

P**\$**C23

Rapid molecular point-of-care test for Strep A pharyngitis in remote-living school aged children



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on behalf of the Missing Piece Surveillance Study Team



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Proudly supported by the people of Western Australia through Channel 7's Telethon



Acknowledgement of Country





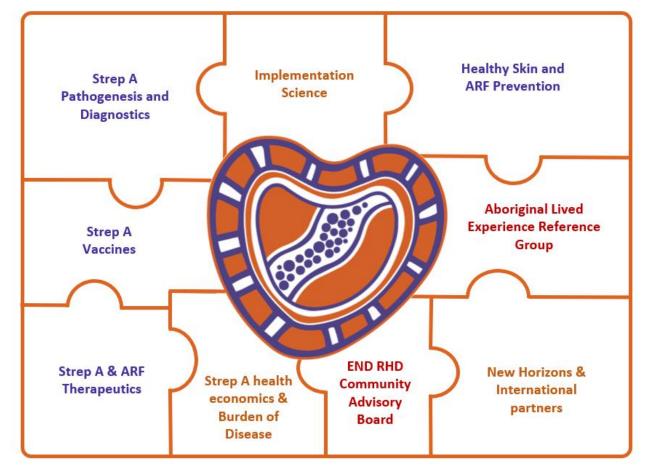








The END Program







OUR MISSION

To **end RHD in Australia by 2031** through a comprehensive research program

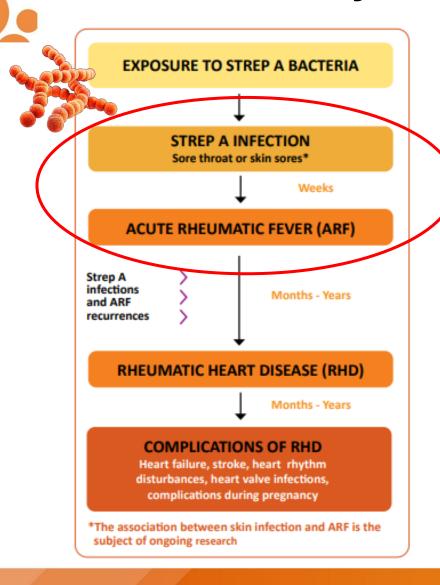
- Exploring primordial / primary / secondary / tertiary prevention
- Bringing together community, researchers, practitioners & funders



