

# Medical News

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William F. Vincent, Ph.D.  
Senior Editor

## We'd Like to Hear from You

The vast majority of feature articles that appear in our *Infectious Disease Update* come about because somebody asked for them.

Often at meetings or during informal conversations, somebody will say: "Why don't you write something about this particular subject?" Invariably, if it's important enough for one person to be interested in it, then there's an excellent chance that additional readers would like to hear about that subject.

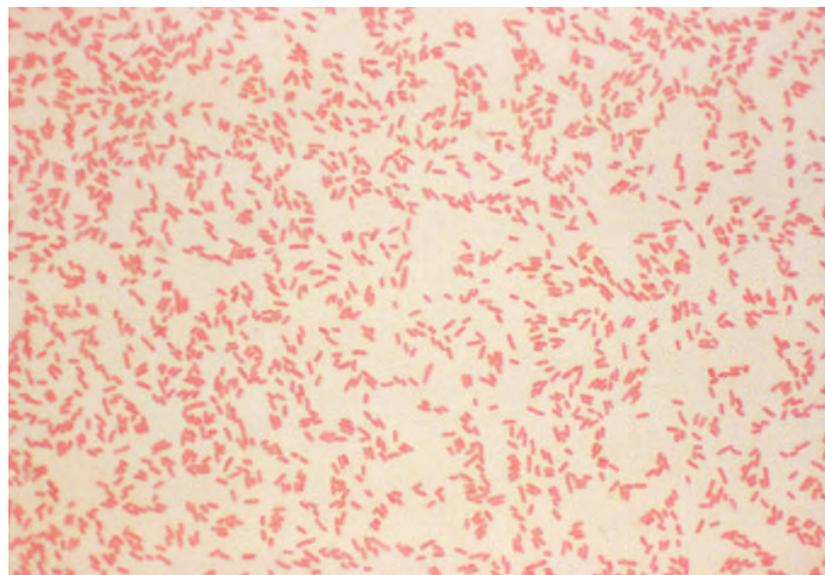
Additionally, you might come across an article in a journal that you feel should be brought to the attention of other professionals. Just let us know the name of the journal, the volume, the month, and the page and we'll try to include it in a forthcoming issue.

To contact the Editor, just click [here](#).

## Yersiniosis - An Overview

### The Infectious Agent

The causative agent of yersiniosis is usually *Yersinia enterocolitica*. This is a small, gram-negative rod that grows under both aerobic and anaerobic conditions. It is often found in the feces of animals especially pigs. It can also be found in other barnyard animals such as cattle, horses and sheep.



Gram stain of *Yersinia enterocolitica*  
Courtesy of CDC

## All about This Publication

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this organism can multiply at refrigerator temperatures, unpasteurized milk and products made from it are also a source of transmission.



Raw pieces of pork intestine ready to be made into chitterlings from the Public Domain

Transmission via blood products occurs and yersiniosis can be transmitted from the mother to a newborn.

Person-to-person transmission (fecal/oral) may occur but it has never been documented.

### Epidemiology

Although over 60 serotypes of *Y. enterocolitica* have been identified, most cases of yersiniosis in humans are caused by four serogroups: O:3; O:5; O:8 and O:9.

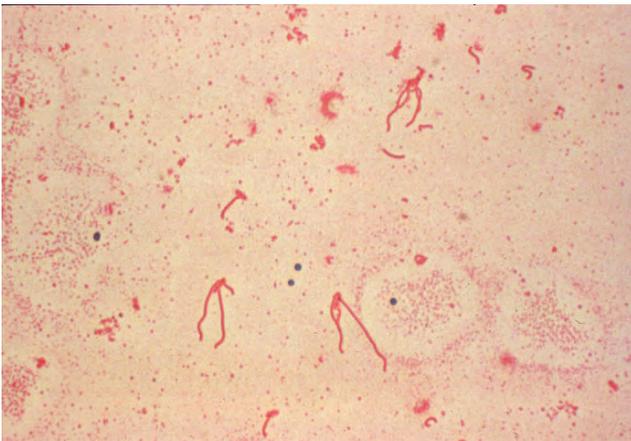
Yersiniosis is relatively rare in the U.S. except when there has been a breakdown in food processing. CDC estimates that there are about 17,000 cases of yersiniosis occurring annually in the U.S..

