

To: GP Practices

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www.hscboard.hscni.net4th April 2019

Dear Colleague

GP DIRECT ACCESS HELICOBACTER PYLORI TESTING

As part of our Gastroenterology Elective Care Reform, a regional roll-out of the **STOOL ANTIGEN TEST (SAT)** for *H.pylori* has commenced. This is to replace the more commonly used urea breath test (UBT). The SAT is comparable in accuracy to the UBT but has the additional benefits of being more cost effective and time saving for GPs. Furthermore the SAT does not rely on the patient to accurately perform the test.

While the urea breath test was initially felt to be the most accurate test post eradication, the European Helicobacter Study Group Guidelines (2012) now recommend that both tests have equivalent diagnostic accuracy. As with many other areas of the UK we have decided to adopt the SAT as the ***H. Pylori* test of choice** and this has been endorsed by the NI Public Health Agency.

Roll out across the various Local Commissioning Group (LCG) areas is timetabled as follows:

LCG area	Date of implementation
Western	21 st January 2019
Northern	1 st April 2019
Southern	1 st April 2019
South Eastern	1 st October 2019
Belfast	1 st October 2019

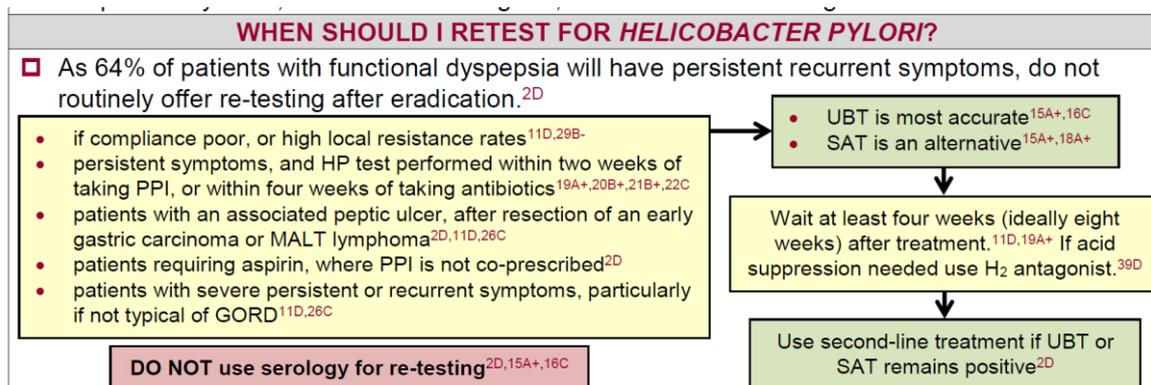
In line with NICE guidance and after exclusion of red flags, we would encourage GPs to **ONLY** test for *H. pylori* when indicated. This guidance is outlined in the excerpt below taken from the Quick Reference Guide of the Public Health England (PHE) document '*Test and treat for*

Helicobacter pylori (HP) in dyspepsia' - 'When should I test for *Helicobacter Pylori*' :

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/780829/HP_Quick_Reference_Guide_UPDATE_2019.pdf

NICE	<ul style="list-style-type: none"> ❑ Patients over the age of 55, with recent onset, unexplained and persistent dyspepsia (over 4-6 weeks) should be referred urgently for endoscopy to exclude cancer.^{1D}
WHEN SHOULD I TEST FOR <i>HELICOBACTER PYLORI</i>?	
<ul style="list-style-type: none"> ❑ Patients with uncomplicated dyspepsia unresponsive to lifestyle change and antacids, following a single one month course of proton pump inhibitor (PPI), without alarm symptoms.^{2D,3A-,4A-,5A-,6A-} Note: Options should be discussed with patients, as the prevalence of HP in developed countries is falling,^{7B+,8B-,9B+} and is lower than 15% in many areas in the UK.^{10B+,11D} A trial of PPI should usually be prescribed before testing, unless the likelihood of HP is higher than 20%^{11A-} (older people; people of North African ethnicity;^{8B-,9B+} those living in a known high risk area), in which case the patient should have a test for HP first, or in parallel with a course of PPI. ❑ Patients with a history of gastric or duodenal ulcer/bleed who have not previously been tested.^{11C} ❑ Patients before taking NSAIDs, if they have a prior history of gastro-duodenal ulcers/bleeds. Note: Both HP and NSAIDs are independent risk factors for peptic ulcers, so eradication will not remove all risk.^{11A-} ❑ Patients with unexplained iron-deficiency anaemia, after negative endoscopic investigation has excluded gastric and colonic malignancy, and investigations have been carried out for other causes, including: cancer; idiopathic thrombocytopenic purpura; vitamin B12 deficiency.^{11D} 	
WHEN SHOULD I NOT TEST FOR <i>HELICOBACTER PYLORI</i>?	
<ul style="list-style-type: none"> ❑ Patients with proven oesophagitis, or predominant symptoms of reflux, suggesting gastro-oesophageal reflux disease (GORD).^{2D,11D,12A+} ❑ Children with functional dyspepsia.^{13A+,14A+} 	

Routine re-testing after eradication is not usually necessary. Indications for re-testing are laid out in the attached PHE guidance and should be followed closely:



Patient *H. pylori* faecal antigen samples will be collected in the usual way from the practice along with other laboratory samples. Sample requirements as determined by the pathology laboratory are outlined in Appendix 1.

ACTION FOR GPs

- Ensure there is no further prescribing of *H. Pylori* breath tests once the SAT becomes available in your area (see above table). Prescribing data will be monitored by your local Pharmacy Adviser.

- Cascade this information to all relevant staff including GP locums, practice based pharmacists and treatment room staff.
- Follow the PHE document '*Test and treat for Helicobacter pylori (HP) in dyspepsia*'.

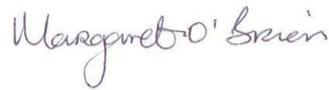
We would hope that appropriate use of this test will lead to better management of patients presenting with uncomplicated dyspepsia with a reduction in unnecessary invasive endoscopy procedures.

If you have any queries please contact Ciaran.Byrne@hscni.net in the first instance.

Yours sincerely



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GP Direct Access to Helicobacter pylori faecal antigen testing

Sample requirements

For this test patients are required to provide a stool sample.

Prior to sampling patients should not have taken:

- Any antibiotics for at least **4** weeks,
- Proton pump inhibitors (PPI) or H2-receptor antagonists for at least **2** weeks.

Stools may be collected in a clean bedpan and must not be contaminated with urine, residual soap or disinfectant. A portion of the stool should be transferred into a sterile faeces container using the spoon attached to the lid. Enough material to fill one third of a sterile specimen pot is required. Specimens should be refrigerated (between 2° and 8°C) while awaiting transport to the laboratory and must be received by the testing laboratory within 48 hours of production.

Samples can be transported via your routine laboratory collection. To reduce the risk of sample degradation due to transport delay we recommend that samples only be taken Monday to Wednesday. The assay is performed as a batch test currently once per week but this frequency will be increase with sample numbers.

When requesting this test please complete your standard microbiology request form making a single test request for **H. pylori faecal antigen**.

To comply with Ulster Hospital laboratory acceptance criteria please make sure that the patient's name, DOB, H&C number, the sample date and time are recorded on both the sample container and the request form.

Test Results

The *H. pylori* faecal antigen test is a qualitative assay and the results will be reported as **positive, negative or equivocal**. As with all laboratory tests clinicians should consider the patient's clinical history and results before making a final diagnosis.

Inability to detect *H. pylori* antigens in a patient's faecal samples may not preclude disease but may be caused by other factors such as incorrect sampling, handling or storage of stools.

Results will be returned to GP requestors via the GP Links programme. These results will also be available on the NIECR system.

Contact details

Pathology clinical and laboratory advice is available via the Ulster Hospital Microbiology laboratory, telephone number 028 9041 1701.