syzygy
October 2019

Sullivan Nicolaides PATHOLOGY
Quality is in our DNA

Reports of circulating pertussis now available on our website

The laboratory diagnosis of pertussis is important for individual patient management and public health responses.

Reports on circulating pertussis have been added to the series of infectious diseases reports available on our website. These are updated weekly.

Pertussis reports contain summary data of testing at Sullivan Nicolaides Pathology based on results of PCR testing and serology (BPT IgG). Nucleic acid amplification techniques, principally by PCR, which is significantly more sensitive and rapid than culture, has become the gold standard for testing and is now the main method of diagnosis for acute pertussis. Serology is also used in the diagnosis of pertussis by utilising the detection of specific antibody response. Elevated *Bordetella pertussis* (BPT) IgG results > 100 IU/mL correlate well with recent infection.

Reports

Pertussis PCR results

1. All pertussis PCR tests (reported as positive and negative) by week and current year.
2. All positive pertussis PCR results by age, sex, and current year.
3. All pertussis and positive pertussis PCR testing by year from 2004 to current year.
4. All positive pertussis PCR tests by state for current year.
5. All positive pertussis PCR results by age and year.

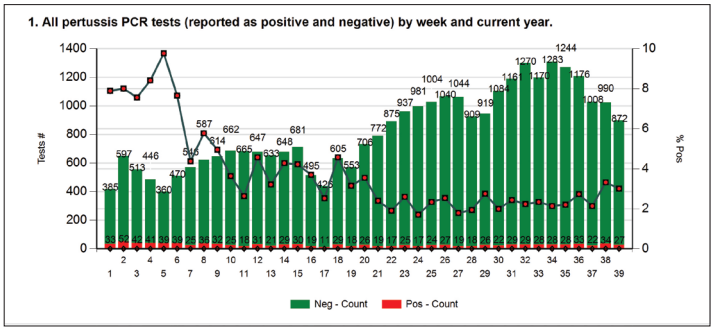
Pertussis serology results

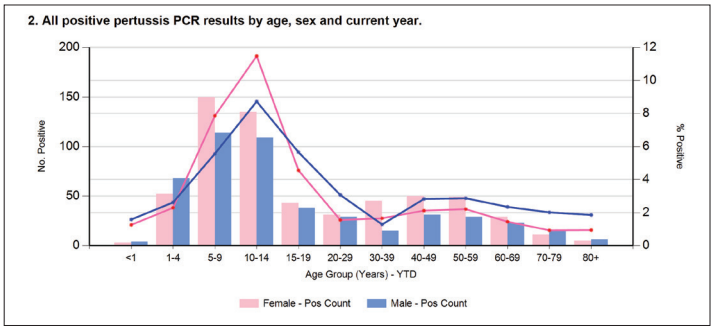
6. All BPT IgG results by week and current year.
   Positive: BPT IgG > 100 IU/mL
   Equivocal: BPT IgG 60–100 IU/mL
   Negative: BPT IgG < 60 IU/mL
7. All serologically diagnosed cases of acute pertussis defined as the first episode of BPT IgG >100 IU/mL in the previous 12 months.
8. All new serologically diagnosed pertussis PCR results by age, sex, and current year.

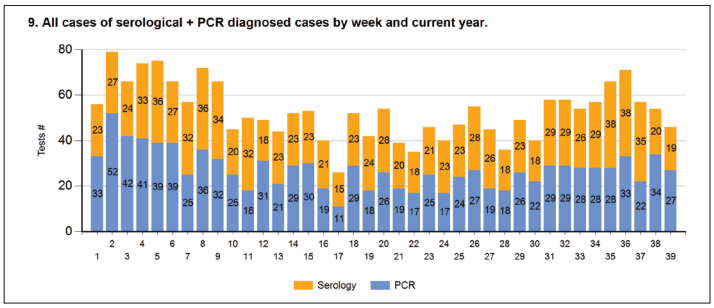
Pertussis combined PCR and serological diagnoses

9. All cases of serological + PCR diagnosed pertussis cases by week and current year.
10. All cases of serological + PCR diagnosed pertussis cases by year.

Our microbiologists continually monitor infections circulating in our region to provide you with easy-to-read, up-to-the-minute reports. To access reports go to our website: snp.com.au under Infectious Diseases Reports.







Other reports in the series include: respiratory virus, arbovirus, *Clostridium difficile*, faecal enteropathogens and antibiograms.

