The diagnosis of chlamydia, gonorrhoea, and trichomonas infections by self obtained low vaginal swabs, in remote northern Australian clinical practice

S C Garrow, D W Smith, G B Harnett

Objective: To examine the diagnostic performance of self obtained low vaginal swabs (SOLVS) and polymerase chain reaction (PCR) techniques in the diagnosis of Chlamydia trachomatis (CT), Neisseria gonorrhoeae (NG), and Trichomonas vaginalis (TV) infection in a variety of clinical practice settings in remote north western Australia.

Design: A cross sectional field study of microbiological collection techniques in women undergoing gynaecological investigation in remote settings performed by a variety of practitioner types over 10 months.

Participants and setting: 349 women from remote towns and communities in the Kimberley region of north west Western Australia having gynaecological examinations for clinical reasons, well women screening, antenatal screening, and sexual health examinations.

Results: The overall prevalence of infection in the study population based on any positive conventional sample was 9.2%, 7.6%, and 16.1% for CT, NG, and TV respectively. The detection rates for CT and NG by SOLVS were 89% and 96% respectively, compared with 79% and 91% for endocervical swabs and 79% and 83% for first void urine. SOLVS had a sensitivity of 93% for TV detection, equal to that of clinician obtained low vaginal swabs. None of these differences reached statistical significance. A combination of SOLVS and first void urine detected 96% of the CT cases, 100% of the NG cases, and 96% of TV cases.

Conclusions: Self obtained low vaginal swabs are an acceptable, simple and sensitive diagnostic sample for the detection of CT, NG, and TV, and have particular applications in remote clinical practice and as a screening technique.

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The Kimberley region of Western Australia covers an area of 422 000 square kilometres. Its population of 30 000 permanent residents is located in six small towns and over 75 small, remote, largely Aboriginal communities, mine sites, stations, and outcamps. Sexual health services are provided by clinic based medical officers, remote area nurses, community nurses, and Aboriginal health workers. In year 2000 there were 219 and 218 female NG and CT notifications respectively while the epidemiology of TV is unknown. As TV is not a notifiable disease in Western Australia, there are no routine data collected on this infection.

Study design
Between July 2000 and April 2001 women having a vaginal examination for any reason were invited to enter the study. Consenting women were asked to provide FVU and a SOLVS test in that order, followed immediately by a clinical examination at which clinicians were asked to collect an endocervical swab (ECS), a low vaginal swab (LVS) for PCR testing, and LVS smear air dried on a glass slide for Gram staining. SOLVS and LVS were collected with plain sterile 15 cm Dacron tipped plastic stemmed swabs and returned to a plain, rigid plastic transport casing. ECS was collected on a slimmer Dacron tipped 15 cm wire stemmed swab. FVU was collected directly into a 50 ml sterile container. Participants were instructed on the SOLVS collection technique by brief explanation using a diagram (fig 1). SOLVS was collected by insertion into the low posterior fornix of the vagina after a routine examination for any reason was performed by a variety of practitioner types over 10 months.

Abbreviations: CT, Chlamydia trachomatis; ECS, endocervical swab; FVU, first void urine; NG, Neisseria gonorrhoeae; PCR, polymerase chain reaction; SOLVS, self obtained low vaginal swabs; TV, Trichomonas vaginalis
vagina past the labia to distance of about 3 cm, held in that
position to a count of 10 and rotated once before return to the
transport case by the patient.

Information on age, race, clinical indication, symptoms, and
clinician type was requested. All specimens were transported
at ambient temperature to one of three reception laboratories
in the region using routine transport facilities. Thereafter,
specimens travelled 2000 kilometres by air transport to the
Perth central laboratory for processing the following day.

In line with clinical practice in the study region, a positive
result from any conventional collection site was taken to indi-
cate that the patient was infected.

Laboratory technique
All study specimens were handled in the routine manner at
the Western Australian Centre for Pathology and Medical
Research, Nedlands, Western Australia. Samples were ex-
tracted using Chelex 100 resin (BioRad Laboratories, Hercules,
CA, USA). This method had been shown to efficiently remove
PCR inhibitors. An in-house nested multiplex PCR was
performed for detection of NG and CT using primers directed
at the cryptic plasmid of NG and at the plasmid of CT. All
samples positive for NG were retested using two other nested
PCRs directed at two separate target sequences within a N
gonorrhoeae specific probe. Positive results for CT were
confirmed by a second PCR directed at a different sequence
in the plasmid. Samples were reported positive for NG or CT
only if they were positive with all of the PCRs. A nested PCR
directed at repetitive DNA sequences was used for TV
detection.