Yersiniosis occurs worldwide but the majority of cases occur in cooler climates such as Northern Europe, Japan and Scandinavia.

The vast majority of patients with *Yersinia* infections are asymptomatic or have only mild symptoms. In the case of those patients who do exhibit symptoms, death is quite rare. However, in the case of patients who go on to develop bacteremia, the death rate can approach 35 to 50 %.

In recent years, *Y. enterocolitica* has emerged as a significant source of transfusion-associated bacteremia. In these cases, mortality is 64 %.

There is no difference in infection rates between males and females and between various ethnic groups. However, erythema nodosum appears to be more common in females.



In this photomicrograph, *Y. enterocolitica* has been stained with Leifson's flagella stain to make the flagella visible. Courtesy of CDC

The organism was first described in 1934 by McIver and Picke. The first human isolates were identified in 1939.

*Yersinia pseudotuberculosis*, another species in this genus, can also cause similar symptoms but usually they are more severe. *Yersinia fredericksonii* is a potential human pathogen when isolated from extra-intestinal sites.

### Mode of Transmission

The primary means of transmission of *Y. enterocolitica* is via the ingestion of contaminated foods particularly pork. People who handle pork intestines in the process of making chitterlings are particularly susceptible. Since

Most infections (78 %) occur in children age one year or younger making this the second most common gastrointestinal infection among children (after rotavirus).

### Clinical Presentation

The most common clinical presentation associated with *Yersinia* infection is diarrhea. This is usually accompanied by abdominal pain and fever and the symptoms generally persist for one to three weeks. In severe cases, the diarrhea may be bloody. In about 15 to 40 % of cases, there may also be vomiting.

About 4 to 5 % of cases are accompanied by symptoms resembling appendicitis and some end up undergoing appendectomy. This "pseudoappendicitis" is usually characterized by fever, abdominal pain, tenderness of the right lower quadrant and leukocytosis.

Other conditions associated with infection include:

- Reactive arthritis: usually reported in Scandinavia and associated with the HLA-B27 antigen. The most common joints implicated are the large joints of the legs
- Myocarditis
- Glomerulonephritis
- Erythema nodosum: painful, raised, red or purple lesions usually found on the lower extremities. They appear two to 20 days after the onset of fever



Erythema nodosum on a patient's arm  
Courtesy of CDC

- Septicemia - most common in persons with certain underlying conditions such as diabetes, immune defects and alcoholism

### Diagnosis

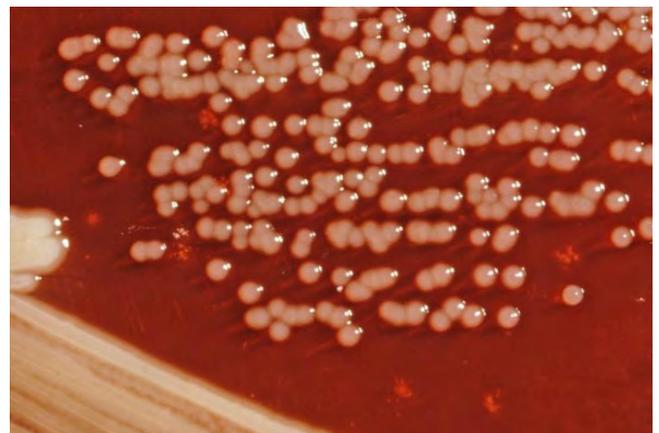
When *Y. enterocolitica* is suspected, the laboratory should be informed so that special culture media can be included in stool examinations. Some labs do this as a matter of routine. CIN agar is a special differential

medium that yields increased results for *Yersinia*. This medium is incubated at 25°C for best results. Since it is a slower grower, it is often overgrown on conventional culture media such as MacConkey agar.

Following acute infection, IgM and IgG antibodies specific to *Y. enterocolitica* are usually present. These are hard to interpret in the absence of a positive stool specimen.