Fact sheet to help doctors explain dysplastic naevi to patients

Our recent bulletin on changes to the World Health Organisation's classification of dysplastic naevi, authored by SNP dermatopathologist Dr Fiona Lehane, has been one of our most popular. It has prompted requests from some of our doctors for information for patients. In response, we have produced a plain language fact sheet that answers the following questions:

- What is a naevus?
- Why does a doctor remove a lesion and send it to pathology?
- What is a dysplastic naevus?
- Do dysplastic naevi turn into melanoma?
- When is it likely that a wider excision is needed?
- Does having dysplastic naevi mean a greater chance of developing melanoma?

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Pathologist Profile

Dr Patrick van der Hoeven MD FRCPC FRCPA

We welcome Dr Patrick van der Hoeven to our Lismore team.

Dr Patrick van der Hoeven is a general pathologist with extensive experience in outpatient and hospital pathology practice, including surgical, breast and gastrointestinal pathology, and dermatopathology.

He graduated in Medicine from Queen's University, Canada in 1985, and after an internship, he began a general practice in an underserviced area of Northern Ontario. He went on to further training in General Pathology at Queen's University, and was awarded Certificate in General Pathology. He gained Fellowship of the Royal College of Physicians and Surgeons of Canada in 1994.

Dr van der Hoeven considers that he had the good fortune of marrying an Australian girl from New South Wales and he moved to Australia. He became a Fellow of the Royal College of Pathologists of Australasia in 1995, and worked for Gippsland Pathology Service in Victoria where he became Deputy Director of Pathology and a partner.

Dr van der Hoeven worked continuously in private pathology practice in Gippsland until 2019. In that year, he moved to Lismore in Northern New South Wales where he joined the team at Sullivan Nicolaides Pathology.

Dr van der Hoeven is available for consultation.

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Genetic testing for allopurinol hypersensitivity

Testing is now available to identify people at high genetic risk of developing a severe reaction to allopurinol

Allopurinol (brand names Zyloprim, Allohexal, Allosig, Progout) has a long-established role in the management of hyperuricaemia and gout. However, it can cause a hypersensitivity reaction that can vary from a mild rash to a severe cutaneous adverse reaction (SCAR), which includes Stevens-Johnson syndrome/toxic epidermal necrolysis (SJS/TEN) and systemic eosinophilia.

SCAR typically occurs within two months of starting treatment, with an incidence between 1:250 and 1:1000 and a mortality rate of up to 25%.

The risk of allopurinol-induced SCAR is associated with the presence of a specific HLA variant, HLA-B*5801. The frequency of this variant differs between populations with the highest (10–20%) occurring in people of Chinese (Han), Korean or Thai ancestry.

The HLA variant is not the only factor; although most patients with allopurinol-induced SCAR in Asian populations have the HLA variant, it is present in only half of those with allopurinol-induced SCAR in European populations. This means that screening for the HLA variant is of most benefit to people of Chinese (Han), Korean or Thai ancestry. It is important to note that a person need only have at-risk ancestry on one side of the family to have an increased risk of the variant.

A large four-year study in Taiwan showed that, in the absence of HLA screening, 0.3% of patients taking allopurinol developed SCAR each year – equating to 300-450 cases annually. After screening was introduced, 20% of people were shown to have the variant, and they were prescribed alternative medications to allopurinol. There were no incidences of allopurinol-induced SCAR.

The American College of Rheumatology recommends that all Chinese (Han) and Thai patients, and Korean patients with impaired renal function, be screened for presence of the HLA-B*5801 variant prior to treatment with allopurinol.

To order

Request:	HLA-B*5801 variant
Sample:	EDTA
Transport:	Ambient
Results:	Turnaround time is up to seven business days.
Costs:	A Medicare rebate is not available and the cost is $75.*

More information: A doctor's bulletin is available. Please contact Sonic Genetics for more information on 1800 010 447 or email info@sonicgenetics.com.au.

*Correct at time of print. Please refer to www.sonicgenetics.com.au/pricing for current price.

Changes to services for Christmas 2019

Warfarin Care enrolments

To ensure the safe and complete enrolment of patients into our Warfarin Care program, enrolments will be closed between the following dates:

Community patients: closing 5 pm Friday 6 December 2019 and re-opening 9 am Monday 6 January 2020.

Hospital patients: closing 5 pm Tuesday 10 December 2019 and re-opening 9 am Monday 6 January 2020.

Collection centres

Please see www.snp.com.au for updates to pathology collection centre hours of operation.

Cardiology services

The Cardiology department is closing 5 pm Friday 20 December 2019 and re-opening 9 am Monday 6 January 2020 for all services. Monitoring services are unavailable during this time.

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