

LifeLabs 2017/2018 Community Report

Lida Mosadegh, Communications

Connecting you to your health

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Thank you for making *Connecting you to your health* happen



At LifeLabs, we take great pride in improving the health outcomes of Canadians. Through innovative technology and ground-breaking science, we work to continually improve the health care experience of the 79,000 patients we serve each day. Whether it's launching a new genetic test to make sure your patients are taking the right medication, conveniently delivering test results online, or developing the next generation of health services, we are focused on empowering Canadians in their health journey.

Check out our latest Community Report and learn about how we are:

- Improving patient care through digital health
- Transforming the patient experience
- Personalizing health care
- Innovating for a healthier environment
- Connecting to our communities

To read the report, visit www.lifelabs.com/community-report

Changes to *Trichomonas vaginalis* testing

Romina Reyes, MD, FRCPC, Medical Microbiologist

Overview

Effective **December 3, 2018**, LifeLabs BC is changing the testing methodology for *Trichomonas vaginalis* to NAAT (nucleic acid amplification) testing. Trichomonas antigen testing by EIA will be discontinued.

It is important to note that—as of December 3rd—samples submitted to LifeLabs for Trichomonas testing must be either urine or on an Aptima swab. *Testing will no longer be performed using samples collected with the red-top liquid Amies swab.*

Why Make the Changes?

NAAT testing increases the sensitivity of the detection of *Trichomonas vaginalis* compared to the current antigen testing method (1). NAAT testing can also be performed on male specimens in addition to female ones, whereas antigen testing was only performed on samples from women. Finally, the use of Aptima

swabs for Trichomonas testing as well as Chlamydia and Gonorrhea testing facilitates sample collection and processing.

Ordering Supplies

Health care providers can order supplies through our courier department:

1. Lower mainland and BC region: 604-412-4481 (option #1 for supplies)
2. Vancouver Island: 250-881-3111 ext 72124 (or by fax at 250-727-0344)



References: 1) Huppert JS et al. Clin Infect Dis. 2007 Jul 15;45(2):194-8.



Healthcare Providers Conference

Join us at Civic Hotel on January 24, 2019 for an evening of good food and drink with your colleagues while learning something new.

The conference will include speakers from a variety of lab medicine disciplines using a case-based format. Sessions will address the management of common cases at the intersection of clinical practice and microbiology, hematology, or clinical biochemistry.



Who should attend?

- General Practitioners and Specialist Physicians
- Nurse Practitioners
- Other Allied Health professionals

Schedule

Venue Opens at 5:30 pm with a gourmet buffet dinner.
The conference will begin at 6 pm.

As an added bonus, one lucky attendee will win a draw for a grand prize!

Registration is free! Sign up now at www.lifelabs.com/annual-conference to secure your spot – space is limited.

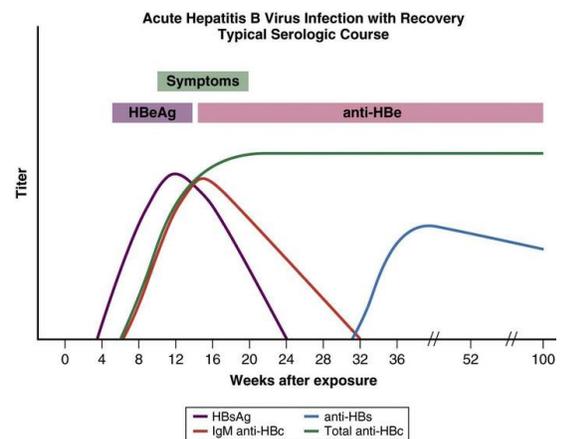
Clinical Pearls: *Helpful tips for lab test ordering and interpretation*

Dr. Lynne Li, MD and Dr Diana Whellams, MD, FRCPC, Medical Microbiologist

Scenario: Hepatitis B serology is ordered and results come back as follows: *anti-HBc (total hepatitis B core antibody) positive, HBsAg (hepatitis B surface antigen) negative and anti-HBs (hepatitis B surface antibody) negative*. What does this mean?

Answer: The four most common reasons for this scenario, an isolated hepatitis B core antibody are as follows:

- 1) **False positive result:** For Canadian-born patients, this is the most likely scenario. Such patients are non-immune to hepatitis B.
- 2) **“Window period” infection:** Following acute hepatitis B infection, HBsAg increases and peaks 8-10 weeks after exposure and then declines corresponding with a rise in hepatitis B antibody titres - first anti-HBc and then anti-HBs. (See figure for details). Testing during this “window” period may catch anti-HBc positivity only.
- 3) **Remote resolved infection with waning anti-HBs:** Patients with longstanding hepatitis B which is now latent (i.e. not actively replicating), may have declining levels of anti-HBs due to waning immunity. This scenario is more likely in patients born in hepatitis B endemic areas.
- 4) **Chronic infection with undetectable HBsAg:** Also referred to as “occult” infection, this scenario can occur when HBsAg is undetectable despite active infection due to low levels of viral replication or mutations in HBsAg. Such patients can still be infectious to others. This scenario is most common in patients from hepatitis B endemic areas or with hepatitis C or HIV co-infection.



Source: <http://www.clevelandclinimed.com/medicalpubs/diseasemanagement/hepatology/hepatitis-b/>

What to do?

Start by taking a detailed history. Knowing the patient’s country of birth and other risk factors (such as travel to endemic countries, sexual practices, use of injection drugs, and past blood transfusions) will help determine which of these scenarios is most likely.

For details on the next steps to take for of each of the scenarios, see section 5.4 of the British Columbia Centre for Disease control document, “Communicable Disease Control: Hepatitis B”, available online at http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%201%20-%20CDC/HepB_Guidelines.pdf

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