

MICRO. MATTERS

A Periodic Flyer from Microbiology Laboratory at Doctors Laboratory, Inc.

January, 2010

RECENT AND UPCOMING ENHANCEMENTS TO MICROBIOLOGY SERVICES

Due to:

- (a) significantly increased challenges posed by a variety of microorganisms in recent times, ranging from several food-borne outbreaks due to E. coli and Salmonella, healthcare and community-associated infections from MRSA and other multi-drug resistant forms, the H1N1 threat, to the threat as biological weapons, and
- (b) increased availability of superior diagnostic tests,

Doctors Laboratory will be enhancing its technologies and expanding its test offering in Microbiology in several ways in 2010, and is excited to bring these changes that will benefit its clients and patients. The following is a summary of these planned changes.

(1) SHIGA TOXIN:

Based upon the latest CDC recommendation regarding Shiga Toxin testing on ALL specimens submitted for stool culture (see DLI's recent announcement at www.doctorslabinc.com or the recently mailed flyer), efforts will be made to bring this to the attention of DLI clients by periodic reminders. Until Shiga Toxin test is accepted routinely as part of the stool culture by third party payers, clients would need to specifically order it, either with each stool culture, or on case-by-case basis.

**For your ready reference –
The test code for ShigaToxin is 2253, and the test code for routine stool culture is 202**

(2) YEAST MIC:

Due to increased prevalence of yeast infections, increased level of resistance to anti-fungal agents and more requests for testing yeast isolates for their susceptibility patterns, DLI will begin routinely performing MIC testing on yeast isolates from the following sources – blood, body fluids, wounds, and dermatological infections. This will become effective on March 1, 2010. Susceptibility testing on yeast isolates from all other, often colonized, sources, e.g. genital, urine, upper and lower respiratory, will be available on “when requested” basis, where an “Add Order” will be acceptable after receipt of initial report. Alternatively, and more conveniently, yeast MIC may be set up as a “reflex” test for specific client, where, with standing instruction, yeast MIC may be automatically performed when yeast is isolated from any source.

Initially the following antifungal agents will be tested on yeast isolate, and full MIC values and interpretations will be reported – Fluconazole, Flu cytosine, Itraconazole, and Voriconazole.

For your ready reference - the test code for Yeast Culture is 211

(3) IMPROVED TURN-AROUND-TIME ON GROUP “B” STREP. AND MRSA TESTING:

Effective this week, positive GBS and MRSA results will be available at least one day sooner. Thus, with still following CDC guidelines for GBS, we will be able to report a positive GBS specimen on the second day after its receipt in DLI’s central laboratory. Similarly, an MRSA screen result will be available the next day after receipt of the specimen.

**For your ready reference -
The test code for GBS Culture is 2260, and
The test code for an MRSA Detection Test is 2254**

(4) EXPANSION TO FULL- SERVICE ANAEROBIC BACTERIOLOGY:

To meet the increased need and demand of its clients, DLI will soon expand its capabilities into full-service Anaerobic Bacteriology. This will include complete, species-level identification of anaerobic Isolates from all sources, and susceptibility testing of isolates from critical sources, primarily blood and body fluids, wounds, and deep organs. Anaerobic isolates from all other sources will be tested on “Request Only” basis.

**For your ready reference -
The anaerobic culture may be ordered ONLY with an aerobic culture by adding test code 228,
or by writing “Anaerobic Culture” on the requisition**

(5) RAPID DIAGNOSIS OF CAMPYLOBACTERIOSIS:

Among all common gastro-intestinal pathogens, Campylobacter is the slowest to grow due to its unique and exacting nutritional and environmental needs, and most difficult to detect and identify, requiring experienced Microbiology personnel. Standard culture procedure takes up to four days for its detection and identification. However, soon DLI will be able to report Campylobacter overnight after receipt of a specimen using a new technology, which will also have better sensitivity and specificity. When offered, this rapid test will replace the Campylobacter culture portion of traditional stool culture, and will allow stool cultures to be reported at least a day sooner.

(6) OTHER VALUE-ADDED MICROBIOLOGY SERVICES:

(a) Availability of historical antimicrobial susceptibility pattern information:

Occasionally, an isolate may become nonviable during susceptibility testing, making it impossible to report its susceptibility pattern. Upon request, Microbiology Laboratory can provide historical susceptibility data (Antibiogram) for a particular organism so that the patient may be successfully treated. Calls for such request may be directed to 1-800-342-7552, ext. 2252.

(b) Availability of experienced Staff 7-days a week:

Microbiology Laboratory is staffed by highly experienced professionals available 7-days a week.

(c) Strong Emphasis on Rapid and/or Modern Technology:

From all of the above, it may be apparent to you that DLI maintains highly progressive, and modern Microbiology laboratory, with emphasis on an ideal combination of speed and quality.

For additional information on any of the above, please contact Prafull (Phil) Shah at ext. 2253.