



# Gonorrhea Rapid Test Cassette (Swab)

## Package Insert

REF IGO-502 English

A rapid test for the qualitative detection of *Gonorrhoea* antigen in female cervical swab and male urethral swab specimens.

For professional *in vitro* diagnostic use only.

### INTENDED USE

The Gonorrhoea Rapid Test Cassette (Swab) is a rapid chromatographic immunoassay for the qualitative detection of *Neisseria gonorrhoeae* in female cervical swab and male urethral swab specimens to aid in the diagnosis of Gonorrhoea infection.

### SUMMARY

Gonorrhoea is a sexually transmitted disease caused by the bacterium *Neisseria gonorrhoeae*. Gonorrhoea is one of the most common infectious bacterial diseases and is most frequently transmitted during sexual intercourse, including vaginal, oral and anal sex. The causative organism can infect the throat, producing a severe sore throat. It can infect the anus and rectum, producing a condition called proctitis. With females, it can infect the vagina, causing irritation with drainage (vaginitis). Infection of the urethra may cause urethritis with burning, painful urination, and a discharge. When women have symptoms, they often note vaginal discharge, increased urinary frequency, and urinary discomfort. Spread of the organism to the fallopian tubes and abdomen may cause severe lower-abdominal pain and fever. The average incubation for Gonorrhoea is approximately 2 to 5 days following sexual contact with an infected partner. However, symptoms may appear as late as 2 weeks. A preliminary diagnosis of Gonorrhoea can be made at the time of examination. In women, Gonorrhoea is a common cause of pelvic inflammatory disease (PID). PID can lead to internal abscesses and long-lasting, chronic pelvic pain. PID can damage the fallopian tubes enough to cause infertility or increase the risk of ectopic pregnancy. A smear or swab of urethral or cervical discharge may be taken and tested using a Gonorrhoea Rapid Test Cassette (Swab).

### PRINCIPLE

The Gonorrhoea Rapid Test Cassette (Swab) is a qualitative, lateral flow immunoassay for the detection of *Gonorrhoea* antigen from female cervical and male urethral. In the test, antibody specific to the *Gonorrhoea* antigen is coated on the test line region of the test. During testing, the extracted antigen solution reacts with an antibody to *Gonorrhoea* that is coated onto particles. The mixture migrates up to react with the antibody to *Gonorrhoea* on the membrane and generates a color line in the test region. The presence of this colored line in the test line region indicates a positive result, while its absence indicates a negative result. To serve as a procedural control, a colored line will always appear in the control line region, indicating that proper volume of specimen has been added and membrane wicking has occurred.

### REAGENT

The test contains *Gonorrhoea* antibody coated particles and *Gonorrhoea* antibodies coated on the membrane.

### PRECAUTIONS

- For professional *in vitro* diagnostic use only. Do not use after the expiration date.
- Do not eat, drink or smoke in the area where the specimens and kits are handled.
- Handle all specimens as if they contain infectious agents. Observe established precautions against microbiological hazards throughout the procedure and follow the standard procedures for proper disposal of specimens.
- Wear protective clothing such as laboratory coats, disposable gloves and eye protection when specimens are assayed.
- The used test should be discarded according to local regulations.
- Humidity and temperature can adversely affect results.
- Do not use test if pouch is damaged.

### STORAGE AND STABILITY

Store as packaged in the sealed pouch at room temperature or refrigerated (2-30°C). The test is stable through the expiration date printed on the sealed pouch. The test must remain in the sealed pouch until use. **DO NOT FREEZE.** Do not use beyond the expiration date.

### SPECIMEN COLLECTION AND PREPARATION

- The Gonorrhoea Rapid Test Cassette (Swab) can be performed using female cervical swab and male urethral swab specimens.
- The quality of specimens obtained is of extreme importance. Detection of *Gonorrhoea* antigen requires a vigorous and thorough collection technique that provides adequate amount of antigen.
- To collect **Female Cervical Swab Specimen**:
  - Use the swab provided in the kit. Alternatively, any plastic-shaft swab may be used.
  - Before specimen collection, remove excess mucus from the endocervical area with a cotton ball and discard. The swab should be inserted into the endocervical canal, past the squamocolumnar junction until most of the tip is no longer visible. This will permit acquisition of columnar or cuboidal epithelial cells, which are the main reservoir of the *Gonorrhoea* organism. Firmly rotate the swab 360° in one direction (clockwise or counterclockwise), let stand for 15 seconds, then withdraw the swab. Avoid contamination from exocervical or vaginal cells. Do not use 0.9% sodium chloride to treat swabs before collection specimens.
  - If the test is to be conducted immediately, put the swab into the extraction tube.
- To collect **Male Urethral Swab Specimens**:
  - Standard plastic- or wire-shaft sterile swabs should be used for urethral specimen collection. Instruct patients not to urinate for at least 1 hour period to specimen collection.
  - Insert the swab into the urethral about 2-4cm, rotate the swab 360° in one direction (clockwise or counterclockwise), let stand for 10 seconds, then withdraw. Do not use 0.9% sodium chloride to treat swabs before collection swab.
  - If the test is to be conducted immediately, put the swab into the extraction tube.
  - It is recommended that specimens be processed as soon as possible after collection. If immediately testing is not possible, the patient swab specimens should be placed in a dry transport tube for storage or transport. The swab may be stored for 4-6 hours at room temperature (15-30°C) or refrigerated (2-8°C) for 24 hours. Do not freeze. All specimens should be allowed to reach the room temperature (15-30°C) before testing.

