

**FAQ From the Teleconferences**  
**4 Month GC Prevalence Assessment YELLOW STICKER ALLOCATION SYSTEM**  
**Sept. 13 to Dec. 31, 2010**

Page 1 of 3

Posted on August 25, 2010

Updated with additional questions, posted September 3, 2010

**Q: Will there be a lot of changes involved in participating in this Neisseria gonorrhoeae assessment?**

A: No. The only change is that when using a sticker, you **MUST** mark the lab slip for the “Chlamydia trachomatis (CT)/GC Nucleic Acid Amplification Test (NAAT) instead of the “Chlamydia trachomatis only NAAT”. (See lab slip example.)

**Q: Will there be new stickers issued for the survey time period?**

A: No. Use the same yellow 2010 allocation stickers that you currently have in your clinics. Jan. 1 - Sept. 12, 2010 they represented a CT only NAAT. Sept. 13 - Dec. 31, 2010 they are upgraded to a CT/GC NAAT. The yellow stickers will **expire on Dec. 31, 2010 (NO EXTENSIONS.)** There will be no January grace period, so adjust your usage rate accordingly.

**Q: Do I need a new collection kit for the combo NAAT?**

A: No, use the same Becton Dickinson (BD) Qx swab collection kit or urine cup that you are currently using. One sample is sufficient for both analytes.

**Q: Is there any change on how we should handle either a GC culture, a CT/GC NAAT swab, or a CT/GC NAAT urine specimen?**

A: No. There are no changes in collection, handling or transporting of these specimens.

**Q: Can I test males with the CT/GC NAAT?**

A: If you currently test males, (and/or contacts, or women over 26), and it seems like you're on target to use up all of your stickers by the end of December, you can continue what you've been doing. If, however, you're running low on stickers, you should probably adhere to the joint STD/FP CT screening guidelines more closely to assure that you're targeting the highest risk population - females under 26. (Response provided by the Center for STI Prevention. If you need further clarification, please contact Center for STI Prevention directly.)

**Q: If I run out of stickers, will I be billed for testing?**

A: Yes. If you run out of stickers, and you want to continue testing, you must have a FY 2011 Memorandum of Understanding (MOU) or Purchase Order (PO) in place with the Lab. To obtain one, contact Mr. Ken Keys at [keys@dhmh.state.md.us](mailto:keys@dhmh.state.md.us). You will be charged for the cost of the combo tests. The FY 2011 (July 2010 – June 2011) reimbursable rate for supplies and reagents is \$11.50. (This reflects a 25 cents increase from the 2010 rate.)

**Q: Should I continue collecting samples for GC culture during this time period of requesting the combo NAAT?**

A: If you wish to submit GC cultures during the GC prevalence assessment time period (9/13/10 to 12/31/10), you may do so. Please note that the Chlamydia trachomatis /GC NAAT assay will only provide a “detected” or “not detected” test result. Antibiotic sensitivity testing and surveillance for resistance can **ONLY** be determined with a Gonorrhea Culture test.

**FAQ From the Teleconferences**  
**4 Month GC Prevalence Assessment YELLOW STICKER ALLOCATION SYSTEM**  
**Sept. 13 to Dec. 31, 2010**

Page 2 of 3

Posted on August 25, 2010

Updated with additional questions, posted September 3, 2010

**Q: How does the sensitivity compare between Gonorrhea culture and Chlamydia trachomatis/GC NAAT?**

A: NAAT's are the most sensitive assay currently available. If you plan to do both culture and NAAT, expect to see some patients who are culture negative and NAAT positive. Please note that the Chlamydia trachomatis /GC NAAT assay will only provide a "detected" or "not detected" GC test result. Antibiotic sensitivity testing and surveillance for resistance can ONLY be determined with a Gonorrhea Culture test.

