



**Oxfordshire
Clinical Commissioning Group**

April 2016

Dear Colleague,

Re: Swab update

and

NAAT testing for Chlamydia, Gonorrhoea and Trichomonas vaginalis

We attach the latest local vaginal discharge guideline which incorporates the availability of a new test – the “triple NAAT” test to detect the presence of Chlamydia, Gonorrhoea and Trichomonas vaginalis. We also attach a pictorial guide to swabs available and may be useful to have displayed or easily available in your clinical rooms. We would be grateful if this information could be distributed to all clinicians including practice nurses as appropriate within your practice.

Key points

- The multipurpose swab of choice for all wounds, skin and surface swabs (including eye, ear, throat, HVS) and MRSA screening is changing from the Amies medium (black top) swab to a liquid based system - the **Σ-TRANSWAB® (MWE) (Purple top)**. Not only will this facilitate automated processing in the lab but is also a more reliable system, reducing variability in culture processing.
- The vaginal discharge guidelines have been revised with particular input from clinicians from the sexual health clinic, specifically Drs Mamatha Oduru and Jackie Sherrard, for which we are extremely grateful. Please note the continued emphasis on the measuring of vaginal pH in the initial assessment of vaginal discharge along with an assessment of symptoms. The use of swabs should be reserved for specific clinical scenarios. The flow chart on page 8 may provide a useful overview.
- NAAT stands for Nucleic Acid Amplification Testing, and works by amplifying genetic material (nucleic acid) from the bacteria and then detecting it, providing a sensitive means of detection for the relevant pathogens. BASHH guidelines suggest it is the test of choice with the option of

requesting the “triple test” for Chlamydia trachomatis, Neisseria gonorrhoeae and Trichomonas vaginalis, or just Chlamydia alone.

- The NAAT swab is an endocervical or vulvo vaginal swab which can be taken by a clinician or by the patient. Different swabs are available depending on the sampler, with the patient self-administered vulvovaginal swab not needing the breaking of the swab stem. There is good evidence that patient taken swabs produce comparable outcomes as a means of testing in this context when, for example, a clinical examination is not felt to be indicated/appropriate, or declined.
- The NAAT swab can also be used to test for Herpes Simplex Virus, but a second sample needs to be taken i.e. one swab for the ulcer for HSV and one from the vagina / cervix for other infections (assuming that these need testing for).
- The need for HVS testing is expected to reduce in primary care. Though an endocervical swab can still be taken for bacterial culture, it is anticipated that those found to be positive for gonococcus from NAAT testing will be referred to the sexual health services for further assessment and in whom appropriate cultures will then be taken.
- Testing for candida will require the submission of a multi-purpose swab as an HVS or LVS. Testing for wider bacterial pathogens will be triggered by appropriate clinical details appearing on the request card in keeping with the new guidelines (including pre/post-operative gynae surgery, pre/post termination of pregnancy, post-natal, and fetal loss). **Providing adequate clinical information on a request card can be very helpful for the lab staff in determining how best to deal with a sample submitted.**
- Following introduction of NAAT testing for Trichomonas vaginalis, the availability of the previously used acridine orange stain will cease in the near future, with an emphasis also on the clinical diagnosis of Bacterial Vaginosis in association with point of care pH testing as appropriate.

The ICE requesting system will shortly be updated to reflect the availability of the NAAT ‘triple test’, and you may start requesting it immediately. Appropriate swabs are now available in OUH stocks and can be requested if not already received.

We hope that the above information along with the attached vaginal discharge guideline and pictorial swab guide will be of use, and also that the introduction of NAAT testing represents a positive development within primary care diagnostics.

Yours Sincerely

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