



STI Testing with Combined Chlamydia/Gonorrhoea PCR

Pathlab are pleased to offer a combined molecular test for detection of **both *Chlamydia trachomatis* and *Neisseria gonorrhoeae***, starting from **15th October 2012**. At present, this change will only apply to patients from the **Waikato DHB catchment area**.

The combined test will be carried out on the Roche Cobas 4800 molecular platform, and the assay has been extensively validated throughout New Zealand and internationally.

From **15th October**, any genital swab or urine received by the laboratory in the molecular collection tube will be tested for the presence of **both *Chlamydia trachomatis* and *Neisseria gonorrhoeae***, regardless of the request. We believe there are no practical circumstances where it is desirable to know one result but not the other.

The main advantages of detecting *N. gonorrhoeae* by molecular methods are as follows:

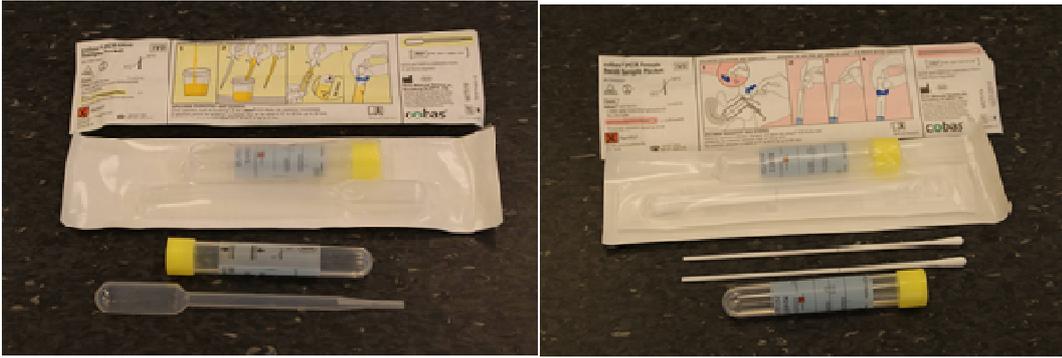
- Increased sensitivity over culture, and in particular for extra-genital sites.
- Is validated for detection of gonorrhoea from a wider range of sites than culture. This includes vaginal swabs in women and urine samples from men.
- Faster Turnaround time than culture. The combined chlamydia/gonorrhoea PCR assay will be performed each working day Monday to Friday.

Specimen Recommendations

To test for both chlamydia and gonorrhoea, only one swab/urine sample is required. The collection kits for the combined gonorrhoea/chlamydia PCR are exactly the same as those being used currently for chlamydia testing.

- **Females:** Cervical Swab if a speculum examination is being carried out. Otherwise a self-collected vaginal swab is satisfactory. **(Note that female urine samples are not recommended due to lower sensitivity)**
- **Males:** The first 10-20 mls of voided urine decanted into a Cobas PCR collection tube.

See below for diagrams of the specimen collection kits (urine & swab).



When to Culture?

PCR testing cannot provide antibiotic susceptibilities as no bacteria are grown. There are some instances where culture for *Neisseria gonorrhoeae* will still be undertaken by the laboratory. These are as follows:

- Treatment Failure
- Extra-genital sites (pharyngeal, rectal, ocular)
- Medico-legal cases
- Patients with anaphylaxis to penicillin, or cephalosporin allergy.

(For all the above indications we recommend that you send both a molecular sample and also a swab for *N. gonorrhoeae* culture.)

In all other circumstances, the laboratory will do **PCR only** for detection of *N. gonorrhoeae*/*C. trachomatis*, regardless of what samples are sent.

Treatment

See <http://www.nzshs.org/guidelines.html> for full guidelines.

Neisseria gonorrhoeae: IM Ceftriaxone 500mg as a stat. dose.

Ciprofloxacin 500mg oral as a stat dose, may be used if susceptibility is confirmed, and patient is not pregnant or breastfeeding.

Chlamydia trachomatis: Azithromycin 1g oral stat.

Or Doxycycline 100mg b.d. for 7 days.

Combination testing for *Neisseria gonorrhoeae* and *Chlamydia trachomatis* by PCR is now undertaken in the majority of NZ DHBs, for the reasons outlined above.

Please contact myself for any queries in relation to the above changes.

Please ensure this information is distributed to ALL staff at your facility.

Michael Addidle

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If you would like to receive these updates via e-mail please forward your details to: Jo.Sherwood@pathlab.co.nz

For more information check out [www.pathlab.co.nz/Clinicians/Clinical Information](http://www.pathlab.co.nz/Clinicians/Clinical%20Information)