

Microbiology Critical Results, Notifiable Conditions, and Select Agents

Lab General – Specimen Collection, Handling and Reporting

Number:

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1.0 Critical Values

- Call the result to nursing unit, referring physician or laboratory immediately.
- Follow the steps for reporting and documenting critical values outlined in the [Procedure for Reporting Critical Values](#) located in the Lab General files.
- For PSHMC inpatients, notify Epidemiology via a FAX printed directly to printer #527. For PHF inpatients, fax results to Infection Control at 482-1813.

Critical Value Test Results	Provider	Epidemiology	DOH
Positive AFB smear/Mtb in culture	X	X	Cx + for Mtb
Positive blood smear/culture	X		
Positive Cryptococcal Antigen	X	X	
Positive CSF smear/culture	X	X	
Eye Cx w/ <i>P. aeruginosa</i> or <i>Bacillus</i>	X		

2.0 Alert Values

- Call the result to nursing unit, referring physician or laboratory on the day of detection. Inpatients include those at PSHMC, PHFH, PSJ, and PMC.
- Document pertinent information, including date and time called and the name of the person receiving report.
- For ESBL, MRSA, VRE, CRE, and multi-drug-resistant gram-negative rods that are resistant to 3 or more drug classes (i.e. all aminoglycosides, quinolones, and cephalosporins or all aminoglycosides, cephalosporins, and penicillins), add comment, "**Resistant microorganism. Contact precautions required.**" [RESOR1]

Alert Value Test Results	Inpatient	Outpatient
<i>C. difficile</i> PCR +	X	
Carbapenem-Resistant Enterobacteriaceae (CRE)	X	
<i>Coccidioides</i>	X	X
<i>Cryptococcus</i> from non-sterile site	X	X
Extended Spectrum Beta Lactamase (ESBL)	X	
Group A Strep (non-respiratory)	X	X
Methicillin-Resistant <i>Staph aureus</i> (MRSA)	X	
Multidrug-Resistant GNR (≥ 3 ABX classes)	X	
<i>Pneumocystis</i> DFA +	X	X
Vancomycin-Resistant <i>Enterococcus</i> (VRE)	X	

3.0 Notifiable Conditions (indicated on list below)

- A. For PSHMC inpatients, notify Epidemiology via a FAX printed directly to printer #527. For PHF inpatients, fax results to Infection Control at 482-1813.
- B. PAML Client Services will contact local or state agencies when required. However, Microbiology is responsible for reporting certain results, including those results that are immediately notifiable (see list below). Results should be phoned to a live person at the local health jurisdiction, 24/7. These are indicated on the list below. Ensure that the following comment is attached to the report. **“This is a REPORTABLE DISEASE. Please contact your County/State Health Department.” [RPT2]**
- C. Prepare isolate slant culture or retrieve specimen(s) for submission as indicated below. Complete appropriate state form depending on patient’s residence.
- D. Take culture/specimen to the Send Out section of Specimen Processing along with a send out form that indicates the Category A or B designation.

4.0 Select Agents (indicated by red font in list below)

- A. If an isolate is suspect for any of the select agents listed below, perform all work in biologic safety cabinet.
- B. Consult on Rounds for initial identification.
- C. Notify provider if select agent cannot be ruled out.
- D. Confirmatory testing will be performed by the Spokane Regional Health District Laboratory (SRHD). Notify SRHD at 509-324-1440.
- E. Prepare isolate slant culture or retrieve specimen(s) for submission as indicated below. Complete appropriate SRHD form.
- F. Take culture/specimen to the Send Out section of Specimen Processing along with a send out form. Samples must be packaged as Category A and sent to the SRHD via courier.

Notifiable Results & Select Agents	SHMC/HF Inpatient Provider & Epidem.	Outpatient Provider	PAML to Notify		Culture/Spec. Submission
			Local Health Jurisdiction	Micro to Notify Local Health Jurisdiction	
<i>Bacillus anthracis</i>	X	X		Immediate	SRHD
<i>B. pertussis</i> Culture or DFA +	X	X	24 h		DOH
<i>Brucella</i> species	X	X		Immediate	SRHD
<i>Burkholderia mallei</i> & <i>pseudomallei</i>	X	X		Immediate	SRHD
<i>Campylobacter</i> species	X	X	2 d		
Carbapenem-Resistant Enterobacteriaceae (CRE)	X			24 h	DOH
<i>Coccidioides posadasii</i> / <i>immitis</i>					ARUP
<i>Cryptococcus</i> non v. <i>neoformans</i> (i.e., <i>C. gattii</i>)	X	X			DOH
<i>Cryptosporidium parvum</i>	X	X	2 d		
<i>Cyclospora cayetanensis</i>	X	X	2 d		DOH
<i>E. coli</i> O157	X	X		Immediate	DOH
<i>Francisella tularensis</i>	X	X		Immediate	SRHD
<i>Giardia lamblia</i>	X		2 d		
<i>H. influenzae</i> from sterile site (children < 5 y)				Immediate	DOH
HIV 1 or 2 Screen + (reflexive)	X	N/A	2 d if reflex +		
<i>Legionella</i> DFA or Culture +	X	X	24 h		DOH
<i>Listeria monocytogenes</i>	X	X	24 h		DOH
<i>M. tuberculosis</i> (smear, culture, 1 st AST)	X	X		2 d	DOH
<i>Neisseria gonorrhoeae</i>	X	X	2 d		
<i>Neisseria meningitidis</i> from sterile site	X	X		Immediate	DOH
Parasites (other)	X				
<i>Salmonella</i> species	X	X	24 h		DOH
Shiga Toxin +	X	X		Immediate	DOH
<i>Shigella</i> species	X	X	24 h		DOH
<i>Vibrio cholerae</i>	X	X		Immediate	DOH
<i>Vibrio</i> spp. other than <i>cholerae</i>	X	X	24 h		DOH
Vancomycin-Resistant <i>Staphylococcus aureus</i> (VRSA)	X	X		24 h	DOH
<i>Y. enterocolitica</i> or <i>pseudotuberculosis</i>	X	X	24 h		
<i>Yersinia pestis</i>	X	X		Immediate	SRHD

5.0 Document History

Reviews: AR 12/2009, JC 12/2009, JC 3/2010, JC 2/2011

Revisions: 2/2011 MM updated with 2011 WA DOH requirements. 5/2012 MM updated critical value reporting instructions to reference the Lab General procedure. 7/2012 MM clarified contact protocol for PSHMC Epidemiology and PHFH Infection Control. 11/2012 MM added CRE and VRSA for provider notification and isolate submission to DOH, differentiated notifiable conditions called by PAML vs. PSHMC Micro, separated alert values and added *Cryptococcus* from non-sterile sites and *Coccidioides*, added PHF Infection Control fax number.

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