

THE NANOGRAM

Martha Jefferson Hospital Laboratory Services

Fall 2009

Quarterly Newsletter on MJH Website

This newsletter is from the Laboratory and will be distributed on a quarterly basis. It contains important information and news briefs concerning laboratory services. In addition to normal distribution, each issue will be posted at www.marthajefferson.org/healthcare/laboratory. Go to www.marthajefferson.org on the Healthcare Professionals menu and select Laboratory Medicine.

H1N1 Influenza: Testing and Treatment

Information from the CDC about rapid testing and H1N1 is below **and following that, a summary of the latest recommendations on treatment and prophylaxis**. Because of a high incidence of false negatives, a negative rapid test does not rule out H1N1 influenza. Although they say to consider specific testing using a viral culture or a PCR test, the expense is fairly high and except for hospitalized patients or for prophylaxis consideration for public health, the clinical utility for the patient at hand is low. More information is available at www.flu.gov under "For Professionals," or the link following is specifically about testing. (http://www.cdc.gov/h1n1flu/guidance/rapid_testing.htm)

Antiviral Treatment Treatment is recommended for:

- All hospitalized patients with confirmed, probable, or suspected H1N1 influenza.
- Patients who are at higher risk for seasonal influenza complications.

Once the decision to administer antiviral treatment is made, treatment with oseltamivir should be initiated as soon as possible after the onset of symptoms. Recommended duration of treatment is 5 days.

Oseltamivir	Treatment	Chemoprophylaxis
Adults	75 mg BID for 5 days	75 mg daily, continue for 10 days after last exposure
Children ≥ 12 months		
15 kg or less	60 mg per day divided into 2 doses for 5 days	30 mg daily, continue for 10 days after last exposure
16-23 kg	90 mg per day divided into 2 doses for 5 days	45 mg daily, continue for 10 days after last exposure
24-40 kg	120 mg per day divided into 2 doses for 5 days	60 mg daily, continue for 10 days after last exposure
>40 kg	150 mg per day divided into 2 doses for 5 days	75 mg daily, continue for 10 days after last exposure

Antiviral Chemoprophylaxis:

The indication for post-exposure chemoprophylaxis is based upon close contact with a person who is a confirmed, probable, or suspected case of novel influenza virus during the infectious period of the case. The infectious period is defined as one day before the development of symptoms and lasts until 7 days after the case's onset of illness or from the day before symptoms begin until 24 hours after the fever ends. If the contact occurred with a case whose illness started

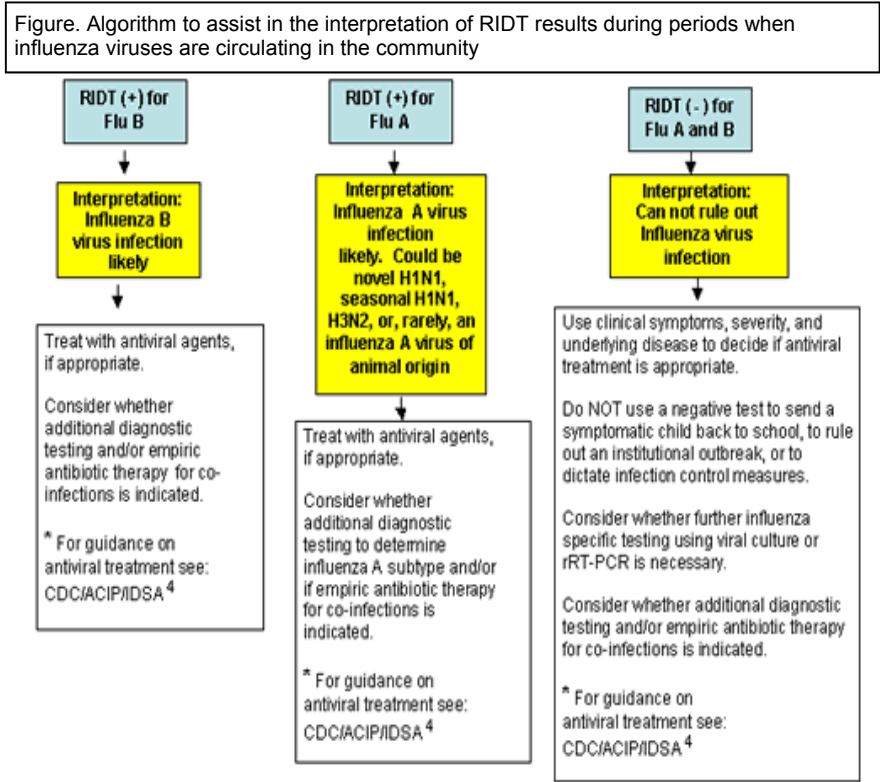
more than 7 days before contact with a person under consideration for antivirals, then chemoprophylaxis is not necessary.

