

Quick Reference Guide *For more detailed instructions please refer to the manufacturer's package insert*

Indications for use

- RDTs are not used for individual diagnosis
- RDTs are used for surveillance to 1) speed up detection and 2) monitoring of outbreaks
- Consider the testing strategy applied currently in your area
- Perform RDT on fresh stool samples, within 2 hours of collection

Before you start

- Verify expiry dates and storage conditions
- Ensure all kit components are at room temperature before testing
- Disinfect your workspace
- Wear appropriate personal protective equipment. Wear new gloves when handling stool for RDTs

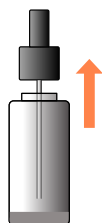


At the end

- Place all waste in a double-lined biohazard bag or sharps container, disinfect the workspace
- Remove gloves and wash your hands
- Record any and all RDT results in a paper or electronic register
- Report any and all RDT results, including invalids and non-reactive results
- Samples can be transported for further testing based on testing strategy

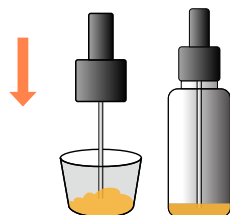


- 1** Label the sample processing vial with the patient identifier and open the cap.



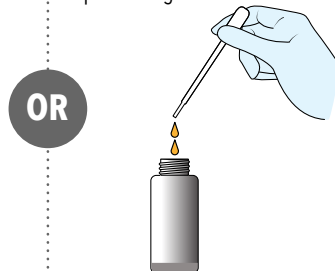
Sample processing vial

- 2 Semi-solid faecal specimens:** Collect a small quantity of stool using the collection stick and transfer to the sample processing vial.

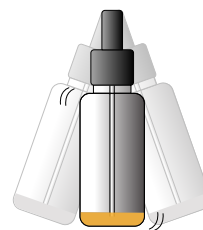


Stool cup

- Liquid faecal specimens:** Draw liquid specimen using the dropper and transfer 2 drops to the sample processing vial.



- 3** Tightly recap sample processing vial and shake to mix contents.



- 4** Remove the transparent cap and break off the blue tip (point away and cover with tissue to avoid splash).

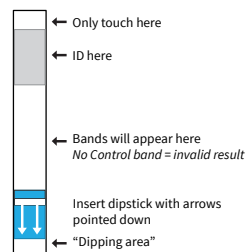


- 5** Dispense 4 drops of processed sample into labelled 5 ml test tube.



- 6** Carefully open test pouch. Discard if damaged, or if desiccant is missing or changed in colour.

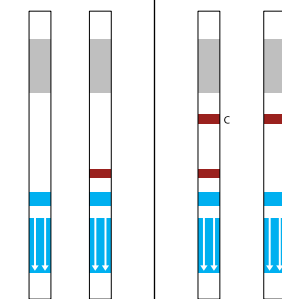
Write patient ID on the dipstick.



Place the dipstick in the test tube with the arrows facing down. Confirm the end of the dipstick is in the processed sample but the arrows are not submerged.

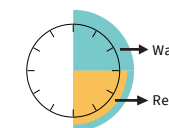


- 7** Wait 15-30 minutes and read the result.



Invalid tests

Valid tests



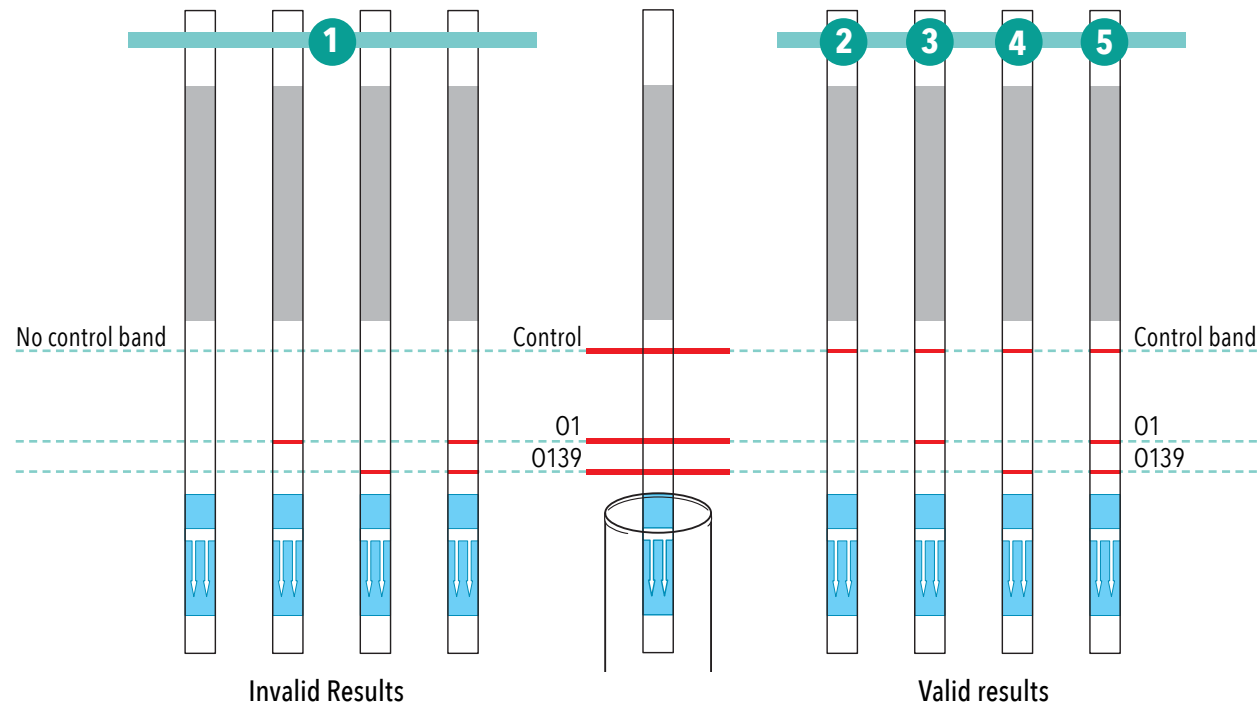
For more information

[GTFCC referral and reporting forms](#)

[GTFCC mobile application](#)

Training:
[Sample collection and testing with Rapid Diagnostic Tests for cholera for health care workers](#)

Confirm control band is present before reading test bands



Raise the strip up so you can easily read the bands, but do not remove the bottom of the strip from the tube. Compare the bands to the examples below. Any test band, no matter how faint, should be considered a reactive test result.

RESULTS AND ACTIONS

Record all results in the appropriate register(s) and report final results on appropriate case management form and laboratory referral forms.

	Test Bands	Result	Action
1	No control band	Invalid	Repeat using a new test
2	Control band only	Non-reactive	Report as VC non-reactive
3	Control & VC O1 band	VC O1 reactive	Report as VC O1 reactive
4	Control & VC O139 band	VC O139 reactive	Repeat test, if 2 nd result is the same, report as VC O139 reactive. Send sample to laboratory for further testing
5	Control & VC O1 & VC O139	VC O1 & VC O139 reactive	Repeat test, if 2 nd result is the same, report as VC O1 & VC O139 reactive. Send sample to laboratory for further testing

***Vibrio cholerae* O139 is uncommon outside of Southeast Asia, If the RDT shows a band for O139 it must be considered in context - the area you are in and if there is a current outbreak of VC O139. When O139 is an unexpected result, further testing is always required.**