Document History:

Title:	Critical Result Reporting: Urban Microbiology Labs	Site(s):	Shared Health Diagnostic Services HSC, SBH, WL

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Details of Recent Revisions:

- 4.1 added STAT holidays to notification for HSC site
- 4.3 added ID service notification only required for clinical cultures, not required for screening cultures.
- Appendix III: revised information for PMH ICP notification/Delphic Codes

1.0 Purpose

To provide a policy outlining the process for communicating critical microbiology test results from urban Shared Health Microbiology laboratories.

2.0 Definitions

A critical microbiology test result is one that requires immediate notification from the microbiology laboratory, as the information will have an immediate impact on care, therapy, or isolation precautions for the patient.

Ordering location includes nursing units, nursing stations, hospital wards, inpatient and outpatient clinics.

3.0 Policy

The Shared Health clinical microbiology laboratories at different urban sites communicate these critical test results using a variety of rapid methods (e.g., fax, phone, and computer-generated fax) but in all cases there will also be a traditional result report sent using the standard reporting format (this may be either a printed report or an electronic report). It is the responsibility of the clinical microbiology laboratory performing the work to notify clinicians of all critical results generated. Critical results from samples referred out by a Shared Health clinical microbiology laboratory to an outside laboratory to perform testing (e.g., Alberta Health, MiraVista, Mayo, Ontario Public Health Laboratory) are also the responsibility of the Shared Health clinical microbiology laboratory to communicate to the ordering clinician. Cadham Provincial Laboratory (CPL) is unique among Shared Health clinical microbiology referral laboratories in that it is responsible for communicating critical results directly to clinicians as stated in policy 100-10-06 Section 8.

4.0 Procedure (when applicable)

- Any microscopy result (Gram) requested STAT should be processed, read and reported in WebMicro within one hour. Only results deemed critical in Appendix I require further notification (i.e., phone call, fax, etc.)
- Phoned results:
  - Preference is to give results to nurse or physician (ward clerk may be given results if other staff unavailable)
  - Verbal report will be given to healthcare provider/ward clerk by lab technologist
  - Read back verbal confirmation is required from caregiver to lab technologist
  - The name of the person to whom the results are given must be recorded in Lab Information System (LIS): First Name and Last Name. The individual who receives the report must read the results back.
  - On-call physicians may be contacted via the paging operator.
- Faxed results:
  - LIS-fax: These faxes are generated directly by the lab computer and all tracking of sender; recipient and time sent are automatically captured.
- Cancer Care MB (CCMB):
  - The relevant Cancer Care Service and the on-service ordering physician will be indicated on the upper right corner of Microbiology requisitions submitted from CCMB. Critical results that require urgent communication will be phoned to the “on-service ordering physician” up until 4 pm and thereafter will be phoned to the “Service” indicated by calling the HSC paging operator. Reportable organisms are to be faxed via LIS to &CCMB.
  - Smear positive AFB, PCR positive AFB and culture positive *M. tuberculosis* should be faxed to Dr. Eric Bow from result search in the LIS; search by his name or enter his Dr. code (01528).
- The urban site-specific instructions for whom to phone or fax is given in Appendix I.
- The rural RICP contact information can be found in Appendix III.
- Reportable microorganisms and isolates can be found in Appendix II.
- If the results are amended (i.e., errors corrected, or additional results added) the amended results will be reported urgently as well.
- If ward refuses to take results of Critical Report; an occurrence report should be completed and faxed to CMO (or VP Medical) of the healthcare facility that sent the specimen. In this circumstance, Westman laboratory, will contact the ordering physician directly.
- Deceased Patients:

When a critical result is phoned and you are informed the patient is deceased, please add this information to the scratch pad along with the first and last name of the person providing this information. Do not record any information in Mphone. Subsequent ward and ID notifications are not required. All other procedures (IP&C, public health) remain notifiable at the time of identification, where appropriate.

- Infection Control Notification: Only send IP&C results to the IP&C professional responsible for the site where the sample originated if applicable, e.g., send inpatient notifiable results from HSC to HSC IP&C. SBH send notifiable results to IP&C at GGH if sample originated from GGH. (This excludes results generated automatically.)