### MATERIALS

#### Materials Provided

- Test Cassettes
- Extraction reagent 1 (0.15M NaOH)
- Extraction reagent 2 (0.2 M HCl)
- Package insert
- Extraction tubes
- Dropper tips
- Workstation

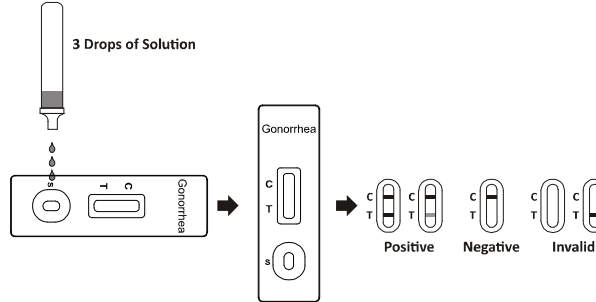
#### Materials Required But Not Provided

- Sterile male urethral swabs
- Timer
- Sterile female cervical swabs

### DIRECTIONS FOR USE

**Allow the test, reagents, swab specimen, and/or controls to reach room temperature (15-30°C) prior to testing.**

- Remove the test cassette from the seal pouch and use it as soon as possible. Best result will be obtained if the test is performed immediately after opening the foil pouch.
- Extract the *Gonorrhoea* antigen according to the specimen type.
  - Hold the reagent 1 bottle vertically and add **5 drops of reagent 1** (approx. 300ul) to the extraction tube. Reagent 1 is colorless. Immediately insert the swab, compress the bottom of tube and rotate swab 15 times. Let stand for 2 minutes.
  - Hold the reagent 2 bottle vertically add **4 drops of reagent 2** (approx. 200ul) to the extraction tube. The solution would turn turbid. Compress the bottle of tube and rotate the swab 15 times until the solution turn clear with a slight green or blue tint. If the swab is bloody, the color will turn yellow or brown. Let stand 1 minute.
  - Press the swab against the side of tube and withdraw the swab while squeezing the tube. Keep as much liquid in the tube as possible. Fit the dropper tip on top of extraction tube.
- Place the test cassette on a clean and level surface. Add **3 full drops of the extracted solution** (approx. 100ul) to the specimen well of the test cassette, then start the timer. Avoid trapping air bubbles in the specimen well.
- Wait for the color to appear. **Read the result at 10 minutes**; do not interpret the result after 30 minutes.



### INTERPRETATION OF RESULTS

(Please refer to the illustration above)

**POSITIVE:** Two colored lines appear. One colored line should be in the control line region (C) and another colored line should be in the test line region (T). A positive result indicates that *Gonorrhoea* was detected in the specimen.

**NOTE:** The intensity of the color in the test line region (T) will vary depending on the concentration of *Gonorrhoea* present in the specimen. Therefore, any shade of color in the test line region (T) should be considered positive.

**NEGATIVE:** One colored line appears in the control line region (C). No line appears in the test line region (T). A negative result indicates that *Gonorrhoea* antigen is not present in the specimen, or is present below the detectable level of the test.

**INVALID:** Control line fails to appear. Insufficient specimen volume or incorrect procedural techniques are the most likely reasons for control line failure. Review the procedure and repeat the test with a new test. If the problem persists, discontinue using the test kit immediately and contact your local distributor.

### QUALITY CONTROL

A procedural control is included in the test. A colored line appearing in the control line region (C) is considered an internal procedural control. It confirms sufficient specimen volume, adequate membrane wicking and correct procedural technique.

Control standards are not supplied with this kit; however, it is recommended that positive and negative controls be tested as good laboratory practice to confirm the test procedure and to verify proper test performance.

### LIMITATIONS

- The Gonorrhoea Rapid Test Cassette (Swab) is for *in vitro* diagnostic use only. This test should be used for the detection of *Gonorrhoea* antigen from female cervical swab and male urethral swab specimens. Neither the quantitative value nor the rate of increase in *Gonorrhoea* antigen concentration can be determined by this qualitative test.
- This test will only indicate the presence of *Gonorrhoea* antigen in specimens from both viable and non-viable *Neisseria gonorrhoeae*. Performance with specimens other than female cervical swabs and male urethral swabs has not been assessed.
- Detection of gonococcus is dependent on the number of organisms present in the specimen. This can be affected by specimen collection methods and patient factors such as age, history of Sexually Transmitted Diseases (STDs), presence of symptoms, etc. The minimum detection level of this test may vary according to serovar. Therefore, the test results should be interpreted in conjunction with other laboratory and clinical data available to the physician.
- Therapeutic failure or success cannot be determined as antigen may persist following appropriate antimicrobial therapy.
- Excessive blood on the swab may cause false positive results.
- Endocervical samples from female patients should not be collected during menstrual period.

