



CLINICAL AND  
LABORATORY  
STANDARDS  
INSTITUTE®

1st Edition

# POCT15

## Point-of-Care Testing for Infectious Diseases

This report summarizes current knowledge of rapid and point-of-care testing practices used worldwide for infectious diseases.

A CLSI report for global application.

# Clinical and Laboratory Standards Institute

*Setting the standard for quality in medical laboratory testing around the world.*

The Clinical and Laboratory Standards Institute (CLSI) is a not-for-profit membership organization that brings together the varied perspectives and expertise of the worldwide laboratory community for the advancement of a common cause: to foster excellence in laboratory medicine by developing and implementing medical laboratory standards and guidelines that help laboratories fulfill their responsibilities with efficiency, effectiveness, and global applicability.

## Consensus Process

Consensus—the substantial agreement by materially affected, competent, and interested parties—is core to the development of all CLSI documents. It does not always connote unanimous agreement but does mean that the participants in the development of a consensus document have considered and resolved all relevant objections and accept the resulting agreement.

## Commenting on Documents

CLSI documents undergo periodic evaluation and modification to keep pace with advances in technologies, procedures, methods, and protocols affecting the laboratory or health care.

CLSI's consensus process depends on experts who volunteer to serve as contributing authors and/or as participants in the reviewing and commenting process. At the end of each comment period, the committee that developed the document is obligated to review all comments, respond in writing to all substantive comments, and revise the draft document as appropriate.

Comments on published CLSI documents are equally essential and may be submitted by anyone, at any time, on any document. All comments are managed according to the consensus process by a committee of experts.

## Appeal Process

When it is believed that an objection has not been adequately considered and responded to, the process for appeal, documented in the CLSI *Standards Development Policies and Processes*, is followed.

All comments and responses submitted on draft and published documents are retained on file at CLSI and are available upon request.

## Get Involved—Volunteer!

Do you use CLSI documents in your workplace? Do you see room for improvement? Would you like to get involved in the revision process? Or maybe you see a need to develop a new document for an emerging technology? CLSI wants to hear from you. We are always looking for volunteers. By donating your time and talents to improve the standards that affect your own work, you will play an active role in improving public health across the globe.

For additional information on committee participation or to submit comments, contact CLSI.

Clinical and Laboratory Standards Institute

570 West Valley Road, Suite 2500

Wayne, PA 19087 USA

T: +1.610.688.0100

F: +1.610.688.0700

[www.clsi.org](http://www.clsi.org)

[standard@clsi.org](mailto:standard@clsi.org)

---

## Point-of-Care Testing for Infectious Diseases

Sheldon M. Campbell, MD, PhD, FCAP  
Robert L. Sautter, PhD, HCLD/CC (ABB), MT(ASCP)SM  
Ellen Jo Baron, PhD, D(ABMM)  
Suzanne E. Dale, PhD, D(ABMM)  
Charlotte A. Gaydos, BS, MS, MPH, DrPH  
Mitch Gonzales  
Barbara Haller, MD, PhD  
Ralf Labugger, MSc, PhD  
Cindy B. McCloskey, MD  
Norman Moore, PhD  
Heather Stang, MS, MT

### Abstract

Clinical and Laboratory Standards Institute report POCT15—*Point-of-Care Testing for Infectious Diseases* is intended for use in assessing, implementing, and managing programs for the detection, control, and/or management of infectious diseases using point-of-care testing (POCT) methodologies.

Clinicians rely heavily on laboratory tests for the etiologic diagnosis of infectious diseases, which guides both prognostication and management. The clinical importance of these results means that testing must be performed in an optimal manner, and the results must be interpreted with clear knowledge of the methodologies' abilities and limitations. This report summarizes current methods and practice in POCT for infectious diseases.

Clinical and Laboratory Standards Institute (CLSI). *Point-of-Care Testing for Infectious Diseases*. 1st ed. CLSI report POCT15 (ISBN 978-1-68440-068-3 [Print]; ISBN 978-1-68440-069-0 [Electronic]). Clinical and Laboratory Standards Institute, 950 West Valley Road, Suite 2500, Wayne, Pennsylvania 19087 USA, 2020.

The Clinical and Laboratory Standards Institute consensus process, which is the mechanism for moving a document through two or more levels of review by the health care community, is an ongoing process. Users should expect revised editions of any given document. Because rapid changes in technology may affect the procedures, methods, and protocols in a standard or guideline, users should replace outdated editions with the current editions of CLSI documents. Current editions are listed in the CLSI catalog and posted on our website at [www.clsi.org](http://www.clsi.org). If you or your organization is not a member and would like to become one, or to request a copy of the catalog, contact us at: Telephone: +1.610.688.0100; Fax: +1.610.688.0700; E-Mail: [customerservice@clsi.org](mailto:customerservice@clsi.org); Website: [www.clsi.org](http://www.clsi.org).



CLINICAL AND  
LABORATORY  
STANDARDS  
INSTITUTE®

Copyright ©2020 Clinical and Laboratory Standards Institute. Except as stated below, any reproduction of content from a CLSI copyrighted standard, guideline, derivative product, or other material requires express written consent from CLSI. All rights reserved. Interested parties may send permission requests to [permissions@clsi.org](mailto:permissions@clsi.org).

