



Exeter Laboratory News

July 2021

SARS-CoV-2

Throughout June we have seen a steady rise in SARS-CoV-2/COVID-19 numbers, mainly in the under 30's. With restrictions easing, we expect to see a continued rise in case numbers which will inevitably lead to some admissions into the trust, but hopefully less than wave 2.

The SIREN study has been running at RD&E for a year now. The study is a prospective study of HCW staff, testing for PCR detection of SARS-CoV-2 and antibody response (either to natural infection or vaccination).

See the one year anniversary video at: https://snapsurvey.phe.org.uk/siren/updates/20210618_siren_one_year.mp4

Pre-print data regarding vaccine effectiveness is available at [the Lancet](#).

"Effectiveness of BNT162b2 mRNA Vaccine Against Infection and COVID-19 Vaccine Coverage in Healthcare Workers in England, Multicentre Prospective Cohort Study (the SIREN Study)"

IT

We have previously discussed test order sets after being asked who creates them. The majority are managed by the laboratories; devised in conjunction with specialist services. The tests in the order set are designed to have a high diagnostic yield. If there are tests you think should be added, for individual cases, this can be done manually or please pass suggestions to this group for consideration if the test is required on the majority of patients.

Update to Thyroid requesting in ICE

An additional picklist option has been added to the Thyroid Function Test in ICE for patients on Carbimazole or Propylthiouracil (PTU) to enable appropriate requesting of Free T3 and Free T4 for patients on those drugs.

Advice from the endocrinology team at the RD&E is:

"For thyroid function monitoring after initiation of Carbimazole (or Propylthiouracil), TSH, FT4 and FT3 should be measured until TSH is within reference range and stable. Once TSH is within range and stable, monitoring with TSH alone is sufficient."

Upon selecting this picklist option, the requestor is directed to the advice from Endocrinology and given the option to add Free T3 and Free T4 to the request.

Vitamin D

The lab has aligned the Vitamin D reference ranges to fit with 2020 NICE guidelines on the management and treatment of vitamin D deficiency:

Interpretation of total 25-OH Vitamin D (please note new NICE guidelines on treatment from 22/06/21):

<25 nmol/L: NICE guidelines recommend treat for vitamin D deficiency.

25 – 50 nmol/L: NICE guidelines recommend advice on measures to prevent vitamin D deficiency.

NICE guidelines recommend treating for vitamin D insufficiency if vitamin D levels are in the range of 25–50 nmol/L and the patient:

- Has a fragility fracture, documented osteoporosis, or high fracture risk.
- Is being treated with an antiresorptive drugs for bone disease.
- Has raised parathyroid hormone levels.
- Is taking an antiepileptic drug or an oral corticosteroid, or is on long-term treatment with other drugs known to cause vitamin D deficiency, such as colestyramine.
- Has a malabsorption disorder (for example Crohn's disease) or other condition known to cause vitamin D deficiency, such as chronic kidney disease.

>50 nmol/L: Vitamin D replete. If the patient has musculoskeletal symptoms (such as muscle pain or weakness) despite adequate Vitamin D levels, consider an alternative diagnosis.