



LIMITATIONS

- 1. The McKesson Consult® Diagnostics Strep A Dipstick is for professional *in vitro* diagnostic use only. The test should be used for the detection of Strep A antigen in throat swab specimens only. Neither the quantitative value nor the rate of increase in Strep A antigen concentration can be determined by this qualitative test.
- 2. This test will only indicate the presence of Strep A antigen in the specimen from both viable and non-viable Group A *Streptococcus* bacteria.
- 3. A negative result obtained from this kit should be confirmed by culture. A negative result may be obtained if the concentration of the Strep A antigen present in the throat swab is not adequate or is below the detectable level of the test.
- 4. Excess blood or mucus on the swab specimen may interfere with test performance and may yield a false positive result. Avoid touching the tongue, cheeks, and teeth⁴ and any bleeding areas of the mouth with the swab when collecting specimens.
- 5. As with all diagnostic tests, all results must be interpreted together with other clinical information available to the physician.

EXPECTED VALUES

Approximately 15% of pharyngitis in children ages 3 months to 5 years is caused by Group A beta-hemolytic *Streptococcus*.⁵ In school-aged children and adults, the incidence of Strep throat infection is about 40%.⁶ This disease usually occurs in the winter and early spring in temperate climates.³

PERFORMANCE CHARACTERISTICS

Using three medical centers for evaluation, a total of 499 throat swabs were collected from patients exhibiting symptoms of pharyngitis. Each swab was rolled onto a sheep blood agar plate, and then tested by the McKesson Consult® Diagnostics Strep A Dipstick. The plates were further streaked for isolation, and then incubated at 37°C with 5-10% CO₂ and a Bacitracin disk for 18-24 hours. The negative culture plates were incubated for an additional 18-24 hours. Possible GAS colonies were subcultured and confirmed with a commercially available latex agglutination grouping kit.

Of the 499 total specimens, 375 were found to be negative by culture and 124 were found to be positive by culture. During this study, two Strep F specimens yielded positive results with the test. One of these specimens was re-cultured, then re-tested and yielded a negative result. Three additional different Strep F strains were cultured and tested for cross-reactivity and also yielded negative results.

Culture			Positive Culture Classification	Consult® Strep A Dipstick/Culture	% Correct
+ -					
McKesson Consult® Diagnostics Strep A Dipstick	+	120 20	Rare	10/11	91
	-	4 355	1+	9/9	100
			2+	17/19	89
Sensitivity: 120/124 = 97% [91%-99%]*			3+	36/37	97
Specificity: 355/375 = 95% [92%-97%]*			4+	48/48	100
Prevalence: 124/499 = 25%					

Sensitivity: 120/124 = 97% (91%-99%)*
Specificity: 355/375 = 95% (92%-97%)*
Prevalence: 124/499 = 25%
PPV (+): 120/140 = 86% (79%-91%)*
NPV (-): 355/359 = 99% (97%-100%)*

* Denotes a 95% Confidence Interval

CROSS-REACTIVITY

The following organisms were tested at 1.0 x 10⁷ organisms per test and were all found to be negative when tested with the McKesson Consult® Diagnostics Strep A Dipstick. No mucoid-producing strains were tested.

Group B <i>Streptococcus</i>	Group C <i>Streptococcus</i>
Group F <i>Streptococcus</i>	Group G <i>Streptococcus</i>
<i>Streptococcus pneumoniae</i>	<i>Streptococcus sanguis</i>
<i>Streptococcus mutans</i>	<i>Enterococcus faecalis</i>
<i>Staphylococcus aureus</i>	<i>Staphylococcus epidermidis</i>
<i>Corynebacterium diphtheriae</i>	<i>Serratia marcescens</i>
<i>Candida albicans</i>	<i>Klebsiella pneumoniae</i>
<i>Pseudomonas aeruginosa</i>	<i>Bordetella pertussis</i>
<i>Neisseria meningitidis</i>	<i>Neisseria gonorrhoeae</i>
<i>Neisseria sicca</i>	<i>Neisseria subflava</i>
<i>Branhamella catarrhalis</i>	<i>Haemophilus influenza</i>

POL STUDIES

Three physicians' offices were used to conduct an evaluation of the McKesson Consult® Diagnostics Strep A Dipstick. Personnel with various educational backgrounds performed the testing. Each physician's office tested a randomly coded panel of samples consisting of negative (20), low positive (20), and medium positive (20) for three days. The results obtained had a 96% correlation with the expected results.

REFERENCES

- 1. Manual of Clinical Microbiology, 6th Edition, ASM Press,p. 299-307.
- 2. Webb, KH. *Pediatrics* (Feb 1998), 101:2, 2.
- 3. Bisno AL, Gerber MA, Gwaltney JM, Kaplan EL, Schwartz RH. *Clinical Infectious Diseases* (1997), 25, 574-83.
- 4. Shea, Y.R., Specimen Collection and Transport, in Clinical Microbiology Procedures Handbook, Isenberg, H.D., American Society of Microbiology, Washington, D.C., 1.1.1-1.1.30, 1992.
- 5. Nussinovitch, M, Finkelstein Y, Amir J, Varsano, I. *Clinical Pediatrics* (June 1999), 357-360.
- 6. Woods WA, Carter CT, Stack M, Connors Jr AF, Schlager TA, *Southern Medical Journal* (May 1999), 491-492.

