

Consultation document

Diagnostic Testing for Rotavirus at Labtests and Northland Pathology Laboratory

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1. INTRODUCTION

Rotavirus has traditionally been the most important cause of childhood gastroenteritis in New Zealand. More than 90% children were infected and 1 in 52 children were hospitalised before their third birthday.

However, on 1st July 2014, rotavirus vaccine was introduced into the National Immunisation Schedule. In common with other countries introducing vaccine, this has rapidly led to a 77% reduction of rotavirus hospitalisations in the Auckland region for infants, with evidence of herd immunity extending protection to other age groups.

This has dramatically altered the epidemiology of gastroenteritis in the Auckland region: Average annual positivity rates in the community have dropped from 10% prior to vaccine introduction, to 2% of the 6500 tests performed in 2015.

No test is 100% perfect, and with around 2% rotavirus prevalence in the community, we have found that half of the rotavirus tests performed at Labtests in the last year were falsely reactive.

There are several other considerations in the post vaccine era:

- Rotavirus is no longer the most common cause of childhood gastroenteritis
- Children are often co-infected with multiple viruses
- Rotavirus vaccine may be detected for variable periods following vaccination
- Due to rotavirus vaccine implementation, many companies are no longer producing rotavirus tests and there is a worldwide shortage of tests available. Our manufacturer has stopped producing tests, and remaining stocks will last 1-2 months
- Rotavirus surveillance will be performed through hospitals where prevalence is higher.

2. CURRENT SERVICE

Currently, rotavirus tests are performed on request for patients in the community.

3. RATIONALE FOR CHANGE

With the worldwide shortage of tests, and the high rate of false positivity since the introduction of vaccine, routine rotavirus testing is no longer useful or feasible in the community.

Rotavirus is one of many possible causes of viral gastroenteritis which commonly occur as co-infections; a positive or negative test provides little meaningful information in the community for individual patients.

4. PROPOSED NEW SERVICE

Rotavirus testing will not be performed routinely. Samples submitted requesting rotavirus will not be tested unless part of an outbreak investigation by the public health service.

In exceptional cases, rotavirus tests may be referred to a hospital laboratory for testing after discussion with a clinical microbiologist.

Samples will be kept for 6 days and discarded.

4.1 IMPLICATIONS OF PROPOSED NEW SERVICE

Primary care practitioners will diagnose and manage viral gastroenteritis clinically (as they do now). Laboratory testing will only be available as part of a public health outbreak investigation or under exceptional circumstances after discussion with the clinical microbiologist.

5. CONSULTATION PROCESS

5.1 WHAT ARE WE CONSULTING ON

We are consulting on ceasing routine rotavirus testing in the Auckland and Northland communities.

5.2 WHO IS BEING CONSULTED

We will consult with the following groups:

1. Healthcare providers on the Labtests/NPL communication database
2. PHOs in the Auckland and Northland regions
3. The Joint Advisory Group for Laboratory Testing
4. The four Auckland and Northland DHBs via the Chief Medical Officers
5. The Auckland and Northland Pathways groups

5.3 CONSULTATION TIMELINE

Prior to the release of this document we have consulted with Auckland Regional Public Health Service and the Institute Of Environmental Science and Research (ESR).

Consultation document release Thursday 1st December 2016

Feedback deadline 5pm Thursday 15th December 2016

Decision announcement Monday 19th December 2016

5.4 HOW TO GIVE FEEDBACK

Please give feedback to:

Dr Gary McAuliffe

Clinical Microbiologist, Labtests and Northland Pathology Laboratory

Gary.McAuliffe@labtests.co.nz

5.5 DECISION

A decision will be made by 5pm on Monday 19th December and communicated to stakeholders and specifically to those who gave feedback.

6. REFERENCES

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