COLLECTION METHOD FOR BORDETELLA PERTUSSIS SPECIMENS

1. Label both the saline tube and the Regan-Lowe transport tube with the patient’s name or an identifier. **SPECIMENS MUST BE LABELED!** If the specimens are not labeled they WILL be discarded without testing. Please make sure the transport media has not expired.

2. To collect the specimen, immobilize the patient’s head and gently pass the swab through the nostril into the nasopharynx, rotating the swab for a few seconds before being withdrawn (see image on back). Please use the Dacron swabs supplied in the kit. **DO NOT USE COTTON SWABS! IT IS NECESSARY TO OBTAIN TWO SPECIMENS FOR TESTING.**

3. Take the first specimen and immediately place the swab in the tube containing the semisolid transport media. Cut off the excess shaft with a pair of scissors and put the cap on tight. Take the second specimen and immediately emulsify the swab in the tube containing sterile saline. Be sure to immerse the swab completely in the media. Again cut off the excess shaft with a pair of scissors and put the cap on tight. Do not leave the excess shaft bent over the rim of the transport tube. The lid cannot seal properly and leaking of specimen will occur. **SPECIMEN LEAKING OUT OF THE TUBE CAUSES DANGER TO ALL INVOLVED IN SHIPPING!**

   PLEASE LEAVE SWABS IMMERSED IN THE TRANSPORT MEDIUM AND IN THE SALINE FOR TRANSPORT TO THE LABORATORY!

4. Published studies indicate better recovery of Bordetella pertussis if the media is shipped cold to the laboratory. Therefore, the mailer contains freeze pillow(s) to be used during shipping.
   a. Please hold inoculated transport medium and saline in refrigerator until ready to package and ship. When ready to ship: pack inoculated transport medium and saline into the plastic container and tighten lid. Place that container with the frozen freeze pillow(s) in Styrofoam mailer.
   b. Due to the difficulty in culturing Bordetella pertussis under ideal conditions, we suggest that specimens be transported to the laboratory within 24 hours. If convenient, the state laboratory courier service can be utilized or specimens can be shipped for overnight delivery using a commercial carrier. The State Lab will NOT pay to mail specimens.
   c. Transport media that is not received cold may give false results. Even under ideal conditions B. pertussis is so fastidious that it is difficult to culture.

5. Be sure to give complete information on the patient’s:
   a. Immunization Record (what, when, how much)
   b. Antibiotic therapy (what, when, how much)
   c. Symptoms

KIT CONTENTS
1. Extra fine nasopharyngeal Dacron swabs
2. One tube containing saline
3. One tube containing Regan-Lowe Transport Medium
4. Freeze pillow(s)*
5. One specimen information form.* Please remove freeze pillow(s) from box and store in freezer compartment of refrigerator until ready to package and mail (PLEASE FREEZE THE PILLOW FLAT, (THIS WILL MAKE IT EASIER FOR PACKAGING WHEN RETURNING).
To effectively evaluate the immunizing efforts against Whooping Cough it is necessary to confirm as many reported cases as possible and to differentiate between B. pertussis and B. parapertussis, since clinical separation is uncertain. The natural habitat of Bordetella pertussis and Bordetella parapertussis is the ciliated epithelial cells of the respiratory tract. Recovery of these organisms is highest during the first three weeks of infection if the specimen is collected and inoculated properly, but the percentage of positive cultures steadily declines with time. Antibiotic treatment affects the rate of isolation even during the acute stage of infection. These organisms are difficult to isolate after 48 hours of antibiotic administration. We have a simple specimen collection kit for PCR and culture. Close adherence to the directions for specimen collection and transport will greatly enhance this laboratory’s capability to provide an accurate result. Because B. pertussis is a reportable disease, your local Health Department will be notified of positive laboratory results and will provide assistance in investigation, follow-up and outbreak control.