

CONTAMINATED FINGERS: A POTENTIAL CAUSE OF *CHLAMYDIA TRACHOMATIS* POSITIVE URINE SPECIMENS

Giffard PM^{1,2}, Lilliebridge RA¹, Wilson J¹, Murray G^{3,6}, Phillips S^{3,6}, Tabrizi SN^{3,4,5,6}, Garland SM^{3,4,5,6}, Martin L⁷, Singh G^{7,8,9,10}, Tong SYC^{1,11}, Holt DC^{1,2}, Andersson P¹

¹Menzies School of Health Research, Division of Global and Tropical Health, ²Charles Darwin University, School of Psychological and Clinical Sciences, ³The Royal Women's Hospital, Department of Microbiology and Infectious Disease, ⁴University of Melbourne, Department of Obstetrics and Gynaecology, ⁵Royal Children's Hospital, Department of Microbiology, ⁶Murdoch Childrens Research Institute, ⁷Royal Darwin Hospital, ⁸Sexual Assault Referral Centre, Northern Territory, ⁹Flinders University Northern Territory Medical Program, ¹⁰Menzies School of Health Research Child Health Division, ¹¹ Peter Doherty Institute for Infection and Immunity.

Background: The detection of a sexually transmitted infection (STI) agent in a urogenital tract (UGT) specimen from a young child is regarded as being indicative of sexual abuse. However, the probabilities of contamination events that could conceivably lead to STI positive specimens in the absence of sexual contact are unclear. The objective was to estimate the potential for fingers that have come in contact with *Chlamydia trachomatis* positive urine to detectably contaminate *C. trachomatis* negative urine.

Methods: The study design was based on self-experimentation. Dilutions of *C. trachomatis* elementary bodies (EBs) were prepared. Participants contacted an EB dilution then a urine surrogate specimen. The experiment was performed by three participants using three *C. trachomatis* isolates, of genotype E, F and B. Two surrogate urine contact methods were used to mimic contamination of a carer assisting with a child's urine collection. All EB dilutions and urine surrogate specimens were subjected to *C. trachomatis* assay and quantification in a real-time PCR based diagnostic system.

Results: The amplicon crossing point (Cq) for EB dilutions was 10.0 ± 1.6 less than for corresponding finger contacted urine specimens, which corresponds to $\sim 10 \mu\text{l}$ of EB suspension transferred. This was largely independent of participant identity, *C. trachomatis* strain or EB dilution. Hand decontamination led to large reductions in EBs transferred, but transfer remained consistently detectable. Recent Cq data from *C. trachomatis* positive clinical urine specimens were collated, and 20% clearly contained sufficient *C. trachomatis* to detectably contaminate another specimen by finger mediated transfer, as in this experiment.

Conclusion: This study directly demonstrated the potential for urine contaminated fingers to convert a *C. trachomatis* negative urine specimen to *C. trachomatis* positive as a result of contact. Accordingly, guidelines for first stream urine collection should incorporate precautions against contamination.

Disclosure of interest: This study was funded by NHMRC project grant 1060768.