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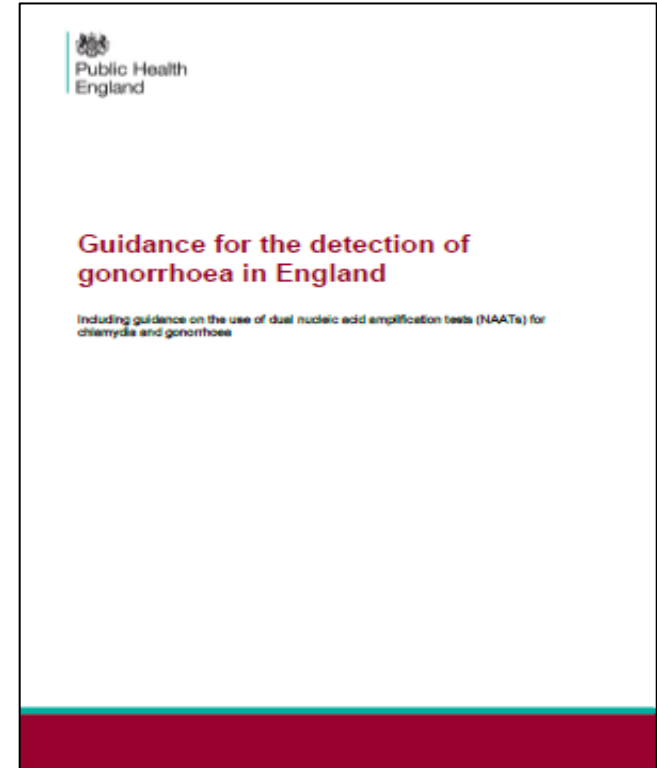
Confirming GC NAAT results: Is it always necessary?

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Background

Current guidance:

All GC NAAT +ve specimens
→ confirmed with second test
(with alternative target)



Why?

- Gonorrhoea low prevalence in the community (<0.1%, Natsal-3 study 2013)
- NAATs can detect commensal *Neisseria sp.*
- In most settings, PPV >90% only achieved by confirmatory testing

Confirmatory testing

- Most commercial NAAT platforms → no confirmatory test
- STBRU offers a confirmation service:
 - Multiplex PCR with *PorA* & *opa* gene targets

Aim

To determine rates of GC NAAT confirmations by primary screening test and specimen site

Method

- 1000 specimens GC NAAT +ve at local laboratories sent for confirmation at STBRU
- Correlation between GC NAAT, confirmatory PCR results & specimen site undertaken

Results

	Genital Swab (F) [119]	Urine (M) [84]	Rectal [97]	Throat [694]
Probetec (Becton Dickinson)	79% (37/47)	94% (47/50)	85% (23/27)	44% (248/587)
Cobas Amplicor (Roche)	83% (50/60)	91% (21/23)	79% (27/34)	48% (27/56)
RealTime CT/NG (Abbott)	83% (10/12)	72% (8/11)	81% (29/36)	88% (45/51)

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Conclusions

- High rates of confirmation achieved from genital and rectal specimens, irrespective of the GC screening NAAT
- Caution should be applied if extrapolating this data to low prevalence settings
- Poor confirmation rates from throat specimens, probably due to cross-reactivity with commensal *Neisseria sp*

Key messages

- Local validation studies to determine the need for confirmation of positive NAATs from genital and rectal samples
- Confirmation essential when testing throat samples

Thank you

Any questions?