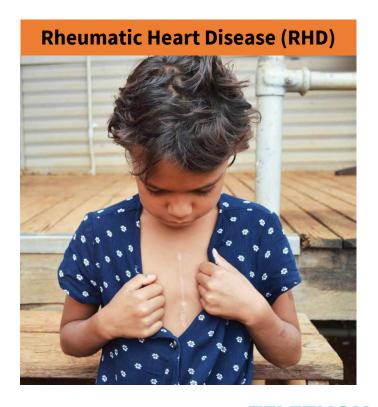




Prevent ARF by managing Strep A sore throat or skin sores



Acute Rheumatic Fever (ARF) T cells Acute Rheumatic Fever

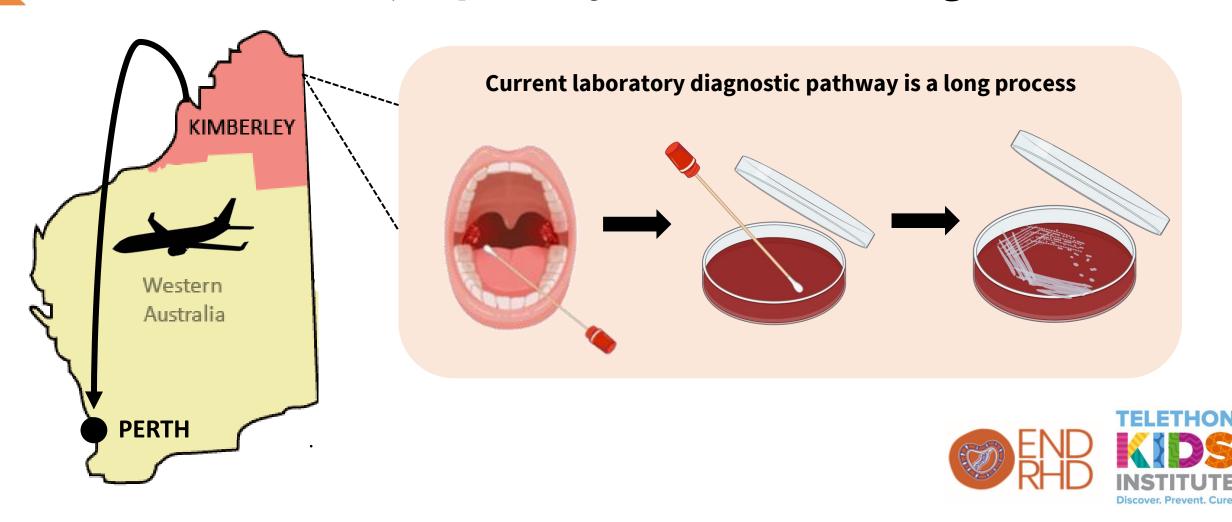






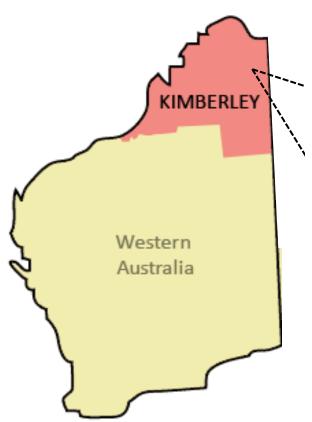


Accurate and timely diagnosis of Strep A sore throat is needed, especially in remote settings





Strep A molecular POCT may revolutionise primary prevention strategies for ARF and RHD



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Performance and Practicality of a Rapid Molecular Test for the Diagnosis of Strep A Pharyngitis in a Remote Australian Setting

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Abstract. Over 5 days, 120 schoolchildren from two schools in the remote Kimberley region of Australia were screened for Strep A pharyngitis. Molecular point-of-care testing identified Strep A pharyngitis in 13/18 (72.2%) symptomatic children. The portability and feasibility of molecular point-of-care testing was highly practical for remote settings.

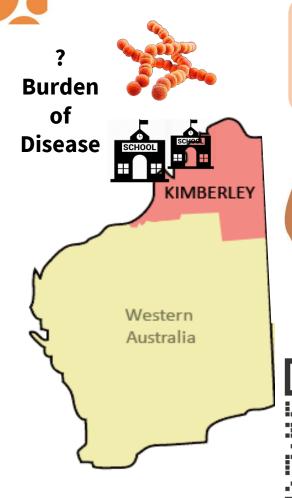




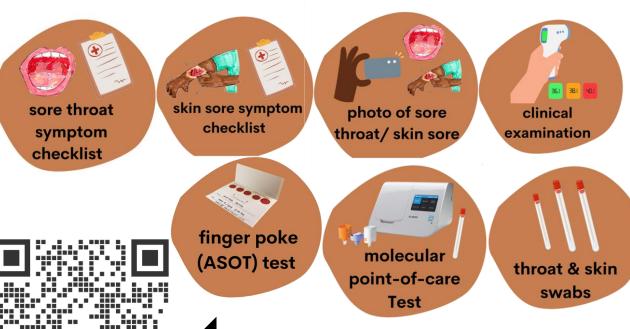




The Missing Piece Surveillance Study in the Kimberley, WA



- Prospective cohort surveillance study
 - Cross-sectional screening twice a year
 - Weekly active surveillance



SCAN HERE









POCT throat swabs were provided for children reporting and/or presenting sore throat symptoms

Number of participants enrolled:

- 283 school children
- Aged 5 to 15 years old

Swab collection period:

April 2021 to
 September 2022

Self-reported sore throat symptoms

Throat pain or a sore throat

Hard to swallow

Not eating as much

Not drinking as much

Croaky voice

Fever or feeling hot or cold

Clinically identified features recorded on examination

Tonsillectomy

Cough

Rhinorrhoea

Hoarseness

Temperature>38

Tonsillar erythema

Tonsilla swelling

Exudate on the pharynx

Exudate on the tonsils

Oropharyngeal candidiasis

Tender anterior cervical node

Ant. Cervical node >1.5cm in diam

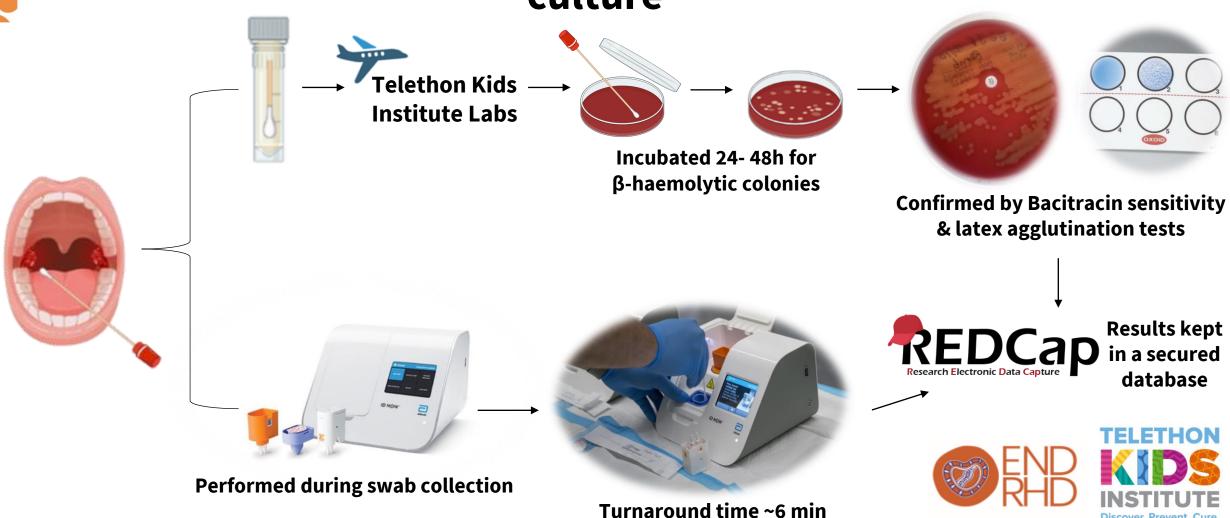








POCT results were compared against gold standard Strep A culture



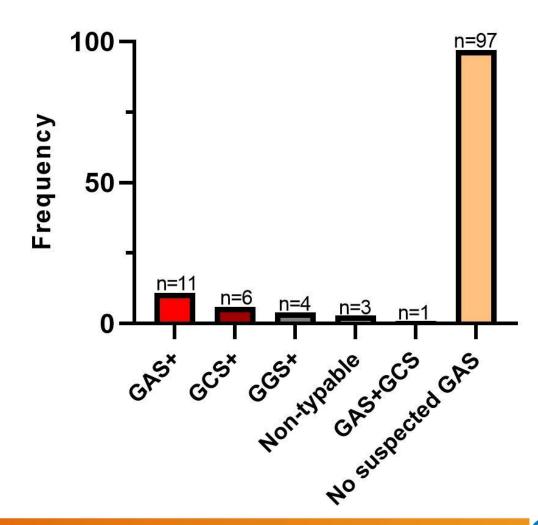




Strep A, C and G were cultured from sore throat samples

Culture Data

25/122 (20.5%) of throat swabs cultured identified β-haemolytic colonies with Strep morphology



12/122 (9.8%) of throat swabs cultured were Strep A +









POCT detected more Strep A sore throats, but assay had lower sensitivity than expected.

30/122 (24.5%) of POCT throat swabs were Strep A +

METHOD:	Total no. of sore throat instances = 122
True Positive	10
False Negative	1
Sensitivity (%)	90.1
Positive Predictive Value (%)	34.5
True Negative	94
False Positive	20
Specificity (%)	82.9
Negative Predictive Value (%)	98.9

1 sample that was Strep A culture (+) was not Strep A (+) by POCT

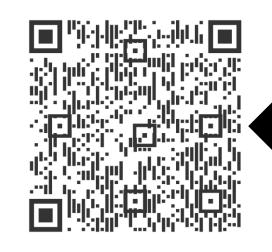






Conclusions

- Our knowledge of the burden of Strep A sore throat in the Kimberley is improving, where children are at high risk of ARF and RHD
 - Samples not showing concordance between POCT and culture provide the opportunity for further molecular investigations
- Using POCT to detect Strep A sore throats enabled immediate treatment referral
 - Clear advantage in fast TAT, demonstrating value of POCT
- A small study cohort and testing multiple tools to detect Strep A sore throats are limitations to stringent quality of testing for Strep POCT
 - However, this was a stepping-stone to a larger POCT programme to roll out Strep A testing in remote clinics









Acknowledgements:

The Missing Piece Surveillance Study Team:

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Dr Janessa Pickering – Investigator, Snr Research Officer
Dr Dylan Barth – Investigator, Honorary Research Associate
Bernadette Wong – Research Assistant
Rebecca Famlonga – Senior Research Officer
Abbey Ford – Project Officer
Gelsa Cinanni – Honours Student
Scott Winslow – Research Assistant

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Robyn Macarthur – Child Health Nurse, DAHS Shelley Kneebone – Chief Executive Officer, DAHS Narelle Ozies – Senior Manager Business Operations, DAHS Delia Lawford – Practice Manager, BRAMS





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