

We launch the new Sullivan Nicolaides Pathology website

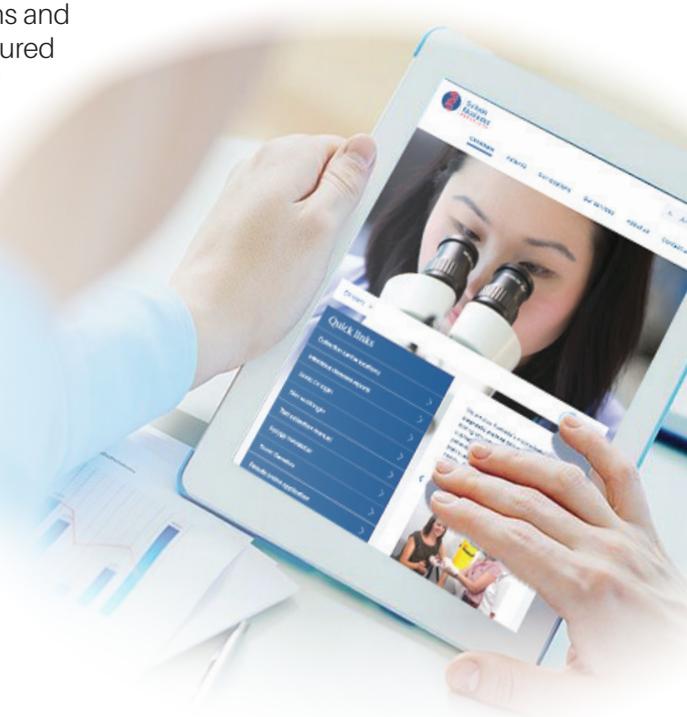
Healthcare is a complex and ever-evolving environment and our clinicians and patients have both diverse and specific needs. We have always endeavoured to make the SNP website a place where you can go to for trusted, current and locally relevant information. Our new website has been designed with all this in mind.

In terms of usability, you will notice the greatest enhancement in the application for locating collection centres. Because we have used the most common search criteria and have integrated Google maps, locating a collection centre has never been easier.

We have remastered the navigation and menu options to present content so that it's easy for you to find what you need, when you need it. With quick links, you can easily access the most used features, such as Sonic Dx and the weekly infectious diseases reports.

The new website enables us to look to the future by giving us the platform we need to develop our services and improve the way we communicate with our referring doctors and the community. Look out for more as we add new material on an ongoing basis.

- Fresh, clean design
- Consistent, site-wide, intuitive navigation
- Responsive to mobile devices
- Separate gateway entry points for doctors and consumers
- New application for collection centre location
- New, regularly updated content, including additional weekly infectious diseases reports
- Patient support information
- Secure access point for online results



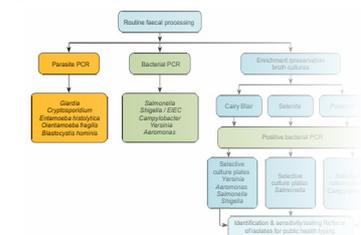
We add a weekly update on faecal enteropathogens to our infectious diseases reports

Bacterial Enteropathogens - 2018 Faecal PCR and Culture Results

Because most diarrhoeal illness is self-limiting, microbiological investigation is usually not indicated. It should be considered where there is severe or prolonged diarrhoea, high fevers or dysentery (blood and mucus in stools), in the young, the elderly and the immunosuppressed where specific treatment may be indicated, in susceptible occupational situations, and if the diarrhoea is associated with travel or is chronic in nature.

The current algorithm of all faecal samples involves transportation at ambient temperature to our central laboratory, Bowen Hills. Standard processing of these faecal specimens is outlined in Diagram 1. Total nucleic acid is extracted and undergoes targeted multiplex PCR for 5 parasites (Giardia, Cryptosporidium, Entamoeba histolytica, Cyclospora and Blastocystis hominis) and five bacterial enteropathogens (Salmonella, Campylobacter, Aeromonas spp., Yersinia and Shigella/Enteroinvasive E.coli (EIEC)).

Diagram 1: Routine processing of faecal samples for parasitic and bacterial enteropathogens



The stool sample is simultaneously inoculated into enrichment and preservation broths. Where PCR testing reveals a bacterial enteropathogen the sample is subcultured in order to make available antibiotic susceptibility testing as well as referral to public health reference laboratories. This allows for typing of potential foodborne and other outbreaks that require a public health response. Synchronic testing detects only those organisms targeted in the multiplex PCR. Outlined in Diagram 2 are additional investigations that are performed on special request. In particular where a history of travel or seafood ingestion, or immigrant status, eosinophilia, is provided, routine and additional cultures are performed regardless of PCR results.

Online reports are now available on the Sullivan Nicolaides Pathology website for the most common faecal bacterial enteropathogens circulating in our area of service (Queensland and northern NSW). Updates are made mid-week.

The data comprises results of direct detection with PCR and culture of the five most common faecal bacterial enteropathogens:

Campylobacter, Salmonella, Aeromonas, Yersinia and Shigella/EIEC.

