factors in males or females and all females of child bearing age. See boxed text for test of cure.
2. Patient education will change (See appendix for collection instructions and notes)
3. Others causes: Cervicitis, urethritis, urinary tract infections and vaginal infections may result from other causes or concurrent infections may occur.
4. Further information on assay performance (sensitivity and specificity) can be found at: <http://www.bd.com/resource.aspx?IDX=32632>

For more information: Please contact Dr. Greg German 902-894-2439/2515
For supplies: Please use the lab supplies order form

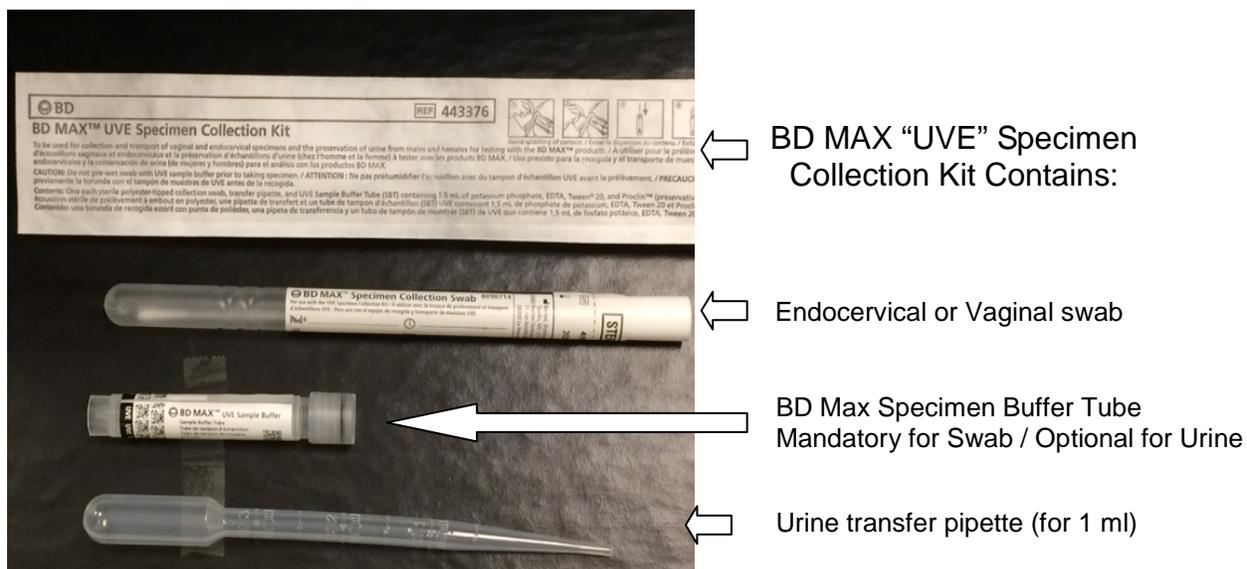
Cc: Dr. Heather Morrison (CPHO)

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Special Testing / Circumstances

- Test of cure should be done no earlier than 4 weeks from the day of treatment. All *Neisseria gonorrhoeae* cases should have test of cure. Test of cure for *Chlamydia trachomatis* is limited to 1) pregnancy 2) ongoing symptoms, or 3) epidemiological concern for repeat exposure.
- For Sexual assault: This testing format should not be routinely used. It is still permissible but for patient care only and not for criminal evidence. If criminal evidence is required please attempt to contact the Medical Microbiologist before collection of a modified format/process: viral/universal transport swab (Not the UVE swab) and charcoal swab is collected and RCMP and the technologist on call will need to be contacted to ensure transport to the laboratory.
- Age less than 14 in any situation require the use of the modified testing noted above. Please contact the Medical Microbiologist before conducting testing.
- For Rectal Samples: Permissible for Rectal swab but not validated (Research use only) with increased chance of false positives and negatives.
- For Throat swabs: Not permissible. Use Viral transport swab (not the UVE swab) and a bacterial charcoal swab (check with QE/PH lab).