### EXPECTED VALUES

*Gonorrhoea* is a common adult disease around the world. With 351,852 *Gonorrhoea* cases reported in 2002 (125.0 cases per 100,000 person), *Gonorrhoea* is the second most frequently reported communicable disease in the United States. *Gonorrhoea* remains a frequently reported sexually transmitted disease, with an estimated more than 300,000 new infections occurring each year in the United States. A significant proportion of those with infection are asymptomatic (up to 80% among women and 10% among men) and many victims will not go to see the doctor, making the prevalence higher than the report rate in fact. For example, in 1997, health care workers reported 324,901 cases of *Gonorrhoea* in the United States to the U.S. Centers for Disease Control and Prevention (CDC) while the Institute of Medicine, however, estimates that 650,000-800,000 cases of *Gonorrhoea* occur annually in the United States. Worldwide, an estimated 62 million new cases of *Gonorrhoea* occurred in 1997.<sup>2,3,4</sup> A significant number of women may be asymptomatic and may be at risk for chronic or disseminated infection.<sup>1</sup> In the case of pregnant women, there is a potential risk of passage of *Gonorrhoea* to the newborn.<sup>5</sup>

### PERFORMANCE CHARACTERISTICS

#### Clinical Study

The Gonorrhoea Rapid Test Cassette (Swab) has been evaluated with specimens obtained from patients of STD clinics. Culture is used as the reference method for the Gonorrhoea Rapid Test Cassette (Swab). Specimens were considered positive if culture indicated a positive result. Specimens were considered negative if culture indicated a negative result.

#### For Female Cervical Swab Specimens

Gonorrhoea Rapid Test Cassette	Method		Culture		Total Results
	Results		Positive	Negative	
	Positive	67	3	70	
Negative	4	95	99		
Total Results		71	98	169	

Relative Sensitivity: 94.4% (95%CI\*: 86.2%-98.4%)

Relative Specificity: 96.9% (95%CI\*: 91.3%-99.4%)

Accuracy: 95.9% (95%CI\*: 91.7%-98.3%)

\*Confidence Interval

#### For Male Urethral Swab Specimens

Gonorrhoea Rapid Test Cassette	Method		Culture		Total Results
	Results		Positive	Negative	
	Positive	98	3	101	
Negative	9	100	109		
Total Results		107	103	210	

Relative Sensitivity: 91.6% (95%CI\*: 84.6%-96.1%)

Relative Specificity: 97.1% (95%CI\*: 91.7%-99.4%)

Accuracy: 94.3% (95%CI\*: 90.2%-97.0%)

\*Confidence Interval

### Cross Reactivity

#### Intra/Inter-assay

Within-run and Between-run precision have been determined with three different lots by using *Gonorrhoea* negative; low, middle and high positive specimens. Ten replicates of each level were tested each day for 3 consecutive days. The specimens were correctly identified >99% of the time.

#### Cross Reactivity

Cross reactivity with other organisms has been studied using suspensions of 10<sup>7</sup> Colony Forming Units (CFU)/test. The following organisms were found negative when tested with the Gonorrhoea Rapid Test Cassette (Swab)

<i>Acinetobacter calcoaceticus</i>	<i>Pseudomonas aeruginosa</i>	<i>Proteus mirabilis</i>
<i>Acinetobacter spp</i>	<i>Gardnerella vaginalis</i>	<i>Chlamydia trachomatis</i>
<i>Enterococcus faecalis</i>	<i>Salmonella choleraesuis</i>	Group B/C <i>Streptococcus</i>
<i>Enterococcus faecium</i>	<i>Candida albicans</i>	<i>Hemophilus influenzae</i>
<i>Staphylococcus aureus</i>	<i>Proteus vulgaris</i>	<i>Klebsiella pneumoniae</i>

### BIBLIOGRAPHY

- Knapp, J.S. et al. *Neisseria gonorrhoeae*. Manual of Clinical Microbiology, Sixth Edition, ASM Press, Washington DC., 324-325 (1995).
- Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines 2002. Morbidity and Mortality Weekly Report (2002), 51(RR-6)
- Forbes B.A., Sahn D.F., Weissfeld A.S. *Neisseria* and *Moraxella catarrhalis*. Bailey & Scott's Diagnostic Microbiology, Tenth Edition, Mosby, St. Louis, 597-605 (1998).
- Summary of the Notifiable Diseases, United States, 1998, Morbidity and Mortality Weekly Report (1999), 47(53): 1-93.
- National Institute of Allergy and Infectious Diseases, National Institute of Health, US Department of Health and Human Services, NIAID Fact Sheet on *Gonorrhoea*, October 2004.

### Index of Symbols

	Consult Instructions For Use		Tests per kit		Authorized Representative
	For <i>in vitro</i> diagnostic use only		Use by		Do not reuse
	Store between 2-30°C		Lot Number		Catalog #
	Do not use if package is damaged		Manufacturer		

Hangzhou AllTest Biotech Co., Ltd.  
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Number:  
Effective date: