

LifeLabs Healthcare Providers' Conference 2024

Dr. Eugene Yeung, MD, FRCPC, FCCM, Medical Microbiologist

The LifeLabs Healthcare Providers' Conference at Hilton Vancouver Metrotown on October 10 was a success! We want to thank all the attendants and presenters for their participation. See photos on the last page of this newsletter. We look forward to seeing you all next year!

| Time | Duration | Topic | Speaker |
|-----------------|------------|---|--------------------------|
| 5:00pm – 6:00pm | 1 hour | Registration & Dinner <i>Please sign in and collect name badge at the registration desk</i> | |
| 6:00pm – 6:15pm | 15 Minutes | Opening Remarks and Welcome | Emcee – Dr. Graham Segal |
| 6:15pm – 6:35pm | 20 Minutes | Getting Accurate & Timely Test Results | Julie Kelly |
| 6:35pm – 6:40pm | 5 minutes | Q & A | |
| 6:40pm – 7:00pm | 20 Minutes | Immunodeficiency Testing in Lab Medicine | Dr. Peter Van Den Elzen |
| 7:00pm – 7:05pm | 5 minutes | Q & A | |
| 7:05pm – 7:25pm | 20 Minutes | New Concepts of Cell Free DNA: Circulating Tumor DNA | Dawn Siciliano |
| 7:25pm – 7:30pm | 5 minutes | Q & A | |
| 7:30pm – 7:50pm | 20 Minutes | What's new in antifungal susceptibility testing? | Dr. Eugene Yeung |
| 7:50pm – 7:55pm | 5 minutes | Q & A | |
| 7:55pm – 8:15pm | 20 Minutes | Digesting the Data: Food Sensitivities Without the Hype | Joe Klassen |
| 8:15pm – 8:20pm | 5 minutes | Q & A | |
| 8:20pm – 8:35pm | 15 minutes | Questions & Comments | |
| 8:35pm – 8:40pm | 5 Minutes | Closing Remarks | Dr. Graham Segal |

Urine Drug Testing – Ordering Basics

Jan Palaty PhD FCACB, Clinical Biochemist and Joanna Jung PhD FCACB, Clinical Biochemist

Background

A standard MSP-reimbursed urine drug screen includes opiates, amphetamines, benzodiazepines, cocaine metabolite and methadone metabolite only. Additional tests (e.g. fentanyl, oxycodone, buprenorphine) must be requested explicitly.

Confirmation by mass spectrometry (MS) is performed only when requested except for clonazepam, fentanyl, buprenorphine, hydro-morphone and zopiclone, where it is added automatically. As per guidance by MSP, this should only be requested when outcome would significantly affect patient management.

Don'ts

To ensure your patient receives the tests that you are requesting, avoid vague terms on the lab requisition such as:

- Opioids, UOXYs, synthetic opiates
- Uppers, downers, side, stimulants, anti-depressants, mushrooms
- Illicit drugs or substances
- Abbreviations

Don't plan to use results from MSP-reimbursed samples for legal purposes: they have not been collected using a chain of custody protocol.

LifeLabs does not test solids or non-biological materials for the presence of drugs.

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| Do's |
| Use specific drug names to avoid delays and the wrong tests being performed. |
| Order a confirmation by writing "confirm [drug test] if POSITIVE" on requisition to minimize turnaround time. |
| To learn what is currently in the local drug supply, visit drugcheckingbc.ca . Illicit drugs in circulation can vary markedly over the course of even a few months. |
| Consider including urine creatinine as part of a urine drug screen UDS request. It is a reliable indicator of urine dilution which may explain unexpectedly negative results. |
| Obtain results for urine drugs not in LifeLabs' testing menu (e.g. xylazine) through the 'UDS-137' broad-spectrum test available via LifeLabs from the Provincial Toxicology Centre at the BCCDC. Caution: this test is qualitative (i.e. no concentrations are provided) and may take up to two weeks to process. For details, visit elabhandbook.info/PHSA/Default.aspx and search for 'UDS-137.' |
| LifeLabs encourages health care practitioners to call us and ask for the on-call biochemist with any questions related to analytical or interpretive questions. While we store samples for only 2 weeks, we may have enough information to answer other questions outside of this 2-week window; e.g. other drugs present well past this window. |

Predictable Antibigram Series – Carbapenemase-producing organisms (CPOs)

Dr. Eugene Yeung, MD, FRCPC, FCCM, Medical Microbiologist

This time I want to take a different turn in this Predictable Antibigram Series and talk about carbapenemase producing organisms (CPOs)! Depending on the genotypes, the CPOs' susceptibility patterns can be somewhat unpredictable. The only thing that is predictable is that they are resistant to all carbapenems, such as meropenem and ertapenem, which are very broad-spectrum antimicrobials. This means the infectious diseases (ID) and infection prevention and control (IPAC) teams would likely need to be involved to help with special authority applications of some special antimicrobials and prevention of further spread of CPOs, respectively.

I recently attended a Provincial CPO Symposium on October 23, hosted by the Provincial Infection Control Network of British Columbia (PICNet), where many microbiologists and IPAC practitioners attended to help develop provincial guidance for treatment and prevention of CPO infections. One proposed idea is to raise awareness to clinicians to fill out the **enhanced surveillance form for CPOs identified in the community** and email it to picnet@phsa.ca. This form can be found in [Appendix G](#) at <https://picnet.ca/surveillance/cpo/>. Filling the form would help IPAC practitioners to contact trace the source of CPOs and prevent further spread!

CARBAPENEMASE-PRODUCING ORGANISMS (CPOS)

PICNET > SURVEILLANCE > CARBAPENEMASE-PRODUCING ORGANISMS (CPOS)

About CPOs

Click to expand

CPO Surveillance Program

To review the quarterly reports click here.