Post exposure prophylaxis with oseltamivir can be considered for the following:

- Close contacts of cases (confirmed, probable, or suspected) who are at high-risk for complications of influenza
- Health care personnel, public health workers, or first responders who have had a recognized, unprotected close contact exposure to a person with novel H1N1 influenza virus infection (confirmed, probable, or suspected) during the person's infectious period.

Post exposure prophylaxis is not recommended with the following:

- Antiviral agents should not be used for post exposure chemoprophylaxis in healthy children or adults based on potential exposures in the community, school, camp or other settings.
- Chemoprophylaxis generally is not recommended if more than 48 hours have elapsed since the last contact with an infectious person.
- Chemoprophylaxis is not indicated when contact occurred before or after, but not during, the ill person's infectious period as defined above.



Reminder

You can find information about Charlottesville Pathology Associates and the pathologists at www.cvillepathology.net. Please feel free to direct patients with questions to this website.

Chemistry: eAG and NMR Lipoprofile

As of September 1, 2009 Martha Jefferson Laboratory Services is reporting eAG (estimated Average Glucose) with all HA1c that is reported. The eAG is a calculation used to translate the HA1c value into an estimated average glucose in mg/dl.

The Laboratory is also able to offer the NMR Lipoprofile that is sent to Liposcience. The specimen requirement for the NMR Lipoprofile is a bumble bee tube or serum from a plain red top tube. Anyone can contact the lab for tubes or additional specimen requirements.

C. difficile Samples and New Stool Containers

According to guidelines published by the CDA, the Society for Healthcare Epidemiology of America (SHEA) and APIC, an acceptable sample for Clostridium difficile testing is a liquid stool (diarrhea). Diarrhea has been defined as an unformed stool that conforms to the shape of the specimen collection container. The MJH Micro Lab will only accept a liquid stool for C. difficile testing. The same guidelines state that serial testing is not recommended.

Recently a memo went out that described the collection of stool in the Tri-Pack Para-Pak system. Here is a recap if you did not see the memo or need to review the information again.

The Para-Pak stool collection system provides standardized procedures for the routine collection, transportation, preservation, and examination of stool specimens.

- The orange top vial is to be used for culture and sensitivity.
- The pink top (formalin) vial is to be used for ova and parasite testing.
- The white top (clean vial) is to be used for clostridium difficile and leukocyte testing.

It is very important that the patient fill each container to the red line on the container and DO NOT OVERFILL the container. Store all three containers in the refrigerator until they can be sent to the laboratory. Send to Martha Jefferson Hospital Laboratory as soon as possible for testing.

Thanks for your help in insuring the proper guidelines and containers are used with stool specimens. If you have any questions, please call the Microbiology lab at 434-982-7172.

FYI Box **New Hospital Update**

Martha Jefferson Laboratory Services is estimated to make the move to the new hospital location on Peter Jefferson Place off Pantops in the Fall of 2011. The new hospital construction has been and will continue to be an in-depth process that requires a great deal of planning. The construction site is progressing and everyday we move a step closer to the final stages of construction. To check progress, go to the website www.mjh2012.org and view updated pictures under the construction update tab.

Note About Phone Number Change

As of August 2009, all MJH phone numbers will start with the prefix 654 (MJH). The old numbers will work through the year, but please start the transition to using the new prefix.

Important Telephone Numbers

- Need lab results from the Clinical Lab call 654-7170 or fax 654-7164.
- Outreach Department, call 654-7183
- Need lab results from the Anatomic Pathology Lab 654-7955 or fax 654-7944.
- AP Client Services Representative, Noel Jorgensen, at 654-5525

**The next Nanogram newsletter will be Winter 2010
distributed in January 2010.**

