



Changes to *Helicobacter pylori* Testing

Test of choice for the diagnosis of *H. pylori*: Faecal Antigen Testing

Traditional *H. pylori* serology testing is now virtually obsolete since a positive result may indicate either past or current infection, resulting in a low specificity.

The superior **faecal antigen test** uses a monoclonal antibody-based technique to detect the presence of *H. pylori* antigens in a faecal sample. It can be used to diagnose active infection and, if required, to confirm eradication following treatment. The reported sensitivity and specificity of the test are high.

To avoid false negative results, the patient should not have had antibiotics for four weeks prior to faecal antigen testing. Along the same lines, proton pump inhibitors (PPI) and bismuth should be avoided for two weeks prior to testing.

From 1st January 2017, *H. pylori* serology testing will only be performed if either of the following apply:

- Specialist approval is sought and documented on the form. (either clinical microbiologist or gastroenterologist)
- The clinical details on the form specifically state that the patient is **unable to discontinue their PPI** for 2 weeks in order to allow faecal antigen testing.

Please contact us if you have any questions with regards to this change.

CLINICAL UPDATE

Not All Patients Presenting with Dyspepsia Require Testing for *H. pylori*

BPAC recommendations are as follows:

- **Low risk of *H. pylori* infection** – The most pragmatic approach is to prescribe a PPI and review the patient in a month to assess whether symptoms have improved. If not, reassess for the presence of red flags and consider testing for *H. pylori*. Ideally the PPI should be stopped for two weeks prior to testing for *H. pylori* to reduce the rate of false negative results.
- **High risk of *H. pylori* infection** – Consider testing for *H. pylori* with a faecal antigen test. If the result is positive for *H. pylori*, eradication treatment should be prescribed. If the result is negative, empiric treatment with a PPI can be initiated after reassessing for red flags.

Note there is a higher prevalence of *H. pylori* infection in patients of Maori, Pacific, Asian and Indian ethnicity and also patients born outside of New Zealand.

The [BPAC guidelines](#) list the “Red Flags” that may prompt referral for endoscopy.

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