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General Questions? Call 1-800-777-4908
Technical Support? Call 1-866-216-0094

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CONSULT®
diagnostics

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STREP A TESTS DIPSTICK

A rapid test for the qualitative detection of Strep A antigen in throat swab specimens. For professional use only. For *in vitro* diagnostic use only. Rx only. For use with MFR # 5003.

CLIA Category: Waived

INTENDED USE

The McKesson Consult® Diagnostics Strep A Dipstick is a rapid chromatographic immunoassay for the qualitative detection of Strep A antigen from throat swab specimens to aid in the diagnosis of Group A Streptococcal infection.

SUMMARY

Streptococcus pyogenes is non-motile gram-positive cocci, which contains the Lancefield Group A antigen that can cause serious infections such as pharyngitis, respiratory infection, impetigo, endocarditis, meningitis, puerperal sepsis, and arthritis.¹ Left untreated, these infections can lead to serious complications, including rheumatic fever and peritonsillar abscess.² Traditional identification procedures for Group A Streptococci infection involve the isolation and identification of viable organisms using techniques that require 24 to 48 hours or longer.³

The McKesson Consult® Diagnostics Strep A Dipstick is a rapid test to qualitatively detect the presence of Strep A antigen in throat swab specimens, providing results within 5 minutes. The test utilizes antibodies specific for whole cell Lancefield Group A *Streptococcus* to selectively detect Strep A antigen in a throat swab specimen.

PRINCIPLE

The McKesson Consult® Diagnostics Strep A Dipstick is a qualitative, lateral flow immunoassay for the detection of Strep A carbohydrate antigen in a throat swab. In this test, antibody specific to Strep A carbohydrate antigen is coated on the test line region of the dipstick. During testing, the extracted throat swab specimen reacts with an antibody to Strep A that is coated onto particles. The mixture migrates up the membrane to react •with the antibody to Strep A on the membrane and generate a red line in

the test region. The presence of this red line in the test region indicates a positive result, while its absence indicates a negative result. To serve as a procedural control, a red line will always appear in the control region if the test has been performed properly. If a red control line does not appear, the test result is not valid.

PRECAUTIONS

- For professional *in vitro* diagnostic use only. Do not use after the expiration date.
- Do not eat, drink or smoke in the area where the specimens and kits are handled.
- Handle all specimens as if they contain infectious agents. Observe established precautions against microbiological hazards throughout the procedure and follow the standards procedures for proper disposal of specimen samples and testing supplies.
- Wear protective clothing such as laboratory coats, disposable gloves and eye protection when specimens are assayed.
- Test dipsticks should not be used if they are damaged.
- **WARNING:** Reagent 1 is harmful if swallowed or absorbed through skin. May cause eye irritation.
- **CAUTION:** Reagent 2 may cause skin, eye and respiratory tract irritation.
- The positive and negative controls contain sodium azide (NaN₃) as a preservative.
- Do not interchange reagent bottle caps.
- Do not interchange external control solution bottle caps.
- Do not reuse the test.
- Positive and negative controls contain sodium azide which may react with lead or copper plumbing to form potentially explosive metal azides. When disposing of these solutions, always flush with copious amounts of water to prevent azide build-up.
- Humidity and temperature can adversely affect results.

STORAGE AND STABILITY

The kit can be stored at room temperature or refrigerated (36-86°F / 2-30°C). The test dipstick must remain in the sealed pouch until use. **DO NOT FREEZE.** The test dipstick and the reagents are stable through the expiration date printed on the box. Do not use beyond the expiration date.

SPECIMEN COLLECTION AND PREPARATION

- Only use reagents provided in the kit.
- Collect the throat swab specimen with the sterile swab that is provided in

the kit. Rayon transport swabs containing modified Stuart’s or Amies liquid medium can also be used with this product. Swab the posterior pharynx, tonsils and other inflamed areas. Avoid touching the tongue, cheeks and teeth with the swab.⁴

- Testing should ideally be performed immediately after the specimens have been collected. Swab specimens may be stored in a clean, dry plastic tube for up to 8 hours at room temperature or 72 hours at 36-46°F / 2-8°C.
- If a culture is desired, lightly roll the swab tip onto a Group A selective blood agar plate before using the swab in the McKesson Consult® Diagnostics Strep A Dipstick.

MATERIALS

Materials provided: 25 Test dipsticks, 27 Disposable extraction test tubes, 25 Sterile swabs, 1 Reagent 1 (10mL; 2M Sodium Nitrite), 1 Reagent 2 (10mL; 0.2M Acetic Acid), 1 Positive control (1mL; Non-viable Strep A; 0.09% NaN₃), 1 Negative control (1mL; Non-viable Strep C; 0.09% NaN₃), 1 Package insert, and 2 Workstations (1 plastic).

Materials required but not provided: Timer

DIRECTIONS FOR USE

(Please refer to the illustration) Allow the test dipstick, reagents, and/or controls to reach room temperature (59-86°F/15-30°C) prior to testing.

