

Change in procedure for HSV and VZV specimen collection for DFA and culture

Effective October 6th 2015, the MGH Clinical Microbiology Laboratory will **no longer accept provider-prepared slides of skin lesions** for antigen detection (DFA) for herpes simplex virus (HSV) or varicella zoster virus (VZV). Instead, specimens from the lesion should be collected in a 3ml Universal Transport Medium (UTM) tube using a nylon flocculated swab. Studies have shown that this is a preferable method for detection.¹ After specimen receipt, slides for antigen detection will be prepared in the laboratory using the UTM specimen. Collection materials and instructions should be obtained directly from the Microbiology Laboratory (Gray 5 GRB 532, 617-726-3613). Collection instructions are also available on the MGH laboratory handbook (<http://mghlabtest.partners.org/Documents/Collection-Instructions-HSV-VZV-07-2015.pdf>)

In addition, **viral culture for VZV is being discontinued**. Antigen detection via a direct fluorescent antibody test (DFA) is more sensitive for VZV than viral culture and has a more rapid turn-around-time.² Viral culture for HSV will continue to be offered, and can be performed from the specimen collected in UTM.

If you have any questions or concerns, please contact the Micro Resident (p. 21826), Micro Fellow (p.21414) or Micro Director (p.32443).

1. Landry ML, Ferguson D, Wlochowski J. 1997. Detection of herpes simplex virus in clinical specimens by cytospin-enhanced direct immunofluorescence. J. Clin. Microbiol. 35:302–304.
2. Wilson D.A., Yen-Lieberman B., Schindler S., Asamoto K., Schold J.D., Procop G.W. 2012. Should varicella-zoster virus culture be eliminated? A comparison of direct immunofluorescence antigen detection, culture, and PCR, with a historical review. J. Clin. Microbiol. 50:4120–4122.