Molecular testing of enteropathogenic infections is now the first step in the diagnostic process and delivers a faster diagnosis of acute infection. The stool sample is simultaneously inoculated into enrichment and preservation broths; if PCR reveals a bacterial enteropathogen, it is subcultured to make available isolates for both antibiotic

susceptibility testing and referral to public health reference laboratories. This allows for typing in the event of an outbreak requiring a public health response.

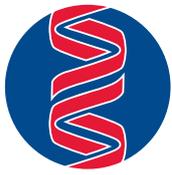
A comprehensive overview of the molecular testing of faecal bacterial enteropathogens is provided in our recent publication: *Gastrointestinal Pathology: new insights and advances*. In her article, 'The new order: molecular testing for acute diarrhoea', Pathologist-in-Charge of Sullivan Nicolaides Pathology's Microbiology Department, Dr Jenny Robson, gives a wealth of detailed information: the clinical features of pathogens; who to test and when; testing algorithms; and the appropriate uses of PCR, culture and microscopy.

A copy of the book can be obtained from your Medical Liaison Manager on 1300 767 284.

Online infectious diseases reports are available at: <https://www.snp.com.au/clinicians/results-and-reporting/infectious-disease-reports/>

Test update: Synacthen stimulation tests

We would like to advise doctors that they no longer need to use a special referral form for Synacthen stimulation tests. Patients can be referred using standard Sullivan Nicolaides Pathology request forms. Patients should be advised that this test is performed only at designated centres and that a booking is required. This is a complex test and an out-of-pocket fee applies.



**Sullivan
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PATHOLOGY

Quality is in our DNA

Meet the newest members of our histopathology department

Dr Claire Chambers and Dr Lauren Kalinowski

Dr Claire Chambers MBChB, BSc, FRCPA

Graduating in medicine in 2009 from the University of Leicester, UK, Dr Claire Chambers undertook her medical residency at Hinchingbrooke and Papworth Hospitals, Cambridgeshire. She went on to specialist training in anatomical pathology at the University Hospitals of Leicester. In early 2013, she travelled to Australia where she underwent a year of clinical training in Brisbane. She returned to the UK but, missing Australia, she applied to continue the rest of her pathology training here. She trained at the Royal Brisbane and Women's Hospital, Princess Alexandra Hospital and the Mater Hospital.



Dr Chambers developed her interest in dermatopathology during pathology training and enjoys the challenges and variety of the sub-specialty. She joined Sullivan Nicolaides Pathology's dermatopathology team in 2018. She is passionate about Australia's unique native wildlife and the natural environment and she loves the outdoors. She considers herself fortunate to be able to explore nature from her home in Brisbane.

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Dr Lauren Kalinowski BSc MBBS (Hons), FRCPA

Dr Lauren Kalinowski graduated in Medicine with Honours from The University of Queensland in 2010 and undertook her medical internship and residency at the Royal Brisbane and Women's Hospital and the Mater Hospital. It was while training at the Mater she developed an interest in pathology. She trained in anatomical pathology at various institutions in Southeast Queensland, including Sullivan Nicolaides Pathology. As part of her training she spent six months in a research posting in breast pathology at the University of Queensland Centre for Clinical Research under Professor Sunil Lakhani. Breast pathology remains one of her interests.



Dr Kalinowski was awarded Fellowship of the Royal College of Pathologists of Australasia in 2018 and joined Sullivan Nicolaides Pathology the same year. She has an interest in the molecular pathology of malignancies, and hopes to do more training in this field.

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Chlamydia and gonorrhoea testing

Doctor's information bulletin and illustrated self-collection guide for asymptomatic patients now available

In line with Australian STI Management Guidelines 2018, SNP has adopted the recommendations for testing of asymptomatic patients.

Asymptomatic females: A self-collected vaginal swab is the preferred testing method for chlamydia and gonorrhoea. A first-catch urine (collected at any time of the day) can be considered if a self-collected swab cannot be taken. A first-catch urine is not as sensitive as a self-collected vaginal swab.

Asymptomatic males: A first-catch urine specimen collected at any time of the day is preferable for chlamydia or gonorrhoea testing.

As part of our support for Queensland Health's initiative to make STI testing more accessible, we have prepared a doctor's information bulletin and reproduced an illustrated guide for asymptomatic patients to help them collect samples for chlamydia and gonorrhoea testing.

The illustrated guide shows patients how to collect a first-catch urine sample, and how to take a vaginal swab, an anal swab and a throat swab.

- Hard copies of the doctor's bulletin and illustrated self-collection guide can be obtained by contacting your Medical Liaison Manager on 1300 767284.
- Patients can also download the guide as a pdf from the SNP website at <https://www.snp.com.au/patients/collection-information/collection-notes/>

The patient guide is developed by the NSW STI Programs Unit of NSW Health and reproduced by the Sunshine Coast Hospital and Health Service, ASHM, and the Communicable Diseases Branch with permission, 2018. www.stipu.nsw.gov.au

It is also available to download from https://www.health.qld.gov.au/_data/assets/pdf_file/0024/726522/chlamydia-gono-testing.pdf