*Yersinia enterocolitica* growing on Hektoen agar. This is a common culture medium used for stool cultures. The colonies are light green since this organism does not ferment lactose  
Courtesy of CDC



*Yersinia enterocolitica* growing on XLD agar - a very selective agar for this organism  
Courtesy of CDC

### Treatment

In the case of uncomplicated gastroenteritis, antimicrobial therapy is usually **not** recommended and the patient should be treated with hydration measures.

In the case of severe gastroenteritis, bacteremia and extraintestinal complications, antibiotics are recommended. Isolates are usually susceptible to sulfamethoxazole-trimethoprim (Bactrim®), fluoroquino-

lones, tetracyclines, cefotaxime and chloramphenicol (but the latter is not usually recommended). Most isolates are usually resistant to first-generation cephalosporins and most of the second generation ones. They are also resistant to the penicillins.

### Infection Control Practices

The Centers for Disease Control and Prevention have recommended the following steps be taken to prevent yersiniosis:

- Avoid eating raw or undercooked pork,
- Avoid consuming unpasteurized milk or products prepared from it, such as soft cheeses,
- Wash your hands thoroughly with soap and water before eating and preparing food, especially when handling raw meat,
- Wash hands thoroughly after contact with animals,
- After handling raw chitterlings (made from pig's intestines), clean hands and fingernails scrupulously with soap and water **before** handling infants, their toys, bottles or pacifiers. Someone other than the food handler should care for children while chitterlings are being prepared,
- Prevent cross-contamination in the kitchen:
  - Use separate cutting boards for meat and other foods,



Use ceramic, not wooden, cutting boards

- Carefully clean all cutting boards, countertops and utensils with soap and hot water after preparing raw meat,
- It is recommended that ceramic cutting boards be used instead of wooden ones and that they be disinfected with a freshly prepared solution (1:10 to 1:20) of household bleach,

- Dispose of animal feces in a sanitary manner.

William F. Vincent, Ph.D.  
Quest Diagnostics  
Wallingford, CT

### Selected References

Abdel-Haq, N.M. *et al.* 2000. *Yersinia enterocolitica* infection in children. *Pediatric Infectious Disease Journal* **19**: 954-958. Click [here](#) to access abstract.

Centers for Disease Control and Prevention. 1982. Epidemiologic notes and reports on multi-state outbreak of yersiniosis. *Morbidity and Mortality Weekly Report* **31**: 505-506. Click [here](#) to access complete article.

Centers for Disease Control and Prevention. 2009. *Yersinia* - General Information. Click [here](#) to access this website.

Centers for Disease Control and Prevention. 2010. *Yersinia enterocolitica* and pigs. Click [here](#) to access this website.

Ong, K.L. *et al.* 2011. *Infectious Disease Related to Travel*. Chapter 3. Yersiniosis. Centers for Disease Control and Prevention. Click [here](#) to go to complete article.

### Want to Contact A Quest Diagnostics Representative?

If you would like a Quest Diagnostics representative to call on your office or facility, you can use the links below to arrange for such a visit.

For a physician representative, click [here](#).

For a hospital representative, click [here](#).

### Other Infectious Disease News

#### Immunization of Health Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP) Published

##### Verbatim Summary

This report updates the previously published summary of recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC) for vaccinating healthcare personnel (HCP) in the United States.

The report summarizes all current ACIP recommendations for vaccination of HCP and does not contain any new recommendations or policies. The recommendations provided in the report apply, but are not limited to,

HCP in acute-care hospitals, long-term-care facilities (e.g. nursing homes and skilled nursing facilities), physicians' offices, rehabilitation centers, urgent care centers and outpatient clinics as well as to persons who provide home health care and emergency medical services.

Centers for Disease Control and Prevention. 2011. Immunization of Health Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP). *Morbidity and Mortality Weekly Report* 60 (RR07): 1-45. Click [here](#) to access the entire document.