CLSI hereby grants permission to each individual member or purchaser to make a single reproduction of this publication for use in its laboratory procedures manual at a single site. To request permission to use this publication in any other manner, e-mail [permissions@clsi.org](mailto:permissions@clsi.org).

### **Suggested Citation**

CLSI. *Point-of-Care Testing for Infectious Diseases*. 1st ed. CLSI report POCT15. Wayne, PA: Clinical and Laboratory Standards Institute; 2020.

ISBN 978-1-68440-068-3 (Print)  
ISBN 978-1-68440-069-0 (Electronic)  
ISSN 1558-6502 (Print)  
ISSN 2162-2914 (Electronic)

Volume 40, Number 2

## Committee Membership

### Document Development Committee on Point-of-Care Testing for Infectious Diseases

**Sheldon M. Campbell, MD, PhD,  
FCAP  
Chairholder  
Yale School of Medicine  
USA**

**Robert L. Sautter, PhD, HCLD/CC  
(ABB), MT(ASCP)SM  
Vice-Chairholder  
RL Sautter Consulting LLC  
USA**

Ellen Jo Baron, PhD, D(ABMM)  
Stanford Health Care  
USA

Suzanne E. Dale, PhD, D(ABMM)  
ACM Medical Laboratory  
USA

Mitch Gonzales  
Bio-Rad Laboratories, Inc.  
USA

Barbara Haller, MD, PhD  
San Francisco General Hospital –  
University of California San Francisco  
USA

Stephen Lovell, BS, PhD  
FDA Center for Devices and Radiological  
Health  
USA

Heather Stang, MS, MT  
Centers for Disease Control and  
Prevention  
USA

#### Staff

Clinical and Laboratory Standards  
Institute  
USA

David E. Sterry, MT(ASCP)  
*Project Manager*

Emily J. Gomez, MS,  
MLS(ASCP)<sup>CM</sup>MB<sup>CM</sup>  
*Project Manager*

Megan L. Tertel, MA, ELS  
*Editorial Manager*

Catherine E.M. Jenkins  
*Editor*

Kristy L. Leirer, MS  
*Editor*

Laura Martin  
*Editor*

### Acknowledgment for the Expert Panel on Point-of-Care Testing

CLSI and the Document Development Committee on Point-of-Care Testing for Infectious Diseases gratefully acknowledge the Expert Panel on Point-of-Care Testing for serving as technical advisors and subject matter experts during the development of this report.

#### Expert Panel on Point-of-Care Testing

**Ellis Jacobs, PhD, DABCC, FAAAC  
Chairholder  
EJ Clinical Consulting, LLC  
USA**

**Peggy A. Mann, MS, MT(ASCP)  
Vice-Chairholder  
The University of Texas Medical  
Branch  
USA**

Serafina B. B. MBEE, MLS(ASCP)<sup>CM</sup>  
Centers for Medicare & Medicaid  
Services  
USA

Yung W. Chan, MT(ASCP)  
FDA Center for Devices and Radiological  
Health  
USA

Uyen B. Chu, PhD  
Tripler Army Medical Center  
USA

Diane Davis, MT(ASCP)SH  
Instrumentation Laboratory  
USA

Roberta E. Hoenig, BS, MT  
Northwell Health  
USA

Frank M. LaDuca, PhD, FAHA  
LADUCA RCA, LLC  
USA

Norman Moore, PhD  
Abbott Rapid Diagnostics  
USA

Monica Thomas, MPA, CLS(ASCP)  
Cedars-Sinai Medical Center  
USA

Marcia L. Zucker, PhD, FAACC  
ZIVD LLC  
USA

## Acknowledgment

CLSI and the Document Development Committee on Point-of-Care Testing for Infectious Diseases gratefully acknowledge the following volunteers for their important contributions to the development of this report:

