

MEMO

To
Date

Update: Chlamydia and Gonococcal Testing Tairawhiti DHB Laboratory Test Referrers February 2014

Introduction - From 3 Feb 2014, Medlab will make some changes in providing the combined PCR test that will detect both gonorrhoea and/or chlamydia from a single specimen. **Both tests will now be done and reported, unless clearly requested not to do so. The test NOT to be done must be specifically indicated on the request form.**

Females

Cobas PCR Cervical, Urethral, Vaginal or Self Collect Vaginal Swab



If the low vaginal swab is taken by a health professional, sweep the swab across the urethral meatus and then rotate in the vagina for 10 seconds

Urine is **NOT** recommended for females due to low sensitivity and will NOT be accepted for testing unless specially indicated.

Males

First Void Urine - NOT MSU



Delay passing urine for 1-2 hours before collection. Collect the first 10-20mL of voided urine **ONLY**. Greater than 20mL may give a false negative.

DELIVER TO THE LABORATORY AS SOON AS POSSIBLE

OR Urethral Swab



Rectal, Pharyngeal and Conjunctiva Swabs - Cobas PCR Swab

Although not validated for PCR testing, PCR swabs from these sites are now acceptable. PCR positive cases should be confirmed by cultures.

Gonococcal Culture - Cervical and/or Urethral Swabs (vaginal swabs have a low recovery rate)

PCR will not provide antibiotic susceptibilities as no isolate is grown. Medlab will continue to provide culture and antibiotic susceptibility testing in the following circumstances:

1. Treatment failure – where symptoms persist, test with culture within 7 days of completion of therapy
2. Medico-legal requirements e.g. sexual assault
3. Infant eye swabs
4. Allergy to empiric treatment
5. Failed PCR results – as indicated by the laboratory

Please note you must use a bacterial transport (blue or purple top) swab where culture and susceptibility testing for gonorrhoea is required. If you need to discuss testing in the above situations please contact the laboratory: 06 8690508 extn. 8178

Bacterial Vaginosis, Candida and Trichomonas

A Bacterial Transport VAGINAL Swab (purple top) is still required - no change

Treatment

The current recommendations for empiric treatment cover both gonorrhoea and chlamydia, including in pregnancy and breastfeeding:

Ceftriaxone 500mg (IM) stat **AND**
Azithromycin (oral) 1g stat

For Further Advice

Bruce Duncan Medical Officer of Health
06 869 0500 extn. 8507
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NZ Sexual Health Society guidelines
<http://www.nzshs.org/guidelines.html>