## CDC Publishes New Guidelines for Treating TB

**New regimen will make treatment simpler and easier (verbatim press release 8 December 2011)**

Health care providers in the United States have a new way to treat latent tuberculosis infection, according to recommendations released today by the Centers for Disease Control and Prevention. The new recommendations, published today in CDC's *Morbidity and Mortality Weekly Report*, provide guidance on how to administer a new 12-dose regimen for TB preventive therapy that will significantly shorten and simplify the course of treatment from about nine months to 12 weeks. The recommendations are based on the results of three clinical trials, as well as expert opinion.

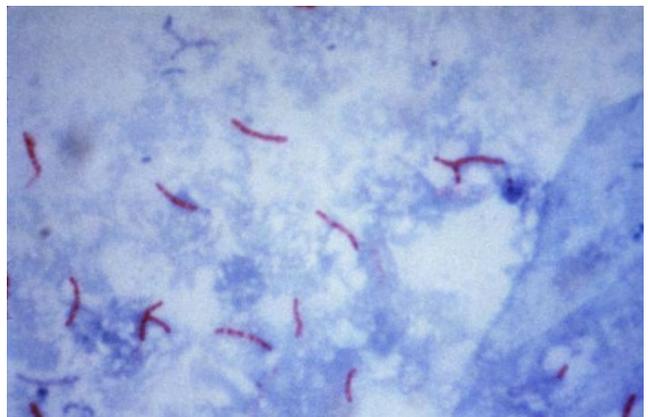
The recommendations follow results from the largest of those clinical trials, first announced in May 2011 and published this week in the *New England Journal of Medicine*. That multi-national clinical trial conducted by CDC's TB Trials Consortium found that a once-weekly regimen of the anti-TB drugs rifapentine and isoniazid taken as part of directly observed therapy over a period of three months was as effective in preventing TB disease as the standard self-administered nine-month daily regimen of isoniazid alone, and was completed by more patients. The new regimen has a significant benefit over the previous standard of treatment by cutting the doses required from 270 daily doses to 12 once-weekly doses.

"This regimen has the potential to be a game-changer in the United States when it comes to fighting TB," said CDC Director Thomas R. Frieden, M.D., M.P.H. "It gives us a new, effective option that will reduce by two-thirds – from nine months to three months – the length of time someone needs to take medicine to prevent latent TB infection from progressing to active TB disease."

Latent TB infection occurs when a person has TB bacteria but does not have symptoms and cannot

transmit the bacteria to others. If the bacteria become active, the person will develop TB disease, become sick, and may spread the disease to others. Although not everyone with latent TB infection will develop TB disease, some people, such as those with weakened immune systems, are at higher risk of progression to TB disease. Many of those at high risk of developing TB disease never even begin the cumbersome nine-month course of standard treatment, and among those who do, many do not complete it.

In the United States, the number of persons with TB disease is at an all-time low (11,182 total cases were reported in 2010); however, approximately four percent of the U.S. population, or 11 million people, are infected with the TB bacterium. TB continues to disproportionately affect people of color and foreign-born persons in the U.S..



***Mycobacterium tuberculosis* (stained red) in an acid-fast stain of sputum**  
Courtesy of CDC

"If we are going to achieve our goal of TB elimination in the United States, we must ensure that those with latent TB infection receive appropriate evaluation and treatment to prevent their infection from progressing to TB disease and possibly spreading to others," said Kevin Fenton, M.D., director of CDC's National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. "It is critical that we accelerate progress against TB in the United States in order to avoid a resurgence of the disease."

### Highlights of the recommendations

The new 12-dose regimen adds another effective treatment option to the prevention toolkit for TB, and is not meant to replace other preventative treatment regimens for all patients where the new regimen is not the best option. Major components of the recommendations for this regimen include:

- Provision of 12 once-weekly doses via directly observed therapy: The new regimen consists of 12 once-weekly doses of rifapentine and isoniazid,