NEW BD MAX™ specimen collection kits contents:



BD MAX "UVE" Specimen Collection Kit Contains:

Endocervical or Vaginal swab

BD Max Specimen Buffer Tube Mandatory for Swab / Optional for Urine

Urine transfer pipette (for 1 ml)

Chlamydia & Gonorrhea Testing Collection Appendix

To Transfer URINE Samples to the BD MAX Sample Buffer Tube:

1. Gently swirl the urine in the urine culture container to ensure the sample is evenly mixed.
NOTE: Avoid forming bubbles
2. Uncap the BD MAX UVE Sample Buffer Tube. Use the graduated transfer pipette to transfer approximately 1mL of urine sample into the BD MAX UVE Sample Buffer Tube.
NOTE: The transfer pipette has graduations marked on it, use them as a guide. Do not overfill or underfill the tube.
3. Discard the transfer pipette in a biohazard waste container. **NOTE: The transfer pipette is intended for use with a single sample.**
4. Tighten the cap securely on the BD MAX UVE Sample Buffer Tube.
5. Invert the BD MAX UVE Sample Buffer Tube 3–4 times to ensure that the specimen and reagent are well mixed.
6. Label the BD MAX UVE Sample Buffer Tube with the patient's name and MRN. **NOTE: Be careful not to obscure the black barcodes on the bottom of the tube.**
See Below:



7. BD MAX UVE Sample Buffer Tube should be kept refrigerated at 2-8°C until shipped to QEH Microbiology Laboratory

Clinician-collected vaginal swabs:

- Collect swab prior to pelvic, speculum or bimanual exam.
- No lubricant is used for collecting the vaginal swab sample.
- After parting the labia, gently slide the dry swab no more than 2 inches into the vagina, with gentle rotation, making sure the swab touches the walls of the vagina so that moisture is absorbed by the swab.
- Rotate the swab gently for 10-15 seconds. Withdraw the swab without touching the skin.
- Do not collect specimen at the posterior fornix.

Clinician-collected endocervical swabs:

- When using a speculum: Lukewarm water may be used to warm and lubricate the speculum. If lubricant must be used, lubricant should be used sparingly and applied only to the exterior sides of the speculum, avoiding contact with the tip of the speculum.
- Avoid contact between the swab and speculum or lubricant.
- Insert the collection swab into the endocervical canal and rotate gently for 10-15 seconds. Withdraw the swab without touching the speculum.
- Do not collect specimen at the posterior fornix.

Transfer of Endocervical or Vaginal Swab Samples to the BD MAX UVE Sample Buffer Tube:

NOTE: Swabs should be transferred from the swab sheath to the BD MAX UVE Sample Buffer Tube immediately (preferred) but no longer than 2 hours from collection when kept at 2–30 °C.

1. Uncap the BD MAX UVE Sample Buffer Tube and fully insert the swab into the tube so that the swab tip is at the bottom.
2. Grasping the swab by the cap, carefully break the swab shaft at the score mark. Use caution to avoid splashing or contamination of the tube contents.
3. Tighten the cap securely on the BD MAX UVE Sample Buffer Tube.
4. Label the BD MAX UVE Sample Buffer Tube with patient's name and MRN **NOTE: Be careful not to obscure the black barcodes on the bottom of the tube.**
5. BD MAX UVE Sample Buffer Tube should be kept refrigerated at 2-8°C until shipped to QEHL Microbiology Laboratory

Patient instructions for self-collected vaginal swabs

1. Wash hands with soap and water. Rinse and dry.
2. It is important to maintain a comfortable balance during the collection procedure.
3. Remove the sterile swab from its sheath, taking care not to contaminate the tip or shaft. Do not lay the swab down on any surface. If you touch the swab tip or the swab is laid down, discard it and request a new BD MAX UVE Specimen Collection Swab. Check for presence of the swab tip. If the swab has no tip, discard it and request a new BD MAX UVE Specimen Collection Swab.
4. Hold the swab by the cap in one hand so the swab tip is pointing toward you.
5. With your other hand, gently spread the skin outside the vagina. Insert the tip of the swab into the vaginal opening. Point the tip toward your lower back and relax your muscles.
6. Gently slide the swab no more than 2 inches into the vagina. If the swab does not slide easily, gently rotate the swab as you push. If it is still too difficult, do not attempt to continue. Make sure the swab touches the walls of the vagina so that moisture is absorbed by the swab.
7. Rotate the swab for 10-15 seconds.
8. Withdraw the swab without touching the skin.
9. Replace the swab in its sheath and cap securely.
10. After collection, wash hands with soap and water, rinse and dry.
11. Return the swab in its sheath to the nurse or clinician as instructed.

Patient education:

If possible, patients should be counseled ahead of time to refrain from using intravaginal medication, vaginal lubricants, douching, using tampons, or having sexual intercourse for at least 48 hours before the collection of the swab specimens. They should avoid scheduling their appointment during heavy menstrual bleeding.