



Capital Health

MEMORANDUM

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TO: Physicians, Clinics

FROM: Dr. Ross Davidson
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DATE: November 22, 2013

RE: Processing of Rapid Streptococcal Antigen Testing

The Clinical Microbiology laboratory at the QEII Health Science Centre is reviewing our methodology for the diagnosis of Group A Streptococcal (*S. pyogenes*) pharyngitis. Currently, both culture and *Rapid Streptococcal antigen testing* are offered. Rapid Streptococcal antigen testing is only available for patients under the age of 16 years. This is due to the very low prevalence of *S. pyogenes* pharyngitis (~5-9%) in patients >16 years of age.

The rapid antigen test was designed primarily as a “point of care” test allowing clinicians to make antibiotic management decisions prior to patients leaving their primary care health facility. The test itself, does not improve clinical outcome among patients diagnosed with *S. pyogenes* pharyngitis. Antibiotics typically speed up resolution of disease by less than 24 hours and can be initiated within 10 days of onset of illness to minimize suppurative sequelae.

Most clinics in HRM rely on a single courier drop to deliver specimens to the QEII Health Science Centre laboratories. This practice, while efficient, negates the utility of the rapid test. Given the lack of practical utility of the test, the cost differential between culture (\$7.36 culture vs. \$14.66 screen and culture) and number of physicians available to receive a rapid test result during evening hours, starting on **December 9, 2013** the Microbiology lab will no longer process any throat swab received in the laboratory after 18:00 hours using the rapid antigen test. Throat swabs received in the laboratory after 18:00 for rapid Streptococcal antigen testing will be cultured for the presence of *S. pyogenes* using conventional media.

This change in laboratory policy is indicated on the current Capital Health Microbiology Primary Care laboratory requisition.

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