Title: MIC33500-Gonorrhea Culture Issuing Authority: Director of Health Services Next Review Date:

Type: Laboratory Services Program SOP Policy Number: Date Approved:

PROGRAM Standard Operating Procedure - Laboratory Services			
Title: MIC33500 -	Policy Number:		
Gonorrhea Culture			
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:

Neisseria gonorrhoeae (also called GC) is mainly transmitted through sexual practices and infects the cervix, urethra, rectum, throat, and eyes. Gonorrhea is one of the most commonly reported sexually transmitted infections. The fastidious and fragile nature of Neisseria gonorrhoeae requires careful consideration of proper methods of specimen collection and transport. Neisseria gonorrhoeae must be properly differentiated from other saprophytic Neisseria spp. and prior to reporting must be confirmed using two reliable testing methods.

In women, the endocervix is the primary site of infection. A vaginal swab is not considered optimal for the recovery of GC from women but can be a valuable specimen for the diagnosis of gonorrhea in preteen-aged girls. The urethra is the primary site of infection in men.

PURPOSE/RATIONALE:

To determine the presence or absence of *Neisseria gonorrhoeae* in urethra, cervix, throat, eye, and rectum specimens.

SCOPE/APPLICABILITY:

This procedure applies to Medical Laboratory Technologists (MLTs) processing specimens for gonorrhea culture.

SAMPLE INFORMATION:

	Swab	
Туре	•	Amie's with or without charcoal
	•	Charcoal swabs are recommended

Disclaimer Message: This is a **CONTROLLED** document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the electronic file version prior to use.

Policy Number: Date Approved: Page 1 of 5

Title: MIC33500-Gonorrhea Culture	Type: Laboratory Services Program SOP
Issuing Authority: Director of Health Services	Policy Number:
Next Review Date:	Date Approved:

Source	 Urethra (male specimens only) Cervix Throat Eye Rectum NOTE: If gonorrhea culture is ordered on throat or eye specimens, full culture along with gonorrhea culture will be performed
Stability	 If the sample is received in the laboratory and processed greater than 24 hours from collection: Add specimen quality comment: "Delayed transport may adversely affect pathogen recovery"
Storage Requirements	Room temperature or refrigerated
Criteria for rejection	 Unlabeled/mislabeled swabs. Specimen container label does not match patient identification on requisition.

REAGENTS and/or MEDIA:

- Chocolate agar (CHO) and Thayer Martin agar (TM)
- Identification reagents: catalase, oxidase, API NH, etc.

SUPPLIES:

- Disposable inoculation needles
- Microscope slides

Wooden sticks

EQUIPMENT:

- Biosafety cabinet
- 35° CO₂ incubator

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.

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.

Disclaimer Message: This is a **CONTROLLED** document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the electronic file version prior to use.

Policy Number: Date Approved: Page 2 of 5

Title: MIC33500-Gonorrhea Culture

Issuing Authority: Director of Health Services

Next Review Date:

Type: Laboratory Services Program SOP
Policy Number:
Date Approved:

QUALITY CONTROL:

Refer to Test Manual for reagent quality control procedures

PROCEDURE INSTRUCTIONS:

Step	Action			
Proce	Processing swabs for gonorrhea culture			
1	 In the biosafety cabinet: Inoculate CHO and TM with the swab Ensure all surfaces of swab make contact with the agar Streak for isolated growth using a disposable inoculation needle If applicable, prepare smear by rolling the swab gently across the slide to avoid destruction of cellular elements and disruption of bacterial arrangements If specimen is from the eye, inoculate BA with the swab If specimen is from the throat, inoculate BA with the swab 			
2	Incubate the media: ■ Place CHO and TM in the CO ₂ incubator			
3	If applicable, allow smear to dry and perform gram stain. Gram stain must be read before culture plates. Refer to MIC20115-Gram Stain Procedure.			

