

# Exeter Laboratory News

September 2021

## SARS-CoV-2

- Cases of confirmed SARS-CoV-2/COVID-19 have increased in both staff and patients. The trust admissions are within predicted ranges and should see a peak in September with steady decrease thereafter. Admissions related to COVID-19, are younger patients compared to previous waves, mostly unvaccinated, with a male predominance
- Contact isolation guidelines changed 16<sup>th</sup> August, removing the requirement for double vaccinated and under 18s to isolate if deemed a COVID contact. However, guidelines for HCWs still require household contacts to isolate, even if double vaccinated. Risk assessments can be used to review the cases of critical staff members
- Vaccination plans are well underway for both Influenza and 3<sup>rd</sup> dose COVID
- PCR testing for symptomatic staff is available at RD&E but symptomatic household contacts are requested to use pillar 2

## To Dip or Not to Dip

To Dip or not to dip in relation to UTI diagnosis was discussed. NICE guidelines recommend urine dip in ages up to 65, in the absence of a urinary catheter, to assist with diagnosis of UTI.

False positive urine dips are frequent with older people and catheter use, as asymptomatic bacteriuria increases with age and catheters are colonised with bacteria.

Practice nurse involvement would be helpful to optimise correct use of dips within your practice.

Early engagement with any new care homes that are due to open would be helpful to prevent the use of urine dips for diagnosis of UTI.

Patient's drop samples in without request and the practise is to dip and if positive, send for culture. Ideally the patient would complete a questionnaire regarding symptoms first.

## Calprotectin Requests

A reminder that Calprotectin is a Blood Sciences test. Lots of the samples are being put in microbiology bags and sent to Microbiology. This causes delays in analysis as they arrive in Blood Sciences a day later.

When requesting tests in ICE, the specimen label will state which lab each sample should be sent to.

## IP&C

Infection, prevention and control is important in all aspects of health care. There is a new community team who are keen to engage with GPs and care homes to optimise IPC.

### Offer to Primary Care:

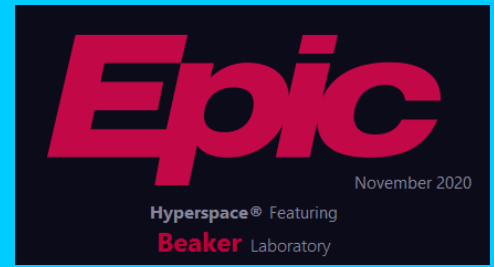
- Antimicrobial stewardship –
  - Follow up to cases of *C.difficile*, GNBSI
  - 'To dip or not to dip' programme support
- CQC inspection preparation
- External audit for new National Cleaning Standards
- Support to infection prevention practice
- Education

If you would like further information please contact:

[rde-tr.InfectionControl@nhs.net](mailto:rde-tr.InfectionControl@nhs.net)

## IT

The RD&E EPR, Epic, sends results individually as soon as they are verified in the lab. This is unlike most Laboratory Information management systems (LIMS) in the UK which compile the report and send it in a print run. This may mean results are available at different times.



## Explanation of 'susceptible increased exposure' Microbiology Report Wording

You might see microbiology reports with 'susceptible increased exposure' since the laboratory guidelines changed for certain drug-bug combinations. In most cases, clinical failure of therapy is not observed, but in order to reach the minimum inhibitory concentration (MIC) at the site of infection, the increased drug doses are recommended.

For GP prescribing, this should only affect the following:

1. Haemophilus – increased dose suggested for amoxicillin (1g TDS) and coamoxiclav (requiring additional amoxicillin 250mg TDS to coamox 625mg TDS)
2. Pseudomonas – increased dose for ciprofloxacin (750mg BD)
3. Staphylococcus – whilst ciprofloxacin is rarely used for SSTI in primary care, it may be used for bone/joint infection on discharge, in which case it should be dosed at 750mg BD

## RDE merge with Northern Devon Healthcare Trust – NDHT taking on our Epic and ICE system

RDE and NDHT will be merging next year, as part of the merge ND GP practices will be taking on ICE. ICE will replace TQuest (their current order coms system).

## Website

If you haven't had an opportunity to look at our website [www.exeterlaboratory.com](http://www.exeterlaboratory.com) we would encourage you to do so

The website contains lots of information including:

Quick links for clinical advice, PHE and Joint Formulary.

Exciting job opportunities.

A-Z test catalogues including specimen requirements, test criteria and processing times.

Departmental contact details.

Links to University of Exeter Medical School.

Research and Development.

Frequently asked questions including Lyme disease, recurrent UTI guidance and SARS-CoV-2.



**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](mailto:rde-tr.MicroConsultants@nhs.net) or [rde-tr.bloodsciencesadmin@nhs.net](mailto: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](http://www.exeterlaboratory.com) including previous editions of the newsletter, test catalogue and general news updates.