1. Hold the Reagent 1 bottle upright and add 4 full drops (approximately 240 µL) to an extraction test tube. Reagent 1 is red in color. Hold the Reagent 2 bottle upright and add 4 full drops (approximately 160 µL) to the tube. Reagent 2 is colorless. The addition of Reagent 2 to Reagent 1 changes the color of the solution from red to pale yellow. Tap the bottom of the tube gently to mix the liquid. See Step 1 in the illustration below.
2. Immediately add the throat swab into the tube of pale yellow solution. Rotate the swab vigorously 10 times in the tube. Leave the swab in the tube for 1 minute. Then press the swab against the side of the tube and squeeze the bottom of the tube while removing the swab so that most of the liquid stays in the tube. Discard the swab. See Step 2 in the illustration below.
3. Remove the test dipstick from the sealed foil pouch and use it as soon as possible. Best results will be obtained if the test is performed immediately after opening the foil pouch.
4. With arrows pointing down, place the test dipstick into the tube of solution and then start the timer. If the procedure is followed correctly, the liquid should be at or just below the maximum line (MAX) on the test dipstick. See Step 4 in the illustration below.

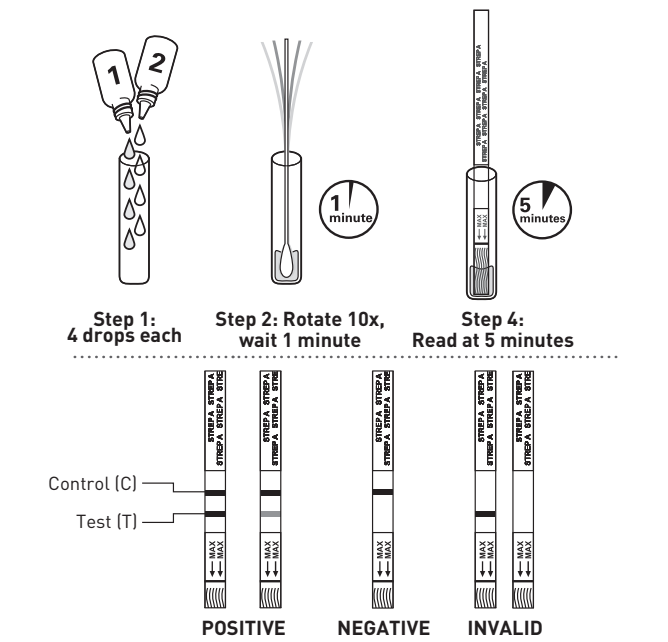
5. Leave the dipstick in the tube and read the result at 5 minutes. The result is invalid after 10 minutes.

To avoid cross contamination, do not allow the tip of the reagent bottles to come in contact with throat swabs or extraction test tubes.

INTERPRETATION OF RESULTS

POSITIVE: Two distinct red lines appear. One line should be in the control region (C) and another line should be in the test region (T). A positive result indicates that Strep A was detected in the sample.

NOTE: The intensity of the red color in the test line region (T) will vary depending on the concentration of Strep A present in the sample. Therefore, any shade of red in the test region (T) should be considered positive.



NEGATIVE: One red line appears in the control region (C). No apparent red or pink line appears in the test region (T). A negative result indicates that Strep A is not present in the sample, or is present below the detectable level of the test. The patient’s sample should be cultured to confirm the absence of Strep A infection. If clinical symptoms are not consistent with results, obtain another sample for culture.

INVALID: Control line fails to appear. Insufficient sample volume or incorrect procedural techniques are the most likely reasons for control line failure. Review the procedure and repeat the test with a new test dipstick. If the problem persists, discontinue using the test kit immediately and contact Technical Support at (866) 216-0094.

QUALITY CONTROL

INTERNAL QUALITY CONTROL: Internal procedural controls are included in the test. A red line appearing in the control region (C) is an internal positive procedural control. It confirms sufficient specimen volume and correct procedural technique. A clear background is an internal negative background control. If the test is working properly, the background in the result area should be white to light pink and not interfere with the ability to read the test result.

EXTERNAL QUALITY CONTROL: It is recommended that a positive and negative external control be run once per kit, and as deemed necessary by your internal laboratory procedures. External positive and negative controls are supplied in the kit. Alternatively, other Group A and non-Group A *Streptococcus* ATCC reference strains may be used as external controls. Some commercial controls may contain interfering preservatives; therefore, other commercial controls are not recommended.

PROCEDURE FOR EXTERNAL QUALITY CONTROL TESTING:

1. Add 4 full drops of Reagent 1 and 4 full drops of Reagent 2 into an extraction test tube. Tap the bottom of the tube gently to mix the liquid.
2. Add 1 full drop of positive or negative control solution into the tube, holding the bottle upright.
3. Place a clean swab into the tube. Rotate the swab 10 times in the tube. Leave the swab in the tube for 1 minute. Then press the swab against the side of the tube and squeeze the bottom of the tube while removing the swab so that most of the liquid stays in the tube. Discard the swab.
4. Continue with Step 4 of Directions For Use.