







January 2018

Trichomonas vaginalis Molecular Testing

Pathlab is changing from *Trichomonas vaginalis* (TV) culture to the BD Viper Q^x TV molecular test on Monday 5th February.

Over the last six months we have conducted a TV study to assist in identifying the local patient cohort that would most benefit by molecular testing. (Please refer to Clinical Update; "Trichomonas vaginalis Molecular Study", July 2017, here).

The study indicated that the molecular test performed on female genital specimens had greater sensitivity and very good specificity when compared to TV culture. A small cohort of male specimens, (mainly first catch urine), were also tested but they showed poor sensitivity and indicated routine testing was not justified.

Based on the study risk stratification the female patient populations that will routinely have specimens tested using the TV molecular test are as follows:

- ≤ 24 years of age, (excluding specimens with no relevant clinical information)
- Sexual Health Clinic
- Pre-termination of pregnancy (pre-TOP)
- Sexual assault or abuse

If you have a specific female patient with a high risk of *Trichomonas vaginalis* infection but they do not meet the above criteria then testing may be performed on specific request. For this testing to be carried out the clinical reason and specific written request for Trichomonas testing must be clearly recorded on the laboratory form.

(Male patient specimens will only be tested after consultation with a Clinical Microbiologist.)

The TV molecular testing is performed utilising the same specimen collection tube that is now in use for chlamydia/gonorrhoea molecular tests, BD ProbeTec Qx tubes. There are two tube types; a female genital swab kit and a first catch urine tube.

(Please refer to: Clinical Update; "Chlamydia & Gonorrhoea Molecular Testing New Collection Kit", October 2017, here; and "Vaginal Swab Laboratory Testing Guide", Pathlab website, here.)

If you have any questions with regard to the *Trichomonas vaginalis* molecular testing changes please contact us.

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Please ensure all members of your institution receive a copy of this clinical update.