DIAGNOSTIC SERVICES OF MANITOBA | SERVICES DE DIAGNOSTIC DU MANITOBA

Physician Alert

Clinical Practice Change: Clinical Microbiology

Date: April 8, 2013

To: All Medical Staff

From: Dr. Michelle Alfa, Medical Director Clinical Microbiology Discipline, Diagnostic Services of Manitoba,

Re: ***Helicobacter pylori*** **Diagnostic Testing for Children ≤16 Years of Age**

TAKE HOME MESSAGE: EXPANDED AVAILABILITY: Effective immediately, stool testing for *Helicobacter pylori* antigen is available for children ≤16 years of age.

On Dec 12, 2012 DSM initiated *Helicobacter pylori* stool antigen testing (SAT) for children ≤6 years of age. Due to a number of physician requests, this test availability has been expanded and is now available, effective immediately, for **children ≤16 years of age**.

Background:

Helicobacter pylori causes gastric antrum infections in children as well as adults. Urea breath testing (UBT) and SAT are considered the best non-invasive diagnostic tests currently available for the detection of *H. pylori*. Gastric biopsy is required if organism antimicrobial susceptibility testing is needed for patients who fail to respond to therapy or if histopathology is needed to rule out other etiologies. The SAT has a sensitivity and specificity of 94% and 92%, respectively. The UBT has a sensitivity of 88-95% and a specificity of 95-100%. The UBT cannot be performed in children ≤6 years of age as the results are often unreliable[1]. The SAT is the recommended non-invasive test in this age group. For patients using proton pump inhibitors (PPIs), the PPIs should be discontinued for 2 weeks (if possible) prior to performing the UBT or SAT[1] or false-positive and false-negative results may occur.

Both UBT and SAT are recommended as appropriate for following the response to therapy (test done 4 weeks after completion of therapy) in both adults and children. **Note:** for children ≤6 years of age, only the SAT test can be used for following response to therapy[1].

This memo is to make clinicians aware that the SAT is available for those sites whose microbiology services are provided by DSM Microbiology. The stool sample is collected into a sterile container (e.g., sterile urine specimen container) and submitted along with the appropriate DSM Clinical Microbiology Requisition to their local DSM laboratory. The DSM requisition is available at https://apps.sbgh.mb.ca/labmanualviewer/viewPdf?url=/document/56. See attached page with an example of a completed requisition. The specimen must be held in the fridge (2-8°C) until transported to the Microbiology Laboratory at the St. Boniface Hospital (SBH) site. The SAT test can be performed as long as the transport time does not exceed 7 days. The test TAT is 1 day from the time of receipt of the specimen in the SBH lab.

If you have any questions please contact Dr. Michelle Alfa at (204) 237-2105.

References:

1. Malfertheiner P, et al. Management of *Helicobacter pylori* infection – the Maastricht IV/Florence Consensus Report. Gut 2012;61:646-664.

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CLINICAL MICROBIOLOGY LABORATORY TEST REQUISITION

DIAGNOSTIC SERVICES OF MANITOBA SERVICES DE DIAGNOSTIC DU MANITOBA

St. Boniface Hospital
204-237-2484

Health Sciences Centre
204-787-1273

Westman Laboratory
204-578-4482

PLEASE COMPLETE THE INFORMATION BELOW - PRINT CLEARLY

PHN/Health Care Number	Chart#	Visit#	☐ Copy to
987654321	12345	11111111	Name_____

☐M ☒F	Patient Legal Name (Last)	(First)	(Initial)	Birthdate DD MM YY	Physician Code_____
	Mouse	Minnie		01 01 2010	Address_____

Ordering Address/Location	Physician Code	Fax #_____
ACF pediatrics	1234	**Full name, address & fax number MUST be provided**

Report Address if Different	Collector

Ordering Physician/Practitioner	Date Specimen Collected DD MM YY	Time (24 h)
Dr. B. Black	14 12 2012	11:00 am

Diagnosis/Relevant Clinical Information:

☐UTI symptoms (any of; flank pain, frequency, dysuria) ☐Transplant ☐Immunocompromised
☐Animal bite ☐Human bite ☐Diabetic ☐Pregnant ☐Penicillin allergy
☐Post surgical ☐Necrotizing fasciitis ☐PID ☐History MRSA (+) ☐Recent travel (last 2 yrs)

Diagnostic Information:query H. pylori infection

Antibiotic(s) - specify all antibiotics currently being received:
None

ONE SPECIMEN PER REQUISITION ONLY ☐ **STAT/URGENT (Microscopy only, where applicable)**

Blood and Other Sterile Fluids

☐Blood culture ☐Peripheral draw ☐Central line draw
Site (specify)_____

☐CSF
☐Bone marrow
☐Fluid (site)_____

Test: ☐Bacterial culture – aerobic ☐Bacterial culture – anaerobic ☐Fungal culture ☐Mycobacterial culture (AFB)

Other (specify site & test)_____

Urinary Tract Specimens

☐MSU
☐Catheter
☐Suprapubic aspirate
☐Cystoscopy
☐Nephrostomy

Test: ☐Bacterial culture - aerobic

Other (specify site & test)_____

Gastrointestinal Tract Specimens

☐Stool culture ☐*H. pylori* (biopsy only)
☐*Clostridium difficile* toxin
☐Stool - Mycobacterial culture (AFB)
☐Gastric - wash Mycobacterial Culture (AFB)
Other (specify site & test) **Stool: H. pylori Antigen Test**

Genital Tract Specimens

Vagina
☐Bacterial vaginosis/Vaginitis ☐*Trichomonas vaginalis*
Vaginal/Rectal
☐Grp B Strep Screen (pregnant only)
Cervix
☐*N. gonorrhoeae* culture
Urethra
☐*N. gonorrhoeae* culture
External Genital Specimen
☐Vulva ☐Penis
☐Bacterial Culture - aerobic

Respiratory Tract Specimens

Upper Respiratory Tract
☐Throat
☐Mouth culture (yeast only)
☐Nose culture (*S. aureus* carrier only)
☐Pertussis (nasopharyngeal swab, suction)
☐Other (specify site & test)_____

Lower Respiratory Tract (must indicate Specimen/Source)
☐Sputum expectorated
☐ETT suction
☐Bronchial wash
☐BAL
☐Lung biopsy/aspirate
☐Other (specify site & test)_____

Test:
☐Bacterial culture - aerobic
☐Fungal culture
☐Mycobacterial culture (AFB)
☐*Legionella*

Wounds/Skin/Abscesses/Surgical Specimens/Tissues

Specify site:_____
☐Swab
☐Tissue
☐Biopsy
☐IV catheter tips
☐Ulcer
☐Aspirate
☐Bone chips
☐Skin scrapings
☐Foreign body
Other (specify site & test)

Test:
☐Bacterial culture – aerobic
☐Bacterial culture – anaerobic
☐Fungal culture
☐Mycobacterial culture (AFB)

Eyes and Ears

Eyes
☐Left ☐Conjunctiva
☐Right ☐Cornea

Ears
☐Left ☐External canal
☐Right ☐Perforated eardrum
☐Middle ear drainage/fluid

Test:
☐Bacterial culture - aerobic
☐Fungal culture

Other (specify site & test)_____

Antibiotic Resistant Organisms

MRSA
☐Nose
☐Other (specify site)_____

VRE
☐Rectal
☐Other (specify site)_____

Other Specimens/Tests/Special Requests

Specimen_____ Specify site_____
Test(s) (specify)_____

Facility: Form #

REV October 15, 2012

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