March 2012

syzygy

Partners in crime

Chlamydia trachomatis and Neisseria gonorrhoeae

Although chlamydia is the most commonly notified STI in Australia, gonococcal infections are also on the rise. Considering that both chlamydia and gonorrhoea can have detrimental affects on a woman’s fertility if treatment is delayed, it is important to request PCR testing for both gonorrhoea and chlamydia for at-risk patients.

Sullivan Nicolaides Pathology Molecular Department has recently upgraded chlamydia and gonorrhoea testing to the Roche 4800 platform with C. trachomatis and N. gonorrhoeae being tested simultaneously on all specimens. As a result N. gonorrhoeae was detected in a number of patients where the test was not requested.

Nationally, notifications of both chlamydia and gonorrhoea continue to increase.

This may be a combination of both increased testing as well as increasing incidence. Dual infections are not uncommon. We therefore recommend that both pathogens be requested when performing an STI investigation.

Suitable specimens include genital swabs, urines and Thin Prep® collections. Specimens collected from other sites, such as throat, rectum and eyes, will be tested as per Australian guidelines\(^1\) with the disclaimer that the specimen sites have not been validated. Where N. gonorrhoeae is detected from these sites, follow-up culture confirmation is recommended.

A recent study also suggests that by using newer nucleic acid amplification techniques (NAATs), such as the Roche 4800, timing of specimen collection is not so important in testing for C. trachomatis as previously thought. The sensitivity of NAAT testing on midstream urine specimens in women is sufficiently equivalent to testing on first-void specimens suggesting that midstream urines are suitable if a urine culture is requested simultaneously.

Reference:
1. National Notifiable Diseases Surveillance System (NNDSS), Australia
   www.clinmed.ox.ac.uk
URINARY ANTIBIOMICS

Following extensive review of urinary isolates and antibiotic susceptibilities for more than 170,000 patients, Dr Jenny Robson, Microbiologist and Infectious Diseases Physician at SNP, has compiled the 2010 and 2011 Urinary Antibiograms. Urinary Antibiograms provide a detailed examination of urinary isolates for three patient populations — community, aged care and hospital. E. coli continues to be the most common urinary isolate for all three populations, comprising 64.5% of community, E. coli and hospital.

The full terms and conditions and registration form are available in the new patient brochure.

To order your supply, please include Item 09548 on your next stores order, or call 1300 SNPATH (1300 767 284)

MALE URETHRAL SWABS AND FEMALE CERVICAL SWAB

Chlamydia collection kit – Item 09430
MALES: Use the large swab to remove discharge if present, discar. Use the small swab to collect the urethral sample.
FEMALES: Use the large swab to remove cervical mucous, discard. Use the small swab to collect the cervical sample. Place collection swab into tube and break along score mark.
Transport: ambient temperature.

CERVICAL SCRAPING

ThinPrep® and Cervex sampler (broom)
ThinPrep® – Item 00024
Cervex sampler – Item 47460
Use a separate swab to remove cervical mucous, discard. Use the Cervex sampler to collect the cervical sample. Vigorously rinse the sampling device in the ThinPrep® vial then discard the device. If ThinPrep® is not required, please note this on the request form.
Transport: ambient temperature.

URINE

Standard yellow-top jar (without preservative) – Item 03869
Patient collection note, Urine collection for sexually transmitted infections (STIs), – Item 98090
Transport: refrigerate.

IMPORTANT

Aptima® collection device cannot be used. It is not suitable for testing on the Roche Cobas® 4800. A recollection will be required.
Digene swabs are not suitable for HPV testing. Specimens submitted in Digene swabs will require a recollection.

For a full list of collection centres and opening hours, visit www.snp.com.au