- Doses should be taken under the supervision of a healthcare worker to ensure completion of doses and to allow for monitoring of safety among patients. Clinicians should rule out TB disease among all patients before beginning the two-drug regimen,
- Regimen is recommended for otherwise healthy people age 12 and older who are at high risk for developing TB disease: This includes anyone who has had recent exposure to contagious TB, conversion from negative to positive on a test for TB infection, or a chest X-ray indicating prior TB disease. Persons living with HIV who are otherwise healthy and not taking anti-HIV medications (antiretrovirals) may also use this regimen if TB preventive treatment is indicated,
- Public health officials may also consider use of this regimen among populations that are unlikely to complete nine months of daily therapy (e.g., in correctional settings, clinics for recent immigrants, homeless shelters). Use should be considered on a case-by-case basis among children between the ages of two and 11, and patients with underlying conditions associated with TB,
- Regimen is not recommended for certain groups. Because the safety of the regimen for some patients is unknown, it is not recommended for use among children under the age of two, women who are pregnant or planning to become pregnant, and HIV-infected persons taking antiretrovirals. Patients whose TB infection is presumed to be the result of exposure to a person with TB disease that is resistant to one of the two drugs should not receive this regimen,
- Monitoring for adverse events is critical: Healthcare workers supervising patients who are taking the drugs should educate patients and monitor for possible adverse effects, and report any problems to a clinician. Patients should undergo a clinical assessment at least monthly.

CDC is increasing awareness of the new treatment option among clinicians and public health professionals. Efforts under way by CDC's Division of Tuberculosis Elimination include developing educational materials on the proper use of the new treatment regimen, outreach to multiple networks of clinicians and physicians, and collaborating with the four CDC-funded Regional Training and Medical Consultation Centers to further educate TB programs about the guidelines. CDC is also assessing whether self-administered use of the 12-dose regimen is feasible and will result in similar levels of adherence. Additionally, CDC is working with the American Thoracic Society and the Infectious Diseases

Society of America to update full public health guidelines for finding and treating latent TB infection.

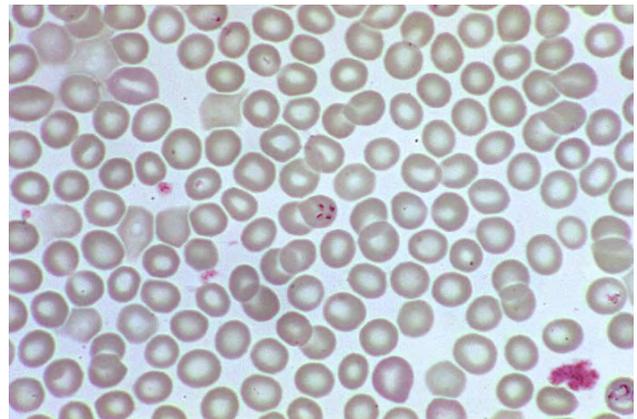
CDC officials note that these recommendations are only for the United States. Countries with a high incidence of TB, especially those with high HIV prevalence and where the risk of TB re-infection is greater, will likely require additional studies before considering whether to recommend this regimen.

For more information, please visit [www.cdc.gov/tb](http://www.cdc.gov/tb).

Centers for Disease Control and Prevention. 2011. Recommendations for use of an isoniazid-rifampentine regimen with direct observation to treat latent *Mycobacterium tuberculosis* infection. *Morbidity and Mortality Weekly Report* **60**: 1650-1653. Click [here](#) to access complete guidelines.

### Babesiosis among The Elderly

A recent article in *Emerging Infectious Diseases* reports on an increase in babesiosis among the elderly, especially those living in the Northeastern United States (where the incidence of this parasitic disease is the greatest). Many of the cases appear to be related to transfusions, according to Medicare databases. At present, there is no screening test for the presence of *B. microti* in a unit of blood.



In the very center of this photomicrograph of a Giemsa stained blood smear is a trophozoite of *B. microti*. This tetrad structure is very similar to that of *Plasmodium falciparum*, one of the causative agents of malaria

Babesiosis is caused by the blood parasite, *Babesia microti*, which is very similar to the members of the genus *Plasmodium*, the causative agents of malaria. It appears to have originated on Martha's Vineyard off Cape Cod and eventually spread along the New England coast and then inland. It is commonly known as "Nantucket Fever"

The vector for the organism is the Deer tick (*Ixodes scapularis*). This same tick is responsible for the spread of Lyme borreliosis and anaplasmosis.



