PROGRAM Standard Operating Procedure – Laboratory Services		
Title: MIC33200 – Genital Culture-	Policy Number:	
Lower Genital Tract		
Program Name: Laboratory Services		
Applicable Domain: Lab, DI and Pharmacy Services		
Additional Domain(s):		
Effective Date:	Next Review Date:	
Issuing Authority:	Date Approved:	
Director of Health Services		
Accreditation Canada Applicable Standard:		

## **GUIDING PRINCIPLE:**

Organisms which are associated with infection or disease of the genital tract include *Neisseria gonorrhoeae* (GC), *Chlamydia trachomatis* (CT), *Haemophilus ducreyi*, yeasts, *Trichomonas vaginalis* and viruses such as Herpes simplex virus (HSV). Isolation or detection of other organisms such as Group A streptococcus, Group B streptococcus, *Staphylococcus aureus*, and others may be associated with certain specific clinical syndromes or risk of infection in the neonate (e.g. Group B streptococcus). Proper handling, transport, processing and plating of specimens with selective, non-selective and enriched media, and incubating under specific environmental conditions will facilitate the recovery of fastidious genital tract pathogens such as *Neisseria gonorrhoeae*.

## **PURPOSE/RATIONALE:**

To determine the presence or absence of bacterial pathogens in lower genital tract specimens.

## **SCOPE/APPLICABILITY:**

This procedure applies to Medical Laboratory Technologists (MLTs) processing specimens for lower genital tract culture.

	Swab	
Туре	Amie's with or without charcoal	
	Charcoal swabs are recommended	
	Vaginal vault	
Sauraa	Vagina or vaginal orifice	
Source	Vulva	
	Penis	

## SAMPLE INFORMATION:

Stability	<ul> <li>If the sample is received in the laboratory and processed greater than 24 hours from collection:</li> <li>Add specimen quality comment: "Delayed transport may adversely affect pathogen recovery"</li> </ul>
Storage Requirements	Room temperature
Criteria for rejection	<ol> <li>Unlabeled/mislabeled swabs</li> <li>Specimen container label does not match patient identification on requisition</li> <li>Do not accept vaginal swabs from women &gt;13 years of age for genital culture unless significant clinical information is provided.</li> <li>Do not process vaginal swabs for yeast culture unless significant clinical information is provided.</li> </ol>

#### NOTE:

• Genital culture is performed on vaginal specimens if patient is  $\leq 13$  years old

## **REAGENTS** and/or MEDIA:

- Blood agar (BA), Chocolate agar (CHO), Thayer Martin agar (TM), Sabouraud Dextrose agar (SAB), Colistin Nalidixic Acid agar (CNA) and MacConkey agar (MAC)
- Identification reagents: catalase, oxidase, Staph latex test, Strep latex test, etc.

#### SUPPLIES:

- Disposable inoculation needles
- Microscope slides
- Wooden sticks

## EQUIPMENT

- Biosafety cabinet
- 35° ambient air and 35° CO<sub>2</sub> incubators
- Vitek 2 and supplies

## **SPECIAL SAFETY PRECAUTIONS:**

Containment Level 2 facilities, equipment, and operational practices for work involving infectious or potential infectious materials or cultures.

- Ensure that appropriate hand hygiene practices be used.
- Lab gown must be worn when performing activities with potential pathogens.
- Gloves must be worn when direct skin contact with infected materials is unavoidable.
- Eye protection must be used when there is a known or potential risk of exposure of splashes.
- All procedures that may produce aerosols, or involve high concentrations or large volumes should be conducted in a biological safety cabinet (BSC).
- The use of needles, syringes and other sharp objects should be strictly limited.

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All patient specimens are assumed to be potentially infectious. Routine Practices must be followed. Since viable micro-organisms are used, all cultures must be handled with appropriate precautions. All equipment in contact with cultures should be decontaminated by appropriate methods.

# **QUALITY CONTROL:**

• Refer to Test Manual for reagent quality control procedures

# **PROCEDURE INSTRUCTIONS:**

Step	Action		
Proce	Processing specimens for lower genital tract culture		
1	<ul> <li>In the biosafety cabinet:</li> <li>Inoculate BA, CHO, TM, and MAC with the swab</li> <li>Ensure all surfaces of swab make contact with the agar</li> <li>Streak for isolated growth using a disposable inoculation needle</li> <li>Prepare smear by rolling the swab gently across the slide to avoid destruction of cellular elements and disruption of bacterial arrangements</li> </ul>		
2	<ul> <li>Incubate all media:</li> <li>Place BA, CHO, and TM in the CO<sub>2</sub> incubator</li> <li>Place MAC in the O<sub>2</sub> incubator</li> </ul>		
3	Allow smear to dry and perform gram stain. Gram stain must be read before culture plates. Refer to MIC20115-Gram Stain Procedure.		

