

Exeter Laboratory News

February 2022

Happy New Year!

There was a GLInT meeting in December and the following reflect the topics discussed.

Blood tube shortage

Thankfully the shortage of blood tubes has resolved and restrictions are no longer in place, although as always, it is best to consider the absolute requirement for blood tests

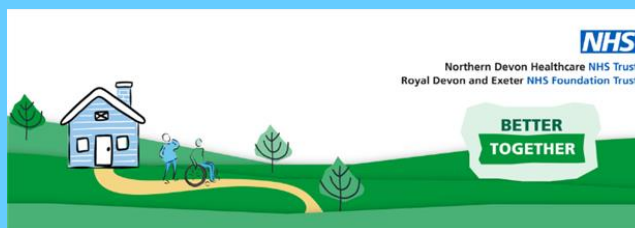
SARS-CoV-2 Update

In-patient numbers at RD&E have remained static over the last month or so, around 40. The lab continues to process an average of around 1000 swabs/day, made of routine 3x weekly in-patient screening, new admission screening, pre-admission screening and symptomatic staff screening.

Nationally the 's-gene dropout' is a key feature of omicron identification but the s-gene target is not used in our tests. However, we perform variant of concern (VOC) testing for the region which means that within 24 hours of the initial PCR positive, we have VOC results. Samples are then sent for sequencing.

RD&E and NDDH partnership

As the RD&E and NDDH trusts join forces, the laboratories are aligning practices and computer systems. We will endeavour to make this a smooth process and not impact on GP ordering/resulting but will keep you informed of any issues.



Accessing COVID PCR tests

The CCG site refers staff to the national ordering system for a pillar 2 test.

The RD&E has self-swabbing available for staff members at the Old Pathology Lab. The lab can offer testing for specific urgent cases that are discussed with the microbiologist oncall.

NB *New testing guidelines effective from 11/01/2022 state that LFD positive cases do not require confirmatory PCR testing.

Community Phlebotomy

It is felt that community phlebotomy is working well. The main challenge is ensuring duplicate samples are not collected due to timing of electronic request and printed levels coming through.

Feedback from GPs was the wording could be clearer on clinic letters stating who is responsible for collecting the blood.

Centrifugation

To follow up from previous newsletter data, Blood Sciences have re-reviewed the use of centrifuges in primary care. The data shows that lower usage sites have reduced centrifuge use even further, whereas high usage sites have increased centrifuge use.

Thank you to those sites who have managed to achieve high usage. We encourage centrifuge use for all sites, as we know that delay in centrifugation in extreme temperatures has an adverse impact on potassium results. For low temperatures, this manifests as a reduction in the measured potassium, thereby alarmingly masking true hyperkalaemia. For higher temperatures, there is an increase in concentration for the measured potassium, leading to artefactual hyperkalaemia and totally unnecessary and costly further investigation.

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BV

Bacterial vaginosis is usually a clinical diagnosis and swabs are sent as part of an STI check, not to confirm the diagnosis. The lab routinely processes swabs to identify pathogens rather than overgrowth of commensal flora.

Hence on the rare occasion the swab is being sent to confirm the diagnosis of BV, please state this in the clinical details for the laboratory to perform a Gram film to look for clue cells.

[Examination and investigations](#) | [Diagnosis](#) | [Bacterial vaginosis](#) | [CKS](#) | [NICE](#)

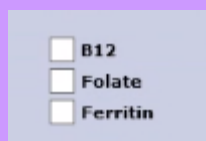
B12 and Folate

Folate levels are often requested as part of 'B12 and folate' request, when really only B12 is required. This had led to some unwanted folate results. To respond to this we have amended the front page of ICE:

Old ICE front page:



New ICE front page:



C difficile

There has been a slight increase in cases in the last few months, both community and hospital acquired. As part of the national requirement to investigate cases, we are occasionally writing to GPs to request further information.

Updated NICE guidelines were released in 2021 with a change to first line treatment from metronidazole to vancomycin, as well as second line therapy to Fidaxomicin. As of December 2021, Fidaxomicin is available in the CCG formulary but it is costly.

December 2021 saw the opening of the new Containment Level 3 (CL3) laboratory in Microbiology. The project involved converting four laboratory spaces into an HSE compliant Containment Level 3 facility. This facility will future proof the Trust to safely process specimens from "High Risk" patients and propagate potential and confirmed "High Risk" organisms.

From planning to completion, the project has taken the best part of 10 years to complete.



Finally... If you have any ideas or items you would like GLInT (GP-Laboratory Interface Team) to discuss, please email:

rde-tr.MicroConsultants@nhs.net or rde-tr.bloodsciencesadmin@nhs.net

You can follow the lab team on twitter [@Exeter_lab](https://twitter.com/Exeter_lab)

Remember there is useful information on the Exeter laboratory website www.exeterlaboratory.com including previous editions of the newsletter, test catalogue and general news updates.