Statistical analysis
Analysis was conducted using Statistical Package for the
Social Sciences (SPSS) version 10.

Ethical approval
Ethical approval was provided by the Western Australian Abo-
original Health Information and Ethics Committee (Health
Department of Western Australia, 189 Royal Street, East Perth
WA 6004, Australia) with specific approval to collect informa-
tion on race and Australian Aboriginal ancestry which
conforms to National Health and Medical Research Council
guidelines.

RESULTS
Results of 349 consented examinations were included; how-
ever, not all examinations yielded a full set of the five
specified samples. The average age of participants was 28.8
years. Australian Aboriginal women comprised 74% of the
study population and 98% of remote participants, while 30%
of participants were from remote locations defined as greater
than 50 kilometres from a town hospital.

Medical officers provided 63% of the town patient’s
specimens while nursing staff attended 61% of patients in the
remote areas. This reflects the pattern of practice in this region
whereby nurse practitioners provide much of the routine
clinical care in remote locations.

STI prevalence and diagnostic performance
The overall prevalence of infection in the study population in
which a full set of standard tests was collected based on any
positive conventional clinical specimen was 9.2%, 7.6%, and
16.1% for CT, NG and TV respectively (table 1).

There were 303 patients in whom SOLVS, ECS, and FVU
were collected simultaneously allowing for direct comparison
of results in the detection of CT and NG using the finding of
infection in either of clinician obtained ECS or FVU as a case
definition. There were 286 patients in whom SOLVS, ECS,
FVU, and LVS were collected simultaneously allowing evalua-
tion of TV detection by specimen whereby a case is defined as
any positive specimen of ECS, FVU, or LVS. Sensitivity, speci-
cality, and predictive values for all specimens are provided in

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Prevalence of STI infections by clinical indication for examination</th>
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<tbody>
<tr>
<td></td>
<td>Chlamydia trachomatis</td>
</tr>
<tr>
<td>Indication</td>
<td>No of patients</td>
</tr>
<tr>
<td>Suspected STI</td>
<td>64</td>
</tr>
<tr>
<td>Antenatal screen</td>
<td>70</td>
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<tr>
<td>Cervical smear</td>
<td>119</td>
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<tr>
<td>Contraception</td>
<td>3</td>
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<tr>
<td>Other screening</td>
<td>7</td>
</tr>
<tr>
<td>Not stated</td>
<td>40</td>
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<tr>
<td>Total</td>
<td>303</td>
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A combination of SOLVS and FVU detected 96% of the CT cases, 100% of the NG cases, and 96% of TV cases.

Statistical significance
Using McNemar's test the performance of SOLVS was not statistically different (p>0.05) from that of FVU and ECS against the gold standard of a positive test in any conventional collection method.

DISCUSSION
This study demonstrates that SOLVS PCR is at least as good as the gold standard of a positive test in any conventional collection method; however, all tests were submitted to the same laboratory technique making direct comparison possible. The sensitivities observed in our field study are comparable to those found in other hospital and clinic based studies. We were surprised that SOLVS performed as well as ECS collected by clinicians for detection of CT and NG. This may reflect difficulties in properly visualising the cervix, particularly when the examination was carried out in suboptimal circumstances or by less experienced practitioners. For IVS, which are technically easy and unlikely to be improperly collected by clinicians, the yield of TV was the same as for SOLVS, suggesting that the patients did collect samples reliably and correctly.

The effect of first sampling, with a diminishing load of pathogen in subsequent samples, may account for some differences yet IVS, often the last specimen to be taken in the series, performed well against SOLVS in the diagnosis of subclinical TV infection. Also, SOLVS samples should not have affected detection by ECS. It is also possible that SOLVS may have had more contact time with pathogens than would clinician obtained samples, resulting in collection of a larger amount of material. Women were instructed to keep the swab in place for about 10 seconds, while busy clinicians may spend less time sampling vaginal secretions or the endocervix.

While the true collection site of a SOLVS could vary substantially from high vagina to perineum or vulva, it clearly performs very well as a diagnostic specimen and is capable of reliable detection of up to three pathogens. The simplicity, low cost of administration, and wide availability of SOLVS is comparable to that of both FVU and tampon self collection techniques. The laboratory handling of vaginal swabs is comparable to that of both FVU and tampon self collection techniques. SOLVS may prove a particularly sensitive technique.

CONTRIBUTORS
SCG conceived, designed, managed, and analysed results of the study and was principal author of the paper; DWS assisted in design and analysis of the study and supervised the laboratory specimen analysis; GBH provided the technical expertise in the development and application of the PCR techniques to these specimens.

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