

Respiratory specimens from the nasopharynx have traditionally been considered to have the highest sensitivity for detection of virus from patients with respiratory infections. Modern molecular assays involving reverse transcription-PCR have increased the sensitivity of viral detection from respiratory specimens. As a result, less invasive and easier-to-obtain methods to collect specimens inducing combined nasal and oro-pharyngeal swabs have been shown to have equivalent sensitivity for the detection of respiratory viruses¹. In addition, self-swabbing for identification of respiratory viruses has been shown to be equivalent to staff-swabbing with regard to both patient satisfaction and pathogen identification².

Australian Clinical Labs offers patients who are at risk of having Covid-19 the benefits of self-collection of oro-pharyngeal and nasal samples. Our method and patient education material is benchmarked against tertiary institutions (Alfred Hospital) where this technique is currently utilised.

Please contact your Australian Clinical Laboratories representative if you have any questions about the collection services provided to patients at risk of having Covid-19

References

1. Spencer S, Thompson MG, Flannery B, Fry A. Comparison of Respiratory Specimen Collection Methods for Detection of Influenza Virus Infection by Reverse Transcription-PCR: a Literature Review. *Journal of clinical microbiology*. 2019;57(9).
2. Akmatov MK, Gatzemeier A, Schughart K, Pessler F. Equivalence of self- and staff-collected nasal swabs for the detection of viral respiratory pathogens. *PloS one*. 2012;7(11):e48508.