Click to access the latest annual report, and read more about CPO surveillance

The emergence of carbapenemase producing organisms (CPOs) is a medical and public health concern, of which the epidemiology and control is little known in British Columbia (BC). PICNet has been working with a multidisciplinary group of representatives from each health authority and related agencies in the province to establish a provincial surveillance program for CPO. This revised protocol, endorsed by the Provincial Communicable Diseases Policy Advisory Committee, provides guidance on patient screening, data collection and reporting for CPO surveillance in BC.

Annual Report

Annual Surveillance Report for the fiscal year 2018-2019

Protocol and forms

- Surveillance Protocol for Carbapenemase Producing Organisms (CPO) in British Columbia
- Fillable CPO Surveillance Forms
 - Appendix B – Requisition Form for Carbapenemase-Producing Organisms (CPO) Testing
 - Appendix C – Surveillance form (acute care)
 - Appendix D – Addendum form for CPO infections (acute care)
 - Appendix E – Notification of CPO/C. auris transmission investigation
 - Appendix F – Letter to ordering provider (community)
 - Appendix G – Enhanced surveillance form (community)

More information

PICNet has periodically hosted CPO Symposiums through the years. Click here for more information.



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| <input type="checkbox"/> Environmental sources (e.g., contaminated sink or other surface, medical equipment, etc.) <input type="checkbox"/> Other, please specify _____ <input type="checkbox"/> Unknown | |
| If the patient was infected, please answer the following questions | |
| 12 | Site(s) of infection (Check all that apply) <input type="checkbox"/> Bloodstream <input type="checkbox"/> Urinary tract <input type="checkbox"/> Respiratory tract <input type="checkbox"/> Wound <input type="checkbox"/> Surgical site <input type="checkbox"/> Other, please specify _____ |
| 13 | Was the patient admitted to a BC hospital due to the current infection identified in question 1? <input type="checkbox"/> Yes, the patient was admitted due to infection. Specify the name of the facility _____ <input type="checkbox"/> No, the patient was admitted due to other medical conditions. <input type="checkbox"/> No, the patient was not admitted <input type="checkbox"/> Unknown |

Once completed, please send by email to picnet@phsa.ca

CPO Surveillance Protocol

Appendix G - Enhanced Surveillance Form for Carbapenemase-Producing Organisms (CPO) OR *Candida auris* (C. auris) Identified in the Community

| | |
|----|--|
| 1 | Organism <input type="checkbox"/> CPO OR <input type="checkbox"/> C. auris If a patient is colonized and/or infected with both CPO and C. auris, please fill out two separate forms for each organism |
| 2 | Unique Identifier – assigned by BCCDC Public Health Laboratory (PHL) _____ |
| 3 | Status <input type="checkbox"/> Infection <input type="checkbox"/> Colonization <input type="checkbox"/> Unknown |
| 4 | Date of visit (dd/mm/yyyy) _____ |
| 5 | At what care setting was the patient identified with the organism identified in Question 1? <input type="checkbox"/> Outpatient clinic <input type="checkbox"/> Emergency room <input type="checkbox"/> Community health center/clinic <input type="checkbox"/> Long-term care facility <input type="checkbox"/> GP's office <input type="checkbox"/> Other, please specify _____ |
| 6 | Did the patient travel outside of Canada within the past 12 months? <input type="checkbox"/> Yes, please specify the name of the country _____ <input type="checkbox"/> Country not provided <input type="checkbox"/> No. Please skip Question 7. <input type="checkbox"/> Unknown. Please skip to question 7. |
| 7 | If answered Yes to Question 6, did the patient have a health-care encounter outside of Canada within the past 12 months? <input type="checkbox"/> Yes, an overnight stay in a hospital or undergone medical/surgical procedure outside of Canada <input type="checkbox"/> Yes, other health-care encounter, e.g., visited GP, walking clinic, dentist, ER, etc. <input type="checkbox"/> No health-care encounter <input type="checkbox"/> Unknown |
| 8 | Did the patient have an overnight stay in a Canadian facility or undergo medical/surgical procedure in Canada (including BC) within the past 12 months? <input type="checkbox"/> Yes. Please specify the name of the province (s) _____ <input type="checkbox"/> No. Please skip to question 10. <input type="checkbox"/> Unknown. Please skip to question 10. |
| 9 | If answered Yes to Question 8 and one of the provinces identified was BC, what types of health-care encounters has the patient had in BC in the past 12 months (excluding current admission)? (Check all that apply) <input type="checkbox"/> An acute care unit/facility admission <input type="checkbox"/> No health-care encounter <input type="checkbox"/> Long-term care facility admission <input type="checkbox"/> Unknown <input type="checkbox"/> A medical/surgical procedure in an outpatient setting |
| 10 | Did the patient have contact [minimum 22 hours] with a known case or environmental source for the organism identified in question 1 within the past 12 months? (Check all that apply) <input type="checkbox"/> Yes, within an acute care facility <input type="checkbox"/> Yes, within a long-term care facility <input type="checkbox"/> Yes, private household _____ <input type="checkbox"/> Yes, other please specify _____ <input type="checkbox"/> No. Please skip Question 10 <input type="checkbox"/> Unknown. Please skip Question 10 |
| 11 | If answered Yes to Question 9, what was the nature of the contact? (Check all that apply) <input type="checkbox"/> Roommate <input type="checkbox"/> Person in the same unit/facility or house <input type="checkbox"/> Health-care provider <input type="checkbox"/> Friend/Relative |

LifeLabs Healthcare Providers' Conference 2024 — Pictures!

Jolie Quinton, Senior Administrative Assistant – Medical Scientific

