

## Test changes and updates

### **The steatocrit test – a convenient alternative to faecal fat**

The faecal steatocrit test is now available at LabPlus. This is a measure of the amount of fat in faeces. It is a more convenient alternative to the 72 hour faecal fat test as it requires only a single stool sample.

There is a reasonable correlation between steatocrit and 72 hour faecal fat measurements and the steatocrit has been shown to be a reliable screening test for steatorrhoea.

### **Nucleic Acid Amplification Test (NAAT) for detection of *N. gonorrhoeae***

Difficulties with the nucleic acid amplification test (non culture method) used for the detection of *N. gonorrhoeae* infection have now been investigated and resolved.

As of **Monday 11<sup>th</sup> August** we will resume testing.

For further information, please contact:

Dr Sally Roberts – Microbiologist  
on (09) 307 4949 Extn: 2044  
Maree Gillies - Technical Head  
Microbiology on (09) 307 4949  
Extn: 6086.

### **EB-VCA IgG avidity**

From September 1<sup>st</sup> 2008, LabPlus will be assaying EB-VCA IgG avidity in addition to the currently performed anti-EBNA test on all EB-VCA IgM reactive sera. The assay will also be performed in post-transplant patients where the EB-VCA IgG is positive but EB-VCA IgM and anti-EBNA are negative.

IgG avidity testing is used to distinguish recent and remote infections where the IgM response may be prolonged. Recently developed antibody is of low avidity and antigen/antibody bonds can be disrupted by the addition of a chaotropic reagent such as urea. As the antibody response matures, avidity increases and the antigen/antibody binding become resistant to disruption. The dissociation treatment is an additional step in the indirect IgG ELISA. The optical densities between treated and untreated wells are compared to calculate percent avidity.

Addition of EB-VCA IgG avidity testing to our existing EBV serological profile will

- (a) assist in confirming likely primary infection and
- (b) clarify the infection status in samples where there is triple reactivity i.e. for EB-VCA IgG, EB-VCA IgM and anti-EBNA.

During the validation of the EB-VCA IgG avidity assay, it was noted that there was an inverse relationship between EB-VCA IgM optical densities and IgG avidity. Therefore, from September 1<sup>st</sup> 2008, the EB-VCA IgM results will be stratified into equivocal, weak positive, moderate positive and strong positive.

EB-VCA IgG avidity testing can be performed using the same sample (3.5mL SST tube) as for other EBV serological assays. In order to interpret avidity results correctly, the full EBV serology profile must be determined.

Any queries regarding the assay should be directed to:

Dr. Kitty Croxson  
(Clinical Head – VIM)  
[kittyc@adhb.govt.nz](mailto:kittyc@adhb.govt.nz)  
Paul Austin  
(Section Leader – Serology)  
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### **New Viral Culture collection system**

A new, better quality viral culture collection system is available and we hope that this will eventually replace the current green top swab collections. The new collection system consists of a Flocked swab and Universal transport medium (UTM). This collection system is known as UTM-RT with flocked swab and has been shown to yield better virus recovery by:

1. Providing better stability.
2. Swabs are “flocked” which increase the capture of cellular material.

Physicians collect as usual but now, they will place the swab directly and all the way into the transport media provided. Supporting the swab against the side of the tube wall, break at a pre-scored point on the swab shaft. Then replace the lid of the collection tube and ensure that it is secure. Label appropriately and either refrigerate or send immediately to the laboratory for testing.

To order these swabs directly, please contact Fort Richard Laboratories on 09-276-5569; catalogue #359C

If there are any questions on the use of this new collection, please do not hesitate to call the viral culture laboratory on 09-307-4949 Extn: 23424.