5.0 Appendices

APPENDIX I: Specific Protocols for Urban Microbiology Lab Sites
APPENDIX II: Reportable Microorganisms and Isolates Required by CPL (Process followed by: HSC, SBH and WL)
APPENDIX III: Rural MB Infection Prevention & Control

6.0 References

- Blood Culture Procedure Manual, Clinical Microbiology Discipline, Shared Health Manitoba, doc# 120-10-71
- Sterile Fluids & Tissues Procedure Manual, Clinical Microbiology Discipline, Shared Health Manitoba, doc# 120-10-15
- Principles and Procedures for Blood Cultures; Approved Guideline, Clinical Labs Standards Institute (CLSI) M47-A Vol. 27, No. 17, 2007
- Mycobacteriology Procedure Manual, Clinical Microbiology Discipline, Shared Health Manitoba, doc# 120-10-35
- Reporting Critical Values, Shared Health Manitoba, doc# 100-10-06

7.0 Abbreviations

AFB	Acid fast bacilli
BORSA	Borderline oxacillin resistant *S. aureus*
CAPD	Continuous ambulatory peritoneal dialysis
CDC	Communicable Disease Control
CGH	Concordia General Hospital
CMOH	Chief Medical Officer of Health
CSF	Cerebrospinal fluid
DLC	Deer Lodge Centre
ER	Emergency
GGH	Grace General Hospital
HSC	Health Sciences Centre
ID	Infectious diseases
IP&C	Infection Prevention & Control
LIS	Lab information system
MHC	Misericordia Health Centre
MRSA	Methicillin resistant *Staphylococcus aureus*
MTB	*Mycobacterium tuberculosis*
NA	Not applicable
P	Phone
RHC	Riverview Health Centre
RO	Reverse Osmosis
SAMC	St. Amant Centre
SBH	St. Boniface Hospital
SGH	Selkirk General Hospital
SMHC	Selkirk Mental Health Centre
SOGH	Seven Oaks General Hospital
TB	Tuberculosis
TCP	Test control parameters/protocol
UC	Urgent Care
VGH	Victoria General Hospital
VRE	Vancomycin resistant enterococci
WL	Westman Laboratory (Brandon site)
WRHA	Winnipeg Regional Health Authority

8.0 Referral Sites

HSC (lab hours – 0745-2345)	Northern Nursing Stations, Southern Nursing Stations, Southern Health
SBH (lab hours – 0800-2345)	Seven Oaks, Victoria Hospital, Grace Hospital, Deer Lodge Centre, Misericordia Hospital, Concordia Hospital, Riverview Health Centre, St. Amant Centre, Community I.V. Programs, Blood Cultures (rural health authorities referring to CPL), Mount Carmel Clinic, Selkirk General Hospital, Selkirk Mental Health Centre, Selkirk Clinics, Bethesda (sterile fluids, CSF, GVAG), Churchill, Interlake-Eastern Regional Health Authority (urine cultures) and Southern Health-Santé Sud (urine cultures)
WL (lab hours – 0800-2200)	Prairie Mountain Health, Southern Health, Interlake Eastern, Thompson

APPENDIX I Specific Protocols for Urban Microbiology Lab Sites

1.0 Blood (see Appendix II for organism-specific reporting of invasive isolates)

	HSC	SBH	WL
Initial Gram Stain of Positive Cultures and 4-hour MALDI-ToF Result*			
Ordering location	P	P	P LIS-Fax ICU
ER/UC (Only call initial Gram stain, i.e., do not call 4-hour MALDI or tube coagulase result.)	P	P	P LIS-Fax
Adult Infectious Diseases Service Call 4-hour MALDI for *S. aureus* and *S. pyogenes* if available. If 4-hour MALDI not available, call with direct TC (if positive) or first available direct MALDI ID for *S. aureus or S. pyogenes*. Do not phone Gram stain to ID, except as indicated below. Call Gram stain for yeast-like organisms. Do not call MALDI-ToF result.	Inpatients and Adult ER/UC patients that are not discharged at time of identification at HSC P (if before 1900h; after 1900h phone next morning)	Inpatients and ER/UC patients that are not discharged at time of identification (SBH, GGH and CGH) SBH and GGH[f] P (if before 1900h; after 1900h phone next morning) Pager, CGH[g] (Dr. Gabor)	Not applicable (No ID Service)
Pediatric Infectious Diseases Service Call 4-hour MALDI for *S. aureus* and *S. pyogenes* if available. If 4-hour MALDI not available, call with direct TC (if positive) or first available direct MALDI ID for *S. aureus or S. pyogenes*. Do not phone Gram stain to ID, except as indicated below. Call Gram stain for yeast-like organisms. Do not call MALDI-ToF result.	All HSC pediatric inpatients and Children's ER patients that are not discharged at time of identification at HSC P (if before 1900h; after 1900h phone next morning)	Not applicable	Not applicable (No ID Service)
Nephrologist (Specimens from dialysis units) Call only if dialysis unit is closed or unavailable to take result.	P – Nephrologist on call	P-Nephrologist on call	P – Nephrologist on call
Oncologist (Oncology patients)	P – Oncologist on call	P – Oncologist on call	P – oncologist: 204-787-2071 if pt seen at HSC; P – oncologist: 204-237-2053 if pt seen at SBH WMCC after hours, call ordering physician on their cell. Numbers in the lab
Transplant Manitoba Donor Coordinator	P – 204-787-2071 (HSC Paging) Fax – 204-787-8788	P – 204-787-2071 (HSC Paging) Fax – 204-787-8788	N/A

