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ISID Grant Report

Performance evaluation of point-of-care test for detection of Cryptosporidium stool antigen in children and HIV infected adults

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Background

Gastro-enteritis is associated with significant morbidity and mortality in patients with HIV/ AIDS and children, and Cryptosporidium is the most important parasite implicated. Detection of Cryptosporidium using microscopy is time consuming, labor-intensive and often unsuitable. To date, simple and rapid point-of-care tests have been developed by several commercial companies; however, there is dearth of information regarding their diagnostic significance in Ethiopia where Cryptosporidium and other parasites are prevalent. This study aimed at evaluating the performance of a rapid diagnostic test (RDT) for detection of Cryptosporidium stool antigen.

Methods

A cross-sectional study was conducted in Hawassa University Hospital, southern Ethiopia from May to November 2013. Faecal samples were collected from a total of 100 children and 250 HIV infected individuals with diarrhea or CD4 T-cell count lower than 200 cells/ µl. Specimens were processed using direct, formol-ether concentration and modified Ziehl-Neelsen techniques for diagnosis of Cryptosporidium and other parasites. One hundred faecal samples (50 Cryptosporidium positives and 50 Cryptosporidium negatives but positive for other intestinal parasites) were tested using CoproStripTMCryptosporidium kit (Savyon Diagnostics Ltd, Israel). Test parameters were calculated using microscopy of the modified Ziehl-Neelsen stained stool smear as reference method.

Results

The performance of the RDT was first compared to routine microscopic analysis (examination ≤10 min). The CoproStripTMCryptosporidium RDT correctly detected 31 of 42 positive samples and 49 of 50 negative samples (i.e., 11 false negatives and 1 false positive). Sensitivity, specificity, PPV, NPV and accuracy were calculated to be 74, 98, 97, 84 and 88%, respectively. Upon thorough microscopic analysis (examination >10 min), 8 more samples with very low oocyst density were found. However, these were missed by the kit and lower the sensitivity and NPV to 62 and 72%, respectively. No cross-reactivity was observed with any of helminthic or other protozoan parasites including Isospora and Cyclospora species.

Conclusion

Based on the results described herein, the CoproStripTMCryptosporidium test could be used as an alternative to conventional microscopy especially where diagnosis of Cryptosporidium is limited due to time constraints, lack of experienced microscopists or unavailability of appropriate equipment/electricity.