



## New PCR Test for Pertussis Requiring New Specimen Collection Device

Effective February 12, 2019, the Microbiology department will be offering a new PCR test for the simultaneous detection of *Bordetella pertussis* and *Bordetella parapertussis* in nasopharyngeal specimens. The new PCR test will be replacing our previously used molecular method for pertussis detection and will require the use of a new specimen transport collector, called Universal Transport Medium (UTM). The availability of the new pertussis test will allow for a shorter turn-around time and has the added ability to detect *B. parapertussis*.

### Background

Pertussis, also known as whooping cough, is a bacterial infection of the respiratory tract that is most commonly caused by *B. pertussis*. A less serious form of the disease is caused by *B. parapertussis*. Prior to the availability of an effective vaccine, pertussis was a major pediatric pathogen, particularly in infants, where the mortality rate was high. Despite the widespread use of the vaccine, occasional outbreaks of disease occur throughout the U.S.

### Symptoms

Pertussis is characterized by a chronic or persistent, non-productive cough that often produces coughing paroxysms. These paroxysms can be so intense that the child is gasping for air which is then followed by a large inspiratory breath sounding like a “whoop”, hence the name whooping cough. Even though pertussis is generally regarded as a childhood disease, adults can become infected as their immunity wanes years following childhood vaccination.

### Diagnosis

The most reliable test for establishing the laboratory diagnosis of pertussis is the use of a polymerase chain reaction (PCR) assay. Other methods, such as culture and a direct specimen immunofluorescent test, have been used over the years but they have been proven to be insensitive compared to the PCR assay. The PCR test is performed from a patient’s nasopharyngeal specimen that is transported to the laboratory using Universal Transport Media (UTM). UTM can be obtained by contacting Client Services at Laboratory Alliance of Central New York (315-461-3008).

<b>Test:</b>	B.PERTUSSIS/PARA PCR
<b>Test Code:</b>	PERPAR
<b>Method:</b>	Polymerase Chain Reaction (PCR)
<b>Specimen Requirement:</b> <b><u>NEW</u></b>	Collect a nasopharyngeal sample with a flocced, rayon, or polyester mini-tip swab and then place swab in the Universal Transport Media (UTM).
<b>Remarks:</b>	Pertussis Molecular Assay is for the detection of <i>Bordetella pertussis</i> and <i>Bordetella parapertussis</i> (whooping cough) in nasopharyngeal samples.
<b>Transport:</b>	Transport samples refrigerated at 2°C to 8°C. If there will be a long delay before sample processing (greater than three days from the date of collection), samples should be frozen at -70°C or colder and transported on dry ice.
<b>Stability:</b>	Samples can be stored at 15°C to 30°C (room temperature) for up to 8 hours, or 2°C to 8°C (refrigerated) for up to 7 days. If testing cannot be performed within 7 days of collection, the sample must be frozen at ≤ -70°C and is stable for up to 5 months.
<b>Unacceptable Conditions:</b>	Calcium alginate-tipped nasopharyngeal or swabs in Amies transport medium. (The material is inhibitory to PCR assay.)
<b>Schedule of Testing:</b>	Mon, Wed, Fri
<b>CPT4 Code:</b>	87798 x 2
<b>Billing Code:</b>	3010457

Questions regarding the Pertussis assay should be directed to Russ Rawling, MS, M(ASCP)SM, RM(NRM)SM, Microbiology Manager, at 315-410-7060 or [russellrawling@lacny.com](mailto:russellrawling@lacny.com).