MEDLAB South

Southern Community Laboratories

# LABORATORY SERVICES DURING ALERT LEVEL 2

12th May 2020

We continue to perform large numbers of COVID-19 tests each day, and expect to continue to be performing tens of thousands of these tests in the months to come. At level two, we are getting closer to full capacity. However, we believe that COVID-19 is going to mean that we all do some things differently from now on. The economic impact of our response to COVID-19 is unclear but is likely to be severe. There is also a lot of pent-up demand for appropriate medical services, including laboratory testing, as much of 'business as usual' has been up on hold in the past few months. Therefore, we continue to ask that referrers think carefully about test requests: "How will this change my patient's management?".

**Restrictions / Limitations**

- **FNAs -** All FNA requests will continue to be assessed by a pathologist. Pathologist sampled FNA will be limited to cases where a significant clinical mass lesion is present and malignancy needs to be confirmed or excluded. Pre-Covid audits have identified that many of the FNA requests we receive are inappropriate. To provide clarity we will soon be updating criteria for FNA.
- **Skin sensitivity testing** continues to be on hold for the time being. This position will be reviewed at the end of May 2020
- Testing for **STIs** is more available, but we continue to ask you not to send in screening tests on low-risk, asymptomatic patients
- Other molecular testing (**HCV RNA, HBV DNA, VZV, HSV, enteric pathogens**, etc.) continue to be rationed as these use the same instruments as the COVID-19 testing
- Home visit phlebotomy continues to be limited to where clinically indicated (not routine screening)
- The turn-around times for some non-urgent tests may continue to be prolonged

We appreciate the assistance we have had from referrers in meeting these challenges. We continue to ask that referrers think carefully about the clinical utility of tests before they request them. Examples of the types of tests where the clinical utility should be considered prior to requesting could include (but are not limited to):

- Screening tests (e.g., HbA1c, lipids) in those people where CVDRA is not normally warranted.
- Thalassaemia screens in non-anaemic patients outside of the context of pregnancy
- Routine liver function tests, lipid tests, thyroid tests in patients on stable treatment or replacement
- Faecal tests especially *H. pylori* antigen and faecal calprotectin

In addition, we take the opportunity to remind you to be thoughtful about **tests that have been shown to have limited diagnostic utility, especially as screening tests**:

- Annual screens in asymptomatic patients
- Recurrent testing for isolated mild neutrophilia or mild thrombocytopenia

- Blood film requests without clinical details
- Viral hepatitis screens on patients known to be immune, or at low risk for viral hepatitis
- All hepatitis A tests that are not related to elevated ALT > 250 or part of public health outbreak investigation (with the borders closed we do not expect to see acute hepatitis A)
- HCV testing as part of STI screens
- Screening autoantibody tests and EBV / CMV serology in patients with vague symptoms such as 'tiredness'
- CEA, CA-125 screens in patients without a known malignancy
- Community nutritional status monitoring – thiamine, vitamins A, E, D, B12, folate, copper, zinc.
- Routine serum and urine protein electrophoresis
- Urine beta-HCG
- Daily testing in general ward patients

We continue to ask that **clinical details are routinely provided on all requests for laboratory services** and we thank all our referrers that are taking the extra time to do this.

This continues to be an evolving situation and we will keep you updated on our testing capacity.

We appreciate your understanding and assistance.

Arlo Upton
Clinical Microbiologist

On behalf of SCL Southern and Nelson Marlborough