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# Culture confirmation of gonococcal infection by recall of subjects found to be positive by nucleic acid amplification tests in general practice

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1 Culture confirmation of gonococcal infection by recall of subjects found to be positive by  
2 nucleic acid amplification tests in general practice

3

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11 Revised version

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18

19 **Abstract**

20 **Objectives:** To evaluate a routine notification of general practitioners to recall nucleic acid  
21 amplification test (NAAT) positive subjects for culture of *Neisseria gonorrhoeae* to confirm  
22 gonococcal infection in the community.

23 **Methods:** A retrospective observational study of the routine testing for *N. gonorrhoeae* by  
24 analysis of test results compiled from the laboratory information system in two departments  
25 of clinical microbiology.

26 **Results:** Altogether, 158 male and female subjects with NAAT positive results for *N.*  
27 *gonorrhoeae* were included in the study. Samples for culture of *N. gonorrhoeae* were  
28 collected from 102/158 (64.6%) subjects recalled after a NAAT assay was found positive.  
29 Growth of *N. gonorrhoeae* was seen in the samples from 54/102 (52.9%) of the re-examined  
30 NAAT positive subjects. Among subjects with samples collected within the first week after  
31 the positive NAAT test, 34/44 (77%) were confirmed positive by culture.

32 **Conclusion:** This study shows that it is possible for the general practitioner to recall a  
33 substantial number of NAAT positive subjects to collect swabs for culture of *N. gonorrhoeae*  
34 to confirm gonococcal infection in the community. The majority of recall samples is culture  
35 positive if collected within a week of the NAAT positive test, and may provide a sufficient  
36 monitoring of the drug susceptibility of *N. gonorrhoeae* strains in the community.

37

38 INTRODUCTION: The gold standard of laboratory diagnosis of gonorrhoea has been the  
39 culture of the causative agent, *Neisseria gonorrhoeae* (1). An increasing number of patients in  
40 our area are primarily diagnosed with gonorrhoea by a nucleic acid amplification test (NAAT)  
41 only. The aim of this study was to evaluate the recall of NAAT positive subjects to collect  
42 swabs for culture confirmation of gonococcal infection in the community.

43

44 METHODS: A retrospective observational study was performed from March 2009 to March  
45 2010 including all male and female subjects diagnosed by a general practitioner (GP) with a  
46 NAAT positive sample for *N. gonorrhoeae* (NG) only. Samples were received and examined  
47 in two department of clinical microbiology from their combined catchments area of 1,000,000  
48 people. The Gen-Probe APTIMA COMBO 2<sup>®</sup> (AC2) and the APTIMA<sup>®</sup> GC (AGC) NAAT  
49 assays (Gen-Probe, San Diego, USA) were used. Positive AC2 assays were repeated and  
50 furthermore examined with the AGC assay to confirm the initial positive result. The final  
51 laboratory report routinely notified the GP that the patient should be re-examined by culture  
52 to obtain an antimicrobial susceptibility pattern.

53 Swabs for culture of NG (charcoal imbibed cotton swab in a Stuart medium) were transported  
54 to the laboratory on the same day or mailed by ordinary postal service, and cultured on a  
55 chocolate agar plate supplemented with Polymyxin B, Lincomycin, and Amphotericin B at  
56 35°C and 10% CO<sub>2</sub> for 48 hours. *N. gonorrhoeae* was identified by Gram stain and  
57 conventional biochemical tests.

58 The unique Danish civil registry number (CPR) was used to cross link the laboratory results  
59 of all samples for NG testing of an individual, and to establish a chronological order of the  
60 samples.

61

62 RESULTS: A total of 158 subjects, 52 from Vejle and 106 from Aarhus, were included. All  
63 initially positive AC2 assays were confirmed by repeat testing and the single analyte assay  
64 AGC. Table 1 shows the distribution of female and male samples. Altogether, 102/158  
65 (64.6%) NAAT positive subjects had swabs collected for culture by a recall examination. A  
66 positive culture of *N. gonorrhoeae* was found in 54/102 (52.9%). Twenty subjects were not  
67 included in the study because they had a culture for *N. gonorrhoeae* collected together with  
68 the positive NAAT sample, 16/20 (80%) were culture positive. Corresponding figures during  
69 a two-year period at the clinic of Genito-Urinary Medicine using similar NAAT and culture  
70 assays were 40/45 = 89%.

71 Growth of *N. gonorrhoeae* was seen in 34 of 44 (77%) subjects recalled within the 1st week  
72 after their positive NAAT test. Corresponding figures for the 2nd week, and the 3rd week or  
73 later were 13/32 (41%) and 7/21 (33%), respectively ( $\chi^2=15.1$ , degrees of freedom=2,  
74  $P<0.001$ ).

75

#### 76 DISCUSSION:

77 Recall samples for culture of *N. gonorrhoeae* were collected from two thirds of NAAT  
78 positive subjects. Among subjects with samples collected within the first week after the  
79 positive NAAT test, three quarters were confirmed positive by culture. The weakness of the  
80 retrospective observational design of the present study is the lack of data on antibiotic  
81 treatment prior to or after the initial NAAT screening assay, which may preclude the growth  
82 of *N. gonorrhoeae* in a recall culture. Furthermore that information was not available to show  
83 whether failure to recall was due to subjects not attending or to GPs not routinely requesting  
84 culture samples. Culture confirmation of the NAAT positive results is also challenging  
85 because of the rapid loss of viability of *N. gonorrhoeae* strains during the transportation of the  
86 samples from the community to the laboratory (1). Previous studies also found that about two

87 thirds of the NAAT results could be confirmed by culture (2, 3). However, urgent  
88 transportation and culture of samples can increase the percentage of samples with growth of  
89 *N. gonorrhoeae* to more than 85% (3). The present study shows that it is possible for the  
90 general practitioner to recall a substantial number of NAAT positive subjects to collect swabs  
91 for culture of *N. gonorrhoeae* to confirm gonococcal infection in the community. Provided  
92 that random selections of NAAT positive subjects are re-examined by culture, recall cultures  
93 may provide an accurate picture of antibiotic resistance in *N. gonorrhoeae* strains in the  
94 community. To obtain additional follow-up samples, GPs may be requested to recall subjects  
95 from whom samples were not received for culture within a week after the initial positive  
96 NAAT assay.

97 In conclusion, the majority of recall samples is culture positive if collected within a week of  
98 the NAAT positive test, and may provide a sufficient monitoring of the drug susceptibility of  
99 *N. gonorrhoeae* strains in the community.

100

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124

125 **Tables**126 Table 1. Recall of NAAT positive subjects to collect swabs for culture of *N. gonorrhoeae*

127 -----

	NAAT positive	Swabs for culture			Culture positive			
	No.	No.	%	(95%CI)	No.	%	(95%CI)	
130	-----							
131	<b>Female subjects</b>	<b>69</b>	51	<b>74</b>	(62 - 83)	22	<b>43</b>	(30 - 57)
132	Urogenital swab <sup>a</sup>	65	49			21		
133	Urine	4	2			1		
134								
135	<b>Male subjects</b>	<b>89</b>	51	<b>57</b>	(47 - 67)	32	<b>63</b>	(49 - 75)
136	Urine	70	42			28		
137	Urethral swab	19	9			4		
138	-----							

139 <sup>a</sup> Samples from urethra, cervix and vagina

140