



Danbury Hospital
Department of Pathology & Laboratory Medicine
Technically Speaking

C. S. Guidess, Editor

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Shiga Toxin Producing E. coli Testing in Stools

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Shiga toxin producing E. coli (STEC) are an important public health problem. While E. coli 0157 is a major cause of bloody diarrhea and hemolytic uremic syndrome (HUS) and is the most widely recognized STEC in the United States, it only accounts for approximately 40% of the strains that produce shiga toxin.

The Microbiology section of the Danbury Hospital Laboratory has been screening all stools submitted for culture for E. coli 0157 for several years. We are please to announce that effective January 4, 2003, all stools submitted for culture will now be tested for STEC (including 0157) by an EIA method. This test will be batched which may delay the final report of a negative culture. However, the physician will be notified as soon as the possibility of a stool pathogen(s) is suspected. All stools submitted for culture are examined for the presence of Salmonella, Shigella, Campylobacter, Yersinia, Aeromonas, Plesiomonas, Vibrio and now STEC. Please note that antibiotic sensitivities will not be reported for STEC isolates, as treatment with antibiotics is contraindicated.

As a reminder, stools from patients who have been hospitalized for more than 72 hours should not be submitted for culture or ova and parasites, and will not be processed without consultation with the Medical Director.

Please direct any questions or comments to Dr. Jack Wolk, Medical Director of Microbiology at 797-7551 or the Microbiology lab at 797-7305.

Microbiology Specimen Collection in the Test Center

Laura Ross MS, MT (ASCP)

In order to provide optimal customer service and convenience for our patients, physicians must send patients to the Danbury Hospital Test Center for pertussis culture and smear. Although the laboratory staff will collect nasopharyngeal specimens for RSV (respiratory syncytial virus) in the Test Center, it may be more convenient for the patient to have his/her physician collect this specimen in their office. Minitip culturettes should be used, and the swab must be a true nasopharyngeal collection (not nasal or throat). These swabs may then be refrigerated until courier pick-up.

Microbiology Testing in the Test Center (con't)

The laboratory staff **WILL NOT** collect other specimens such as throat, nasal, eye, ear or wound cultures. These must be collected by physicians or their staff. Properly collected swabs (routine culturettes for routine or fungal cultures, or viral culturettes for rapid influenza or other viral cultures) may be kept at the physician office until routine courier pick-up that same day.

All routine culturettes may be kept at room temperature for 24 hours unless *Neisseria gonorrhoeae* is suspected. If suspected, these culturettes must reach the laboratory within 2 hours and must not be refrigerated. All viral culturettes should be kept refrigerated after collection and should reach the laboratory within 8 hours.

Any questions regarding specimen collection, or unusual organisms should be directed to the Microbiology lab at 797-7305.

If courier service and/or supplies are needed, please call Central Processing at 797-7306.

NEW SPECIMEN REQUIREMENTS FOR BLOOD LEAD TESTING

Effective immediately, specimens for blood lead analysis should be collected in Becton-Dickinson navy-stoppered, heparinized collection tubes designed specifically for the collection of heavy (trace) metals. (B-D product number is 369735). Since these collection tubes are certified to be free of lead and other heavy metals, collection of specimens in these tubes will avoid contamination of the blood specimen with traces of environmental metals that could falsely elevate the test result. As always, the venipuncture site must be cleaned thoroughly with an alcohol pad; this will

also help to avoid contamination of the specimen with environmental lead.

As the use of trace-metal-free tubes for blood lead samples is phased in, the following policy and procedure will be used for sample acceptance and reporting test results:

- ◆ Blood lead testing will continue to be performed for samples collected in green-stoppered, heparinized tubes and lavender-stoppered EDTA tubes.
- ◆ Test results for samples collected in the above tubes will be reported **ONLY** if the result is less than 5 micrograms per deciliter (<5 µg/dL)
- ◆ Results that are 5 µg/dL or greater will not be reported due to the possibility of sample contamination; instead, a redraw in a certified trace-metal-free tube will be requested. In these cases, the laboratory report will state the following:
“Sample not received in certified lead-free container. Lead detected may be due to sample contamination. Request new sample collected in certified trace metal-free tube (navy-stoppered with green or pink label).”

Questions may be directed to Leslie Albrecht, MS, MT(ASCP), Technical Specialist, or Dr. S. Sena, Associate Director in the Clinical Chemistry section at (203) 797-7337.

SAFETY REMINDERS

- Leaking urine containers pose a health hazard and are often rejected for testing. Be sure the lid to the urine container is tightly closed before placing the container in a biohazard bag for transport.
- Specimens collected in syringes (ABGs) which are received with a needle still attached to them will be rejected.

