

Microbiology Critical Results, Notifiable Conditions, and Select Agents

Department of Microbiology

Lab General – Specimen Collection, Handling & Reporting

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1.0 Critical Values

Critical values are results that require immediate clinician notification. These results may represent a potentially life-threatening illness or serious infection control risk.

1.1 PSHMC & PHFH Patient Critical Values

- Immediately call the result to nursing unit or referring physician. Follow the steps for reporting critical values outlined in the Procedure for Reporting Critical Values located in the Lab General files. Document pertinent information, including date and time called, the name of the person receiving report, and **Verified by readback. [VRB]**.
- For PSHMC inpatients, notify Epidemiology via a fax directly to printer #527. For PHFH inpatients, fax results to Infection Control at 482-1813.

1.2 Discharged Patient Critical Values

If an inpatient or ED patient has been discharged and the floor will not take the result of a critical value, the numbers listed below can be used to pass on the information.

Inpatients

Hospitalist	710-7855	24/7
Orange Team	993-3671	24/7
Green Team	951-4815	24/7

Emergency Department Zones

Red	45760	Secretaries
Blue	43345	Secretaries
Yellow	43357	Secretaries
Green	43607	Charge Nurse pediatric
Green	43600	Charge Nurse adult
Purple	43342	Secretaries

1.3 PAML Patient Critical Values

Refer to the PAML Priority Callback Procedure.

2.0 Alert Values

Alert values are results that represent significant findings. These are called to the clinician as a courtesy to draw attention to the result for the sake of patient management or infection control. 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]

2.1 PSHMC & PHFH Patient Alert Values

- Call the result to nursing unit on the same shift that the result is obtained.
- Document pertinent information, including date and time called and the name of the person receiving report.

2.2 PAML Patient Alert Values

Refer to the PAML Priority Callback Procedure.

3.0 Notifiable Conditions

Notifiable conditions are results that represent an infectious agent with potential risk to public health. In addition to notifying the provider, laboratories are legally required to notify local health jurisdictions of suspected or confirmed cases of selected diseases or conditions. Requirements for notifiable conditions may vary slightly from state to state. A list of notifiable conditions can usually be found on the state public health websites. The notifiable conditions listed in this document reflect the Washington state notifiable conditions.

- For PSHMC inpatients, notify Epidemiology via a fax directly to printer #527. For PHF inpatients, fax results to Infection Control at 482-1813.
- 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. These are indicated on the list below. Immediately notifiable results should be phoned to a live person at the local health jurisdiction, 24/7. The local number is (509) 324-1500. Additional phone numbers for other WA local health jurisdictions can be found at www.doh.wa.gov. Results that Microbiology is responsible for reporting that are not immediately notifiable can be called to the WA reporting line at 324-1449. You will be asked to leave your name, phone number, the organism identified, the patient's name (with spelling), the patient's age with date of birth, and the provider's name and phone number.
- Ensure that the following comment is attached to the report. **"This is a REPORTABLE DISEASE. Please contact your County/State Health Department."** [RPT2]
- Prepare isolate slant culture or retrieve specimen(s) for submission as indicated below. Refer to the Isolate Send Out Procedure.

4.0 Select Agents

Select agents are infectious agents that have the potential to pose a severe threat to human health. These organisms should be identified with the oversight of the Microbiology director, supervisor, and/or technical specialist. Suspected isolates are referred to a public health laboratory for confirmation. Confirmed cases require immediate notification to the provider and local health jurisdiction.

- Perform all work in biologic safety cabinet when a select agent is suspected and consult on Rounds for initial identification.
- Notify provider and a live person at the local health jurisdiction if a select agent cannot be ruled out.
- Confirmatory testing will be performed by the Washington Public Health Laboratory. Notify the state lab before sending the isolate.
- Prepare isolate slant culture or retrieve specimen(s) for submission as indicated below. Complete appropriate submission form. Refer to the Isolate Send Out Procedure.