**Q: Do I have to collect a urine specimen for the Chlamydia trachomatis/GC NAAT?**

A: You can collect a swab or a urine specimen. If you are already performing a pelvic exam on a patient, you can collect a swab, or you can collect a urine specimen. Please note that if you are seeing a female patient under age 26 for a pregnancy test only, or for emergency contraception only, this patient is high-risk and we encourage you to take the opportunity to screen her for GC and CT by collecting a urine specimen. (Response provided by the Center for STI Prevention.)

**Q: If we use MyLIMS, what should we do differently during this GC Prevalence Assessment?**

A: If you use MyLIMS, select "Chlamydia and Gonorrhea nucleic acid amplification" instead of the "Chlamydia nucleic acid amplification." (Please see MyLIMS updated handout.)

**Q: Should all of our Infertility Prevention Project (IPP) sites participate in this GC Prevalence Assessment?**

A: Yes, all previously submitted and approved laboratory submitter sites for the 2010 Sticker Allocation System must be informed and participate in the GC Prevalence Assessment.

**Q: If our county contracts out STD and/or FP services, will that contractor need to participate in the GC Prevalence survey?**

A: Only sticker users - approved IPP submitter sites - are involved in this GC Prevalence Assessment. If you provide stickers to your contractor(s), then they should participate in the assessment. Please make sure they know about the GC Prevalence Assessment and the supporting documents found on the web site of the DHMH Laboratory Administration.

If your contractor(s) is a Planned Parenthood site: All Planned Parenthood of Maryland clinic sites already use combo tests without stickers as part of a Memorandum Of Understanding between the DHMH Center for Maternal and Child Health/Family Health and DHMH Laboratory Administration. For these Planned Parenthood sites, there will be no change in how they fill out their lab slips during the GC Prevalence Assessment period. (Response provided by the Center for STI Prevention.)

**Q: Will data from GC cultures from Planned Parenthood sites, contractors, and tests performed and paid for by our county's MOU with the Lab be included in your assessment of GC prevalence?**

A: Yes. César Peña, senior epidemiologist for the DHMH Center for STI Prevention, will decide how to include these test results in the GC prevalence assessment. (Response provided by the Center for STI Prevention.)

**FAQ From the Teleconferences**  
**4 Month GC Prevalence Assessment YELLOW STICKER ALLOCATION SYSTEM**  
**Sept. 13 to Dec. 31, 2010**

Page 3 of 3

Posted on August 25, 2010

Updated with additional questions, posted September 3, 2010

**Q: Will DHMH Center for STI Prevention share the analysis of this prevalence assessment with us?**

A: Yes. Once the analysis is complete in the spring of 2011, the findings will be shared by e-mail with all all IPP submitter sites.

So that our directories and e-mail address books of STD Coordinators, STD Clinic Managers, FP Supervisors, and Chlamydia Sticker Stewards are always up to date for this and other communications, **please keep us informed** on an on-going basis of any changes in personnel, contact phone numbers and especially e-mail addresses. (Response provided by the Center for STI Prevention.)

Should you have any additional questions, please contact the DHMH Laboratories Chlamydia Lab:

Susan Taylor  
Lead Scientist  
Chlamydia Testing Laboratory  
410-767-6154  
[taylorS@dhmh.state.md.us](mailto:taylorS@dhmh.state.md.us)

**You can help assure the success of this assessment!**

- Print out and post the sample lab slip that was sent out with the GC Prevalence Assessment memo. (Also posted on the DHMH Lab Website: <http://dhmh.state.md.us/labs/>)
- ASSIGN SOMEONE TO PROOF READ, YOUR LAB SLIPS BEFORE THEY ARE SENT TO THE LAB TO ASSURE THAT YOUR SPECIMEN CODE IS FILLED IN NEXT TO “**CHLAMYDIA TRACHOMATIS/GC NAAT**” WHEN USING AN ALLOCATION STICKER.
- Distribute this Teleconference FAQ to approved sticker allocation submitter sites.
- Encourage staff at all IPP sites to visit the DHMH Lab Website (now and regularly for updates): <http://dhmh.state.md.us/labs/> to view the recorded teleconference if they didn't get an opportunity to participate in one of them.