Charlotte A. Gaydos, BS, MS, MPH,  
DrPH  
Johns Hopkins University  
USA

Cindy B. McCloskey, MD  
University of Oklahoma Health Sciences  
USA

Pius Opendi Ochola, MD  
Tabernacle International Hospital  
Kenya

Ralf Labugger, MSc, PhD  
Alere Technologies GmbH  
Germany

Norman Moore, PhD  
Abbott Rapid Diagnostics  
USA

Currently in preview, click

## Contents

Abstract.....	i
Committee Membership.....	iii
Foreword.....	vii
Chapter 1: Introduction.....	1
1.1 Scope.....	1
1.2 Background.....	1
1.3 Standard Precautions.....	2
1.4 Terminology.....	2
Chapter 2: Technology Summary.....	9
2.1 Immunoassays.....	9
2.2 Molecular Diagnostics.....	11
Chapter 3: Indications, Issues, and Guidance by Pathogen.....	13
3.1 Respiratory Pathogens.....	13
3.2 Genitourinary Pathogens.....	18
3.3 <i>H. pylori</i> .....	21
3.4 HIV.....	23
3.5 Hepatitis Virus.....	26
3.6 Other Health Care–Associated and Community Pathogens of Importance.....	27
3.7 Miscellaneous Infections.....	31
3.8 Procalcitonin.....	36
3.9 Multiplex Molecular Point-of-Care Testing.....	37
Chapter 4: Point-of-Care Testing for Infectious Diseases in Low-Resource Settings.....	41
4.1 Use Setting.....	41
4.2 Ease of Use.....	42
4.3 Supply Chain.....	42
4.4 Training and Technical Support.....	42
4.5 Quality Assurance and Data Management.....	43
4.6 Patient Workflow.....	43
4.7 Cost.....	43
4.8 Waste Management.....	44
Chapter 5: Conclusion.....	45
Chapter 6: Supplemental Information.....	46
References.....	47
Additional Resources.....	61
Appendix A. Summary of Test Targets and Their Significance.....	62
Appendix B. Outcome Studies of HIV CD4 Counts.....	68
The Quality Management System Approach.....	70
Related CLSI Reference Materials.....	71

## Foreword

Infections are responsible for 26% of deaths worldwide and for 30% of worldwide lost disability-adjusted life-years.<sup>1,a</sup> Infectious diseases are the leading killers of children and adolescents and a major cause of adult mortality. Of the top 10 causes of death worldwide, three are infections. In addition, infectious diseases are major causes of illness and are associated with and contribute to poverty. Despite the ability of modern medicine to treat or prevent many infectious diseases, they remain important causes of death and disability.

Effective management of infectious diseases necessitates rapid and accurate diagnosis, and in the case of chronic infections, such as HIV, testing for disease monitoring and support for directed therapies. Because infectious diseases are often characterized by rapid onset and progression, rapid, point-of-care (POC) diagnostics streamline and facilitate effective management. Infectious diseases disproportionately affect poor and marginalized populations. Therefore, delivering diagnostic testing at the point of care has the potential to improve access to care, as well as public and individual health.

This report is intended for use by laboratory professionals, public health professionals, clinicians, and health care managers to guide the selection, implementation, and effective use of POC tests in the diagnosis and management of infectious diseases.

Rapid point-of-care testing (POCT) methodologies for infectious diseases have an enormous spectrum of applications, from routine primary care to nosocomial infections to public health outreach testing to pandemic, disaster, and biopreparedness uses. Widely accepted guidelines for use of such tests would have a broad effect on practice. Guidelines should discuss topics such as appropriate use and interpretation of POCT for infectious diseases; cost-effective practices; and quality promotion both on the analytical and systems levels, promoting appropriate and high-quality testing practices.

**NOTE:** The content of this report is supported by the CoCo consensus process and does not necessarily reflect the views of any single individual or organization.

### Key Words

Health care-associated infections, hepatitis, HIV, infectious diseases, influenza, malaria, point-of-care, rapid tests, sexually transmitted infections, tuberculosis

<sup>a</sup> <http://www.who.int/healthinfo/statistics/bodgbdeathdalyestimates.xls>

# Point-of-Care Testing for Infectious Diseases

## Chapter 1: Introduction

This chapter includes:

- Report's scope and applicable exclusions
- Background information pertinent to the report's content
- Standard precautions information
- "Note on Terminology" that highlights particular use and/or variation in use of terms and/or definitions
- Terms and definitions used in the report
- Abbreviations and acronyms used in the report

### 1.1 Scope

This report provides recommendations for clinicians, laboratories, public health agencies, and policymakers who are responsible for assessing, implementing, performing, and using point-of-care (POC) tests to improve management of infectious diseases. It also provides recommendations for indications, limitations, appropriate use, and reporting and interpretation for the major POC tests available. In addition, this report summarizes potential uses of POC tests in community outreach and public health testing and in resource-limited settings.

The intended users of this report are point-of-care testing (POCT) professionals, including but not limited to POC coordinators, medical directors, and laboratory directors of POCT programs, and microbiology laboratory directors. Users may also include public health agencies and public health policymakers.

This report is not intended to provide an overview of QC, QA, or other good laboratory practices as related to these types of POC tests. Nor is it intended to provide a comprehensive review of the emerging technologies in POCT for infectious diseases. For the most part, discussions in this report are confined to commercialized or soon-to-be commercialized technologies.

### 1.2 Background

POCT for infectious diseases has enormous scope, ranging from streptococcal pharyngitis testing in routine primary care to outreach HIV testing by community organizations to molecular testing of methicillin-resistant *Staphylococcus aureus* (MRSA) in the inpatient setting. It includes testing for occult *Helicobacter pylori* disease in outpatients with gastroenteritis, testing for sepsis or respiratory pathogens in critically ill inpatients, and HIV screening for persons in developing countries. The complexity of the topic is exceeded only by its potential to improve human health.

POCT15 summarizes available technologies and various tests, as well as describing the diseases in question and the role of diagnostic testing in their management. Laboratory directors, managers, and supervisors are responsible for ensuring POC test methods are only used in situations in which operator competence has been documented. Inexperienced laboratorians should be directly supervised by an experienced laboratorian or use alternate methods until proficiency is achieved.