INTERPRETATION OF RESULTS:

Step	Action			
эсер	Enguro growth on culture m			
1	Ensure growth on culture media correlates with gram stain results if applicable. If discordant results are found between the gram stain and growth: Re-examine smear and culture plates Check for anaerobic growth Re-incubate media to resolve Consider re-smearing or re-planting specimen			
		ates at 24 hours, 48 hours, and 72 hours		
2	Examine for colonies resembling <i>Neisseria gonorrhoeae</i>			
	IF	THEN		
3	No colonies resembling Neisseria gonorrhoeae at 24 hours	 Record observations in the LIS Re-incubate plates in CO₂ incubator on the "Old wound culture" shelf 		
	No colonies resembling Neisseria gonorrhoeae at 48 hours	 Record observations in the LIS Re-incubate plates in CO₂ incubator on the "Old wound culture" shelf 		
	No colonies resembling Neisseria gonorrhoeae at 72 hours	 Perform flood oxidase if any growth present on plates Record observations in the LIS Neisseria gonorrhoeae not isolated 		
	Colonies resembling Neisseria gonorrhoeae present	 Record observations in the LIS Subculture to CHO plate From CHO sub plate, perform catalase, oxidase, and gram stain 		

Disclaimer Message: This is a **CONTROLLED** document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the electronic file version prior to use.

Policy Number: Date Approved: Page 3 of 5

Title: MIC33500-Gonorrhea Culture

Issuing Authority: Director of Health Services

Next Review Date:

Type: Laboratory Services Program SOP
Policy Number:
Date Approved:

		IF	THEN	
		Gram stain =	Perform Vitek NH card	
		GRAM NEGATIVE DIPLOCOCCI	Perform API NH	
			NOTE: Ensure there are	
		Catalase =	sufficient colonies for	
		POSITIVE	send out the following	
			day for susceptibility	
		Oxidase =	testing	
		POSITIVE		
	Two identification methods must be used to report an identification of Neisseria gonorrhoeae			
4				
4	 Beta lactamase test must also be performed on all isolates of Ne gonorrhoeae 			

REPORTING INSTRUCTIONS:

IF	REPORT
No <i>Neisseria gonorrhoeae</i> isolated	 Report: "No Neisseria gonorrhoeae isolated" Add culture comment {GENP
No Neisseria gonorrhoeae isolated and plates overgrown with yeast	 Report: "No Neisseria gonorrhoeae isolated" Add culture comment {GENP Add culture comment {GCY
Neisseria gonorrhoeae isolated	 Add organism: "Neisseria gonorrhoeae" List quantification as: "Isolated" Add Beta-lactamase result if positive Add isolate comment &REF6 Refer isolate to APL for susceptibility testing Freeze isolate(s) and log into stored isolates log

NOTE:

- Refer to Reportable Diseases 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 MIC36300-Referral of Category B Specimens to APL for sending isolates to APL

LIMITATIONS:

1. 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 CHOC if culture is positive for yeast species.

Disclaimer Message: This is a **CONTROLLED** document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the electronic file version prior to use.

Policy Number: Date Approved: Page 4 of 5

Title: MIC33500-Gonorrhea Culture

Issuing Authority: Director of Health Services

Next Review Date:

Type: Laboratory Services Program SOP
Policy Number:
Date Approved:

- 2. A single negative result produced by any of the confirmatory tests does not rule out an identification of *Neisseria gonorrhoeae*. Further confirmatory testing using at least one different method should be performed.
- 3. False-negative results can be caused by delay in transport.

CROSS-REFERENCES:

- 15-10-V1 Laboratory Critical Results Procedure
- MIC20115-Gram Stain Procedure
- MIC36300-Referral of Category B Specimens to APL

REFERENCES:

- 1. Leber, A. (2016). *Clinical microbiology procedures handbook.* (4thed.) 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*, 11th 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 and Vitek NH card	L. Steven
3.0	5 Mar 21	Procedure reviewed and added to NTHSSA policy template	L. Steven
			_
			_

Disclaimer Message: This is a **CONTROLLED** document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the electronic file version prior to use.

Policy Number: Date Approved: Page 5 of 5