This is a female deer tick (*Ixodes scapularis*) sitting on a leaf waiting for an appropriate host to walk by  
Courtesy of CDC

The authors of this article state that encroachment by humans into area where there are deer and ticks may play a major role. In many areas of Southern New England it is virtually impossible not to encroach on their territory. It is not uncommon to see senior citizens strolling along the beautiful paths we have here in New England. With bushes along the trails (where the ticks hang out looking for a dinner), this may not be such a hot idea. Persons outside in this neck of the woods should "dress to repel". This means using 20 % DEET or higher and spraying your clothes with permethrin. Also, it means not wearing halter tops, shorts, etc. Of course, checking yourself for ticks after being outdoors is always an excellent idea.

Menis, M. *et al.* 2012. Babesiosis among elderly Medicare beneficiaries in the United States, 2006-2008. *Emerging Infectious Diseases* **18**: e-published before print. Click [here](#) to access complete article.

Centers for Disease Control and Prevention. 2010. Babesiosis FAQ. Click [here](#) to access website.

### Bacteria in Public Restrooms

Investigators from the University of Colorado in Boulder conducted a study to determine what bacteria might be lurking in public restrooms. They used novel genetic sequencing methodology to determine the original source of bacteria found on doors, floors, faucet handles and toilet seats.

Two really interesting results from this study were as follows:

- There was **no** difference between male and female restrooms,
- The human skin was the **primary** source of bacteria on **all** sources (not urine or feces).

Flores, G.E. *et al.* 2011. Microbial biogeography of public restroom surfaces. *PLoS One* **6**: e-published on 23 November 2011. Click [here](#) to access abstract.

### Free CME/CEU credits

#### Probiotics stave off infection in TBI patients.

Courtesy of MedPage Today. Click [here](#) to access offering.

#### C. difficile infection makes hospital stays longer.

Courtesy of MedPage Today. Click [here](#) to access offering.

Hospitals do more to prevent infections. Courtesy of MedPage Today. Click [here](#) to access offering.

Maggots quickly clear chronic leg ulcers. Courtesy of MedPage Today. Click [here](#) to access offering.

### Relationship of Migraine Headaches with *Helicobacter pylori* Infections

Researchers in Poland studied IgG and IgM antibodies towards *Helicobacter pylori* in patients with migraine headaches as compared to a control group.

They found that there was a significant difference in both types of antibodies in patients suffering from migraine headaches. They also found that active infection was related to the severity of these headaches.

Hosseinzadeh, M. *et al.* 2011. Evaluation of *Helicobacter pylori* infection in patients with common migraine headache. *Archives of Medical Science* **7**: 844-849, Click [here](#) to access abstract.

### Colistin - An Old Antibiotic Reintroduced

Colistin (polymyxin E) was introduced about 50 years ago but disappeared use to its nephrotoxic effects. It is now being re-evaluated for use against carbapenem-resistant gram-negative organisms. Its nephrotoxicity is reversible in most patients and its use is better than **no** effective treatment at all.

Yahav, D. *et al.* 2012. Colistin: new lessons on an old antibiotic. *Clinical Microbiology and Infection* **18**: 18-29. Click [here](#) to access abstract.

### Two-Thirds of Medical Students don't know When to wash Their Hands

A study in Germany on 85 first-year medical students indicated that roughly two-thirds of them didn't know when and when not to wash their hands.

In addition, the students often felt that their hand hygiene practices would were "good" while those of the nursing staff were **not**.

Graf, J. *et al.* 2011. Beliefs about hand hygiene: A survey of medical students in their first year. *American Journal of Infection Control* **39**: 885-888. Click [here](#) to access abstract.

### Hepatitis C is now A **Bigger** Killer than HIV

Researchers from the Centers for Disease Control and Prevention examined death certificates starting in 1999 and found that in 2006, the death rate from HIV infections and Hepatitis C infections crossed.

The result is that now the death rate from Hepatitis C infection **exceeds** that from HIV infection.

Holmberg, S.D. *et al.* 2011. The growing burden of mortality associated with viral hepatitis in the United States, 1999 - 2007. *Hepatology* **54**: Abstract 243.