	HSC	SBH	WL
Transfusion Medicine	P – Physician on call	P – Physician on call	P – hematopathologist on call (refer to WL TM-Medical call schedule, updated monthly)
Inpatients with reporting locations out-of-province who have been transferred to hospital (e.g., patients originally from Nunavut, Saskatchewan, northern Ontario)	Copy to Fax to current location	Copy to Fax to current location	Copy to Fax to current location
Culture			
Culture	No urgent reporting unless a second organism grows and: - has a morphology not seen/reported on the Gram stain **or** - the first reported organism was a potential contaminant (doc# JA120-10-07B) and a pathogen is subsequently detected	No urgent reporting unless a second organism grows and: - has a morphology not seen/reported on the Gram stain **or** - the first reported organism was a potential contaminant (doc# JA120-10-07B) and a pathogen is subsequently detected	No urgent reporting unless a second organism grows and: - has a morphology not seen/reported on the Gram stain **or** - the first reported organism was a potential contaminant (doc# JA120-10-07B) and a pathogen is subsequently detected LIS-Fax IP&C

*Patients with multiple positive blood cultures drawn >1 hour apart (i.e., not part of the same set/two site collection) but less than 24 hours apart (i.e., multiple sets drawn within the same 24-hour period) do not require critical result notification IF the following criteria are met:

1. The first positive blood culture set including all its positive sites have been called as critical values.
2. Where applicable, the 4-hour MALDI-ToF identification of the organism from the first positive set has been called as a critical value.
3. The blood culture Gram stain for the second or subsequent sets in the 24-hour period is identical to the original positive blood culture Gram stain.
4. Should the identification of the organism from the second or subsequent sets of positive blood cultures within a 24 hour period be different than the original, this new identification will be considered a critical result.
5. Subsequent positive blood culture sets will be called as critical values as soon as 24 hours has elapsed from the prior critical result notification.
6. Regarding Adult Infectious Diseases Service and Pediatric Infectious Disease Service calls, a second call is not required for *S. aureus*, *S. pyogenes*, or yeast (on Gram stain) from the same culture set.
   The phone call to the Infectious Diseases Service is a courtesy call. Only one call needs to be placed. If the call is not accepted or responded to by the physician on call note this in the scratch pad. Additional calls are not required.

Footnotes are located at the end of Appendix I.

2.0 CSF (see Appendix II for organism-specific reporting of invasive isolates)

	HSC	SBH	WL
First of initial Gram Stain or Gram stain from pediatric blood culture bottle (positive results only, i.e. first-time organisms are seen)			
Ordering location	P	P	P LIS-Fax ICU, ER, IP&C
Infectious Diseases Service	Inpatients and all HSC pediatric patients, including discharged pediatric patients P	Inpatients only SBH and GGH[f] P (if before 1900h – if after 1900h phone next morning) Pager, CGH[g] (Dr. Gabor)	NA (No ID Service)
IP&C, CDC, CMOH (if Gram (-) diplococci)	LIS-Fax to CDC P – CMOH[a] LIS-Fax IP&C	LIS-Fax to CDC LIS-Fax to IP&C: SOGH, CGH, DLC, GGH, MHC, RHC, SBH, SGH, VGH Fax to IP&C: SMHC P – CMOH[a]	P – IP&C, CMOH[a] