

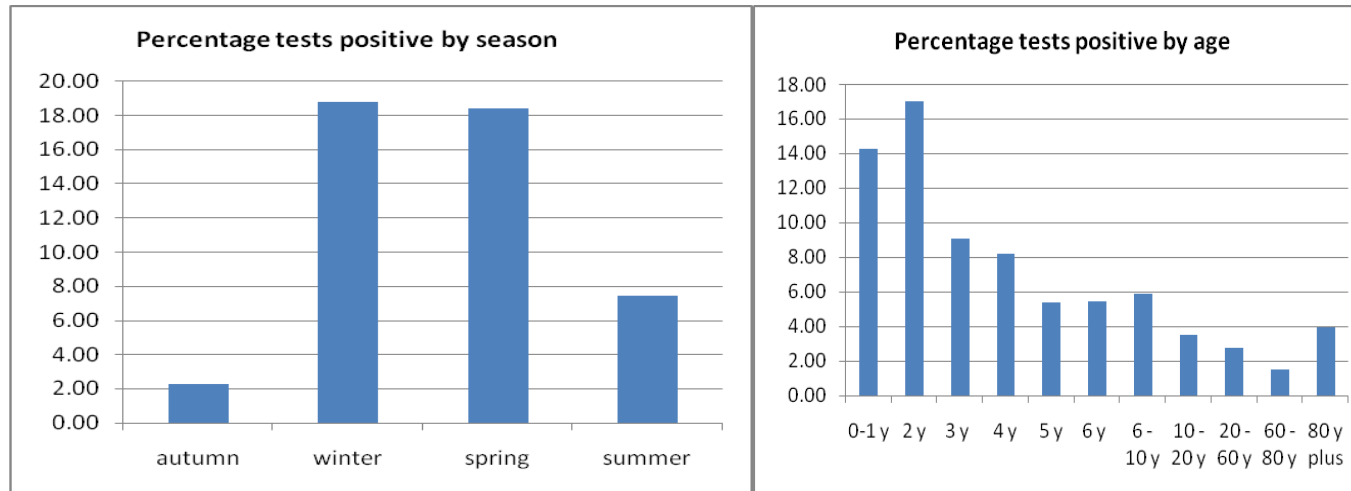
## Labtests Microbiology Update – May 2010

The purpose of this update is to keep referrers informed about changes to testing practices in the microbiology laboratory. We welcome your feedback to [arlo.upton@labtests.co.nz](mailto:arlo.upton@labtests.co.nz).

### 1. Rotavirus testing

At the current time all faeces specimens are tested from children  $\leq 6$  years, and when rotavirus is requested.

From our opening in August 2009 until 31<sup>st</sup> March 2010 we performed 5537 rotavirus tests. Of these, 11.88% were positive. Incidence was highest among patients two years and younger, in the winter and spring months, and when the faeces was described as fluid or semi-solid (see following graphs).



We plan to introduce the following changes to our rotavirus testing on Monday 7<sup>th</sup> June.



### *Stool description*

Testing will not be performed on formed stool specimens unless it is part of an outbreak investigation (stated on request form).

### *Age of patient*

Testing will be performed routinely on patients  $\leq 2$  years. Otherwise, it will be performed only when requested.

Please submit feedback to [arlo.upton@labtests.co.nz](mailto:arlo.upton@labtests.co.nz).

## **2. Trichomonas culture**

*Trichomonas vaginalis* is a protozoan parasite which infects the vagina and urethra in women and urethra in men. Correct specimens for the diagnosis of trichomoniasis are vaginal swabs for women and urethral swabs for men. Trichomonas culture is not performed routinely on men; it must be requested by the referrer.

We now perform Trichomonas culture routinely only on vaginal swabs; culture is performed on urethral swabs with specific referrer request.

## **3. Urine processing**

At the current time we are performing dipstick, microscopy and culture on all urines. We plan to change our processing so that we are in line with the previous community provider and at least one of the Auckland hospital laboratories.

Following this change, where the dipstick is normal, microscopy will not be performed; all urines will continue to be cultured. The change is likely to occur in June 2010; we will keep you informed of the exact date closer to the time.

Microscopy can be requested by consultation with the clinical microbiologist.

Please submit feedback to [arlo.upton@labtests.co.nz](mailto:arlo.upton@labtests.co.nz).

Author: Dr Arlo Upton, May 2010



Notes regarding urine specimens:

1. Please refrigerate all urines while waiting for courier pick up.
2. Please use the tubes rather than pottles for urine collection
  - a. When urine is for routine culture please use the **Urine Tube (12086)**
  - b. When urine is for Chlamydia testing please use the **Male Chlamydia kit (12146)**



#### 4. *Helicobacter pylori* antigen testing

All stool samples with *H. pylori* antigen testing requests are referred to LabPlus at Auckland Hospital. They have noted that the numbers of requests are continually increasing.

Local guidelines for the management of dyspepsia and heartburn, and the investigation of *H. pylori*, are available here

[http://www.nzgg.org.nz/guidelines/0077/Dyspepsia\\_Summary.pdf](http://www.nzgg.org.nz/guidelines/0077/Dyspepsia_Summary.pdf) and here

[http://www.bpac.org.nz/resources/bt/2010/docs/best\\_tests\\_mar2010.pdf](http://www.bpac.org.nz/resources/bt/2010/docs/best_tests_mar2010.pdf).

In Auckland the prevalence of infection is > 30%, thus *H. pylori* serology is recommended as the first line investigation. If this is positive and the patient has not had previous treatment, treatment is indicated. Test of cure (with stool *H. pylori* antigen test) is not routinely indicated.

### **LabPlus shortage of stool *H. pylori* antigen kits**

Due to a problem with the manufacture of the kits in the UK there is a delay in shipment of stock to NZ. LabPlus believe they will run out of kits around the 24<sup>th</sup> May 2010. They expect replacements to be delivered around 16<sup>th</sup> June 2010. All specimens received will be refrigerated and tested once the kits are available.

For more information please contact LabLink on (09) 307 8995 or [lablink@adhb.govt.nz](mailto:lablink@adhb.govt.nz)

### **5. Tuberculosis culture on urine**

We receive approximately 100 requests for TB culture on urine each month, and so far only one specimen (of approximately 900) has been positive. TB culture should be one of the last tests done in the workup of sterile pyuria. For this reason, from Monday 24<sup>th</sup> May 2010 urine specimens sent for TB culture will be refrigerated and processed only after discussion with the clinical microbiologist.

### **6. Correct labeling of specimens**

We often receive swabs with few clinical details to guide our workup. An example would be a swab with the clinical details of “leg”. It is important for us to know whether it is a wound swab or a skin swab. Wound swabs have a Gram stain and are cultured for Gram positive and Gram negative bacteria that cause wound infections. Skin swabs do not have a Gram stain, and are cultured for fungi that cause skin infections (such as *Candida* species and dermatophytes).

*Sometimes we receive specimens with no site or test requested. These cannot be processed until that information is supplied.*

Another example is labeling of **urogenital specimens**. Below is a guideline for what swabs to collect from where for different clinical situations. It is important that you label the swab with the site as well as write the sites on the request form.

<b>Infection</b>	<b>Site/specimen</b>	<b>Notes</b>	<b>Clinical information</b>
<b>Females</b>			
Candidiasis	High vaginal swab	Trans-swab	Use of fluconazole
Bacterial vaginosis	High vaginal swab	Trans-swab	
Gonorrhoea	Endocervical swab	Trans-swab ; do not 'combine' with HVS	
Chlamydia	Vaginal/endocervical swab (or first void urine)	Self /practitioner collect vaginal swab are preferred Yellow top tubes	
Trichomoniasis	High vaginal swab	Trans-swab	
Gp B strep colonisation	Low vaginal + rectal swab	Trans-swab Test during pregnancy at/after 35 weeks gestation	Pregnancy Gestation
Mycoplasma, ureaplasma	Vaginal swab	Referred to LabPlus, Auckland Hospital Please collect separate trans-swab for this test – do not refrigerate	Request specifically
Herpes simplex	Swab base of lesion	Green viral swab Referred to LabPlus	Request specifically
<b>Males</b>			
Gonorrhoea	Urethral swab	Use flocked swab, place in trans-swab transport media	
Chlamydia	First void urine	Yellow top tubes	
Trichomoniasis	Urethral swab	Trans-swab	Request specifically
Mycoplasma, ureaplasma	Urethral swab	Referred to LabPlus, Auckland Hospital Please collect separate trans-swab for this test – do not refrigerate	Request specifically
Herpes simplex	Swab base of lesion	Green viral swab Referred to LabPlus	Request specifically



Please refer to the NZ Sexual Health Society guidelines for further information at [http://www.nzshs.org/treatment\\_guidelines/Sexual\\_Health\\_Check\\_2009.pdf](http://www.nzshs.org/treatment_guidelines/Sexual_Health_Check_2009.pdf) and <http://www.nzshs.org/guidelines.html>.

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