### Effect of Probiotic in Preventing Healthcare-associated Diarrhea in Children

Investigators combed through numerous databases to determine the effect of the probiotic, *Lactobacillus rhamnosus* GG (LGG), on healthcare-associated diarrhea in children age one month to 18 years.

They found that in 1,092 hospitalized children, the use of LGG suspensions administered starting on admission reduced the overall incidence of healthcare-associated diarrhea in these children including those cases caused by rotavirus.

Szajewska, H. *et al.* 2011. Meta-analysis: the effects of *Lactobacillus rhamnosus* GG supplementation for the prevention of healthcare-associated diarrhoea in children. *Alimentary Pharmacology and Therapeutics* **34**: 1079-1087. Click [here](#) to access abstract.

### CMV and Salivary Gland Cancer

Researchers in California used immunochemical staining techniques to look for a protein (IE1) in tumor cells from salivary glands. This protein is a marker for active human cytomegalovirus (hCMV) infection. They found it to be present in 38 out of 39 cases of mucoepidermoid carcinoma. It was not present in adjacent, unaffected tissue or in normal glands.

Melnick, M. *et al.* 2011. Human cytomegalovirus and mucoepidermoid carcinoma of salivary glands: cell-specific localization of active viral and oncogenic signaling proteins is confirmatory of a casual relationship. *Experimental Molecular Pathology* **92**: 118-125. Click [here](#) to access abstract.

### The Use of Gloves reduces Hand Hygiene

Investigators in the UK examined seven thousand patient contacts in 15 hospitals and found that adequate hand hygiene was only 47.7 % which they termed "disappointingly low". When latex gloves were worn, the compliance dropped to around 41 %. The investigators referred to this as the "dirty hand in the latex glove".

Fuller, C. *et al.* 2011. "The dirty hand in the latex glove": a study of hand hygiene compliance when gloves are worn. *Infection Control and Hospital Epidemiology* **32**: 1194-1199. Click [here](#) to access abstract.

## Unusual Microorganisms

### *Bartonella henselae*

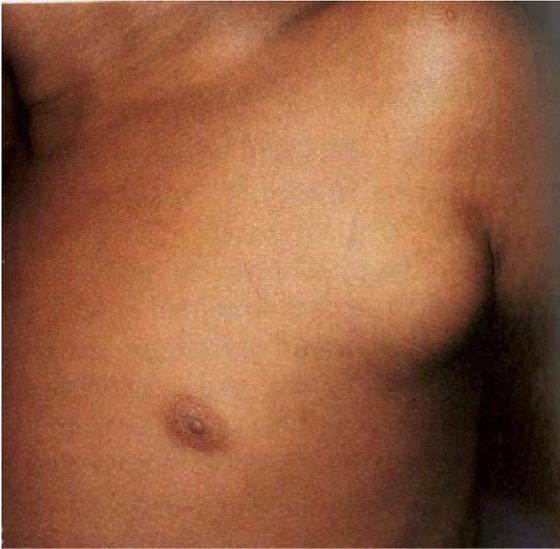
*B. henselae* is the etiologic agent of cat scratch disease (CSD). It is a gram-negative intracellular parasite that has a preference for red blood cells. Humans acquire CSD by being scratched or bitten by cats. The disease is usually mild with fever, swollen lymph nodes headache and fatigue. Occasionally cases can develop into more serious diseases such as hepatitis, endocarditis and encephalitis.



*Bartonella henselae* under the electron microscope  
Courtesy of Missouri University of Science and Technology

Cats carrying *B. henselae* show no evidence of disease. About 40 % of cats will carry this organism at some point in their lives. Fleas can also become infected but there

is no evidence that they can transmit the disease to humans.



**Swollen lymph node under arm associated with cat scratch fever**  
Courtesy of the Dept. of Pediatrics, Georgetown University Hospital

Centers for Disease Control and Prevention. 2002. Cat scratch fever in children -- Texas, September 2000 - August 2001. *Morbidity and Mortality Weekly Report* 51: 212-214. Click [here](#) to go to complete article.