Probable Pathogens	Possible Pathogens
<ul> <li>Neisseria gonorrhoeae</li> <li>Streptococcus pyogenes</li> <li>Streptococcus agalactiae</li> <li>Listeria monocytogenes</li> <li>Candida spp.</li> <li>Shigella spp.</li> <li>Salmonella spp.</li> <li>Aeromonas spp.</li> <li>Yersinia spp.</li> </ul>	<ul> <li>Haemophilus influenzae</li> <li>Staphylococcus aureus         <ul> <li>NOTE: If clinical history indicates suspected Toxic Shock Syndrome (TSS), consider a pathogen</li> <li>Streptococcus pneumoniae</li> <li>Neisseria meningitidis</li> <li>Pseudomonas spp. and other non-glucose fermenting Gram-negative bacilli</li> </ul> </li> </ul>

## **INTERPRETATION OF RESULTS:**

Step	Action	
1	<ul> <li>Ensure growth on culture media correlates with gram stain results. If discordant results are found between the gram stain and growth:</li> <li>Re-examine smear and culture plates</li> <li>Check for anaerobic growth</li> <li>Re-incubate media to resolve</li> <li>Consider re-smearing or re-planting specimen</li> </ul>	
2	<ul> <li>Observe BA, CHO and TM plates at 24 hours, 48 hours, and 72 hours</li> <li>Observe MAC plate at 24 hours</li> </ul>	

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3	<ul> <li>In prepubescent females, diptheroids and coagulase-negative staphylococci are predominant</li> <li>In the adult female, lactobacilli are predominant</li> </ul>		
	• In postmenopausal women, fewer lactobacilli are present and a greater number of Enterobacteriaceae are predominant		
	• <u>If organism is a pathogen</u> :		
4	Perform full identification and report all pathogens		
	Perform and report susceptibility testing as per ASTM		
	<u>If organism is a potential pathogen</u> :		
	Perform full identification and report all potential pathogens if both are true:		
	<ul> <li>Growth is heavy</li> <li>Growth is prodominant</li> </ul>		
	<ul> <li>Growth is predominant</li> <li>Deform and report succeptibility testing if any of the following are</li> </ul>		
5	Perform and report susceptibility testing if any of the following are true:		
	$\circ$ 3 to 4+WBC in the gram stain		
	<ul> <li>Organism is intracellular in the gram stain</li> </ul>		
	<ul> <li>Clinical diagnosis is infection</li> </ul>		
	<ul> <li>Patient is immunocompromised</li> </ul>		
	<ul> <li>Multiple cultures are positive for the same organism</li> </ul>		
	• If organism is <i>Gardnerella vaginalis</i> , report:		
	When present in quantities less than other normal microbiota,		
	Gardnerella vaginalis should be included as part of normal vaginal		
	flora. However, for females <12 years of age, <i>Gardnerella vaginalis</i>		
6	should be reported regardless of quantity present		
	If Gardnerella vaginalis is the predominant organism from vaginal		
	specimens and is isolated in moderate to heavy growth, report		
	regardless of patient's age		
	Do not perform susceptibility testing		

#### **REPORTING INSTRUCTIONS:**

IF	REPORT
No growth after 3 days	<ul> <li>Report: "No Growth after 3 days"</li> <li>If Neisseria gonorrhoeae is requested, report "No Neisseria gonorrhoeae isolated"</li> <li>If Neisseria gonorrhoeae is requested and only a</li> </ul>
	<ul> <li>swab is received add culture comment <b>{GENP</b></li> <li>If <i>Neisseria gonorrhoeae</i> is requested and growth of yeast is present, add culture comment <b>{GCY</b></li> </ul>
	Report: "Mixed commensal genital flora"
Mix of commensal genital flora	<ul> <li>List quantitation</li> <li>If <i>Neisseria gonorrhoeae</i> is requested, report</li> <li><b>``No Neisseria gonorrhoeae isolated</b>"</li> </ul>
<ul> <li>Patient &gt;13 years of age</li> </ul>	<ul> <li>If <i>Neisseria gonorrhoeae</i> is requested and only a swab is received add culture comment <b>{GENP</b></li> <li>If <i>Neisseria gonorrhoeae</i> is requested and growth of yeast is present, add culture comment <b>{GCY</b></li> </ul>