	Critical Value	Alert Value	Select Agent	Notifiable to Public Health	Micro to call for PSHMC or PHFH	Notify Epidem. (PHSMC or PHFH)	PAML Priority Callback	PAML to Notify Local Health Jurisdiction	Micro to Notify Local Health Jurisdiction	Culture/Spec Submission (WA)
Adenovirus		X			X					
AFB smear +	X				X	X	X			
<i>Bacillus anthracis</i>			X	X	X	X	Micro call		Immediate	X
<i>Blastomyces</i>		X			X		X			
Blood culture smear +	X				X		X			
Blood culture FilmArray +		X			X		X			
<i>Bordetella pertussis</i> (Culture, DFA, or PCR)		X		X	X	X	X	24 h		X
<i>Brucella</i> species			X	X	X	X	Micro call		Immediate	X
<i>Burkholderia mallei</i> & <i>pseudomallei</i>			X	X	X	X	Micro call		Immediate	X
<i>Campylobacter</i> species		X		X	X	X	X	2 d		
Carbapenem-Resistant Enterobacteriaceae (CRE)		X		X	X	X			24 h	X
<i>Chlamydomphila pneumoniae</i>		X			X					
<i>Clostridium difficile</i>		X			X					
<i>Coccidioides</i>		X			X		X			
Coronavirus		X			X					
Cryptococcus Antigen +	X				X	X	X			
Cryptococcus from non-sterile site		X			X		X			
Cryptococcus <u>non</u> v. <i>neoformans</i> (i.e., <i>C. gattii</i>)		X		X	X	X	X			X
<i>Cryptosporidium parvum</i>		X		X	X	X	X	2 d		
CSF smear/culture +	X				X	X	X			
<i>Cyclospora cayetanensis</i>		X		X	X	X	X	2 d		X
<i>E. coli</i> O157		X		X	X	X	X		Immediate	X
Extended Spectrum Beta Lactamase (ESBL)		X			X					
Eye culture with <i>P. aeruginosa</i> or <i>Bacillus</i> spp.	X				X		X			
<i>Francisella tularensis</i>			X	X	X	X	Micro call		Immediate	X
<i>Giardia lamblia</i>				X	X	X		2 d		
Group A Strep (non-respiratory)		X			X		X			
<i>H. influenzae</i> in sterile site (children < 5 y)	X			X	X	X	X		Immediate	X
<i>Histoplasma</i>		X			X		X			
HIV 1 or 2 Screen + (reflexive)		X		X	X	X		2 d if rflx +		
Human Metapneumovirus		X			X					
Influenza		X			X					
<i>Legionella</i> DFA or Culture +		X		X	X	X	X	24 h		X
<i>Listeria monocytogenes</i>		X		X	X	X	X	24 h		X
Methicillin-Resistant <i>Staph aureus</i> (MRSA)		X			X					

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	Critical Value	Alert Value	Select Agent	Notifiable to PHL	Micro to call for PSHMC or PHFH	Epidem. (PSHMC or PHFH)	PAML Priority Callback	PAML to Notify Local Health Jurisdiction	Micro to Notify Local Health Jurisdiction	Culture/Spec Submission (WA)
Multidrug-Resistant GNR (≥ 3 antibiotic classes)		X			X					
<i>Mycobacterium tuberculosis</i> (culture)	X			X	X	X	X	X		X
<i>Mycobacterium tuberculosis</i> (1 st isolate AST results)				X					2 d	
<i>Mycoplasma pneumoniae</i>		X			X					
<i>Neisseria gonorrhoeae</i>		X		X	X	X	X	2 d		
<i>Neisseria meningitidis</i> from sterile site	X			X	X	X	X		Immediate	X
Parainfluenza		X			X					
Parasites (other)		X		X	X	X				
<i>Pneumocystis</i>		X			X		X			
Respiratory Syncytial Virus		X			X					
<i>Salmonella</i> species		X		X	X	X	X	24 h		X
Shiga Toxin +		X		X	X	X	X		Immediate	X
<i>Shigella</i> species		X		X	X	X	X	24 h		X
Vancomycin-Resistant <i>Enterococcus</i> (VRE)		X			X					
<i>Vibrio cholerae</i>		X		X	X	X	X		Immediate	X
<i>Vibrio</i> spp. other than <i>cholerae</i>		X		X	X	X	X	24 h		X
Vancomycin-Resistant <i>Staphylococcus aureus</i> (VRSA)		X		X	X	X	X		24 h	X
<i>Y. enterocolitica</i> or <i>pseudotuberculosis</i>		X		X	X	X	X	24 h		
<i>Yersinia pestis</i>			X	X	X	X	Micro call		Immediate	X

PSHMC Epidemiology Fax to printer #527. PHFH Fax to Infection Control at 482-1813

5.0 References

1. [Washington State Department of Health](#)
2. [National Select Agent Registry](#)

6.0 Document Control History

Reviews: Ann Robinson 12/2009, Jerry Claridge 12/2009, 3/2010, 2/2011, 06/26/2013, 02/03/2014, Jason Ammons 07/2015

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.

12/2012 JC added section for calling results on discharged patients.

1/27/2014 Added FilmArray targets to alert values. Combined all organisms into one table with designations as critical, alert, and notifiable. Added definitions for each category. Added references to the PAML Priority Callback Procedure.

02/12/2014 Added Blood Culture FilmArray organism ID as an alert value.

07/08/2014 Added: "Results that Microbiology is responsible for reporting that are not immediately notifiable can be called to the WA reporting line at 324-1449. You will be asked to leave your name, phone number, the organism identified, the patient's name (with spelling), the patient's age with date of birth, and the provider's name and phone number." 1/14/2015 Updated referral information for select agent confirmation from the Spokane Regional Health District lab to the WA Public Health Lab.

07/14/2015 Updated for MTB + culture public health notification to be done by PAML instead of PSHMC Micro per AR/JA.