Centers for Disease Control and Prevention. 2010. Cat Scratch Fever (*Bartonella henselae* infection). Click [here](#) for access to website.

## New Tests from Quest Diagnostics

### OraRisk® HPV with Reflex

#### Clinical Significance

This test identifies the presence of HPV and HPV type (high through low risk) to enable clinicians to determine and initiate appropriate monitoring or referral for patients who have positive results

#### Specimen requirements

5 mL oral rinse using special OraRisk® HPV kit:

- 1) Print patient's name and date of birth on collection tube label - place lengthwise on tube,
- 2) Ask patient to vigorously swish and gargle for 30 seconds with provided saline,
- 3) Ask patient to spit into labeled collection tube. Tightly seal with green screw cap and place in transport bag.

Specimens containing less than 1 mL of oral rinse in collection tube will be rejected.

#### Specimen Transport and Stability

Specimens should be transported at room temperature. Specimens can be refrigerated or frozen for up to 14 days.

#### Set-Up/Analytic Time

Set up: as needed; reports available in 7 to 9 days

#### Methodology

Polymerase chain reaction

#### Performing Site

OralDNA (UYD)

#### Additional Information

If the OraRisk® HPV result is detected, then genotyping will be performed at an additional charge.

### Trichomonas vaginalis RNA, Qualitative TMA, Males

\*\* This test is not available for New York patient testing\*\* There is no alternative for New York patients

#### Purpose of Test

This test is used to detect *Trichomonas vaginalis* in clinical specimens from males. The test has greater analytical sensitivity than culture methods.

#### Specimen Requirements

Male urethral swab in APTIMA® Unisex Swab Specimen Collection Kit or random urine (male) in APTIMA® Urine Specimen Collection Kit:

- 1) Male urine: the patient should not have urinated for at least one hour prior to specimen collection. The patient is to provide a first-catch urine (approximately 20-30 mL of the initial urine stream) into a urine collection cup free of any preservatives. Collection of larger volumes of urine may result in specimen dilution that may reduce test sensitivity. 2 mL of urine specimen must be transferred into the Gen-Probe Aptima® Urine transport as soon as possible or within 24 hours of collection and before being assayed. Urine specimens must be refrigerated pending transfer into Aptima transport medium,
- 2) Urethral swabs: follow instructions in the Aptima® Unisex Swab Collection Kit package insert for endocervical and urethral swab preparation.

#### Rejection Criteria

Vaginal swabs; female urine

#### Transport temperature

Room temperature

**Specimen Stability**

Both urine specimens and urethral swabs are stable for 30 days when stored at room temperature or refrigerated. Frozen specimens are stable for up to six months.

**Set-Up/Analytic Time**

Set up: Monday - Thursday; Report available in 2 to 5 days

**Reference Range**

Not detected

**Methodology**

Transcription mediated amplification (TMA)

**Performing Site**

Quest Diagnostics Nichols Institute

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## From The Editor's Desk

### DRIFT BOAT FISHING ON THE SALMON RIVER

Just about every year, the Editor and one of his friends go on a fishing trip on the Salmon River in Pulaski, NY. This river runs into Lake Ontario and has legendary king salmon, steelhead (sea-run rainbows) and brown trout runs.

This year, we went up the day after Thanksgiving. Last year, the weather was exceptionally bad and we ran into a "lake effect" storm which dumped 6 inches of snow into our drift boat in about half an hour. This year the weather was almost balmy - around 60°F. That's exceptionally nice for this area during this time of the year.



This picture was taken as we headed out in the morning. You can see the anglers in waders lined up along the bend in the river.

The Editor took a nice 6-8 lb steelhead right under their noses. That's the advantage of being in a drift boat.

Also, it's great being able to sit down in a dry spot rather than standing in ice cold water.

Fishing from a drift boat is not exactly cheap and you have to make certain that you have an experienced guide with good equipment. Tony, our guide, was great and knew right where the fish were.



Richard Cagna, MD of Windsor Locks, CT with a very nice steelhead. He was jumping around like a little kid on Christmas morning.

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