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<ul> <li>Mixed commensal flora</li> <li>Patient is ≤13 years of age</li> </ul>	<ul> <li>Report: "Mixed commensal flora"</li> <li>List quantitation</li> <li>If Neisseria gonorrhoeae is requested, report "No Neisseria gonorrhoeae isolated"</li> <li>If Neisseria gonorrhoeae is requested and only a swab is received add culture comment {GENP</li> <li>If Neisseria gonorrhoeae is requested and growth of yeast is present, add culture comment {GCY</li> </ul>
Mix of enteric Gram-negative bacilli	<ul> <li>Report: "Mixture of coliform organisms"</li> <li>List quantitation</li> <li>If Neisseria gonorrhoeae is requested, report "No Neisseria gonorrhoeae isolated"</li> <li>If Neisseria gonorrhoeae is requested and only a swab is received add culture comment {GENP</li> <li>If Neisseria gonorrhoeae is requested and growth of yeast is present, add culture comment {GCY</li> </ul>
Growth of pathogen(s)	<ul> <li>Report organisms(s) identification</li> <li>List quantitation</li> <li>Report susceptibility as per interpretation of results</li> <li>If Neisseria gonorrhoeae is requested, report <ul> <li>"No Neisseria gonorrhoeae isolated"</li> </ul> </li> <li>If Neisseria gonorrhoeae is requested and only a swab is received add culture comment {GENP</li> <li>If Neisseria gonorrhoeae is requested and growth of yeast is present, add culture comment {GCY</li> </ul>
<i>Listeria monocytogenes</i> isolated	<ul> <li>Add organism: "Listeria monocytogenes"</li> <li>List quantitation</li> <li>Report susceptibility results as per ASTM</li> <li>Freeze isolate(s) and log into stored isolates log</li> </ul>
Neisseria gonorrhoeae isolated NOTE: Neisseria gonorrhoeae is a critical result if isolated on a child ≤13 years of age	<ul> <li>Add organism: "Neisseria gonorrhoeae"</li> <li>List quantification as: "Isolated"</li> <li>Report susceptibility results as per ASTM</li> <li>Add isolate comment &amp;REF6</li> <li>Refer isolate to APL for susceptibility testing</li> <li>Freeze isolate(s) and log into stored isolates log</li> </ul>

## NOTE:

- Refer to Reportable Diseases Act–Public Health Act as of September 2009 for reporting to OCPHO (HPU1)
- Refer to LQM70620-Laboratory Critical Results List-Microbiology for results that need to be phoned to ordering location
- Refer to MIC36100-Nosocomial Infection Notification Job Aid to determine if organism needs to be copied to Infection Prevention and Control
- Refer to MIC36200-Referral of Category A Specimens to APL for sending category A isolates to APL
- Refer to MIC36300-Referral of Category B Specimens to APL for sending isolates to APL

Refer to MIC36400-Referral of Category B Specimens to DL for sending isolates to DynaLIFE

# LIMITATIONS:

- 1. A negative genital specimen culture does not eliminate the possibility of a genital tract infection. Organisms such as viruses, Mycoplasmas and Chlamydia are not detected by routine culture.
- 2. Inadequate specimen collection, improper specimen handling and low organism levels in the specimen may yield a false negative result.
- 3. The presence of yeast may inhibit the growth of *Neisseria gonorrhoeae*. Although Thayer Martin agar contains Nystatin to inhibit the growth of yeast, inhibition of *Neisseria gonorrhoeae* should be considered on CHO if culture is positive for yeast species.

# **CROSS-REFERENCES:**

- LQM70620-Laboratory Critical Results List-Microbiology
- MIC20115-Gram Stain Procedure
- MIC36100-Nosocomial Infection Notification Job Aid
- MIC36200-Referral of Category A Specimens to APL
- MIC36300-Referral of Category B Specimens to APL
- MIC36400-Referral of Category B Specimens to DL

# **REFERENCES:**

- 1. Leber, A. (2016). *Clinical microbiology procedures handbook.* (4<sup>th</sup>ed.) Washington, D.C.: ASM Press
- Jorgensen J.H., Pfaller M.A., Carroll K.C., Funke G., Landry M.L., Richter S.S., Warnock D.W. (2015). *Manual of Clinical Microbiology*, 11<sup>th</sup> edition. Washington, D.C: ASM Press

# **APPROVAL:**

Date

#### **REVISION HISTORY:**

REVISION	DATE	Description of Change	REQUESTED BY
1.0	27 Nov 17	Initial Release	L. Steven
2.0	30 Nov 18	Updated to include new Vitek 2 instrument	L. Steven
3.0	11 Jan 21	Procedure reviewed and added to NTHSSA policy template	L. Steven