

February 2009

Systemic Mycoses – Change in Specimen Submission Guidelines

To Health Care Providers:

In order to optimize the diagnosis of fungal infections, especially invasive infections in the immune compromised host, the following changes in specimen submission and processing will take place as of March 1, 2009.

Specimen Submission

- Submit a separate specimen and requisition for mycology testing, no matter what additional testing is requested, i.e. if fungal culture and TB or Legionella culture are required, separate specimens and requisitions should be submitted for each.
- If the specimen is insufficient for dividing into two samples, the sending laboratory should prioritize the testing with the responsible clinician before sending.
- On the mycology requisition, indicate the appropriate mycology test code.
- Under the “Clinical Information” category, indicate whether the patient is at high risk for invasive fungal infection, i.e. whether the patient is in the ICU, has had a transplant, has a haematological malignancy, or is otherwise immunocompromised.

Testing Provided

- All specimens, except skin scrapings, will be screened for dimorphic fungi (*Blastomyces dermatitidis*, *Histoplasma capsulatum*, *Coccidioides immitis* and *Cryptococcus neoformans*).
- Full identification will continue to be performed for sterile site isolates, i.e. sterile fluids, blood cultures, tissues and biopsies.

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- For individuals at high risk of invasive fungal infection, enhanced identification to the appropriate genus/species level will be provided for respiratory tract (sputum, endotracheal aspirate, bronchial washing, bronchoalveolar lavage), skin (vascular catheter exit site only) and urine specimens.
- For non-high risk patients and in cases where no clinical information has been provided, fungal isolation will usually be targeted to the detection and identification of dimorphic fungi and *Cryptococcus neoformans*, for respiratory tract, skin and urine specimens, for example, if a yeast is isolated from any of the above specimens, it will be reported as “Yeast species isolated” without further identification. Likewise, if a non-dimorphic filamentous fungus is isolated from a smear-negative specimen, it will be reported as “Filamentous fungus isolated, not normally pathogenic,” without further identification. If the clinician requires further investigation on any isolate or specimen, please seek a consultation with the microbiologist.

For Further Information:

- During working hours contact Dr. Sean Zhang, Clinical Microbiologist at **416-235-6032** or Mycology Laboratory, **416-235-5720**
- Public Health Laboratory Helpline **1-800-640-7221**
- Ontario Agency for Health Protection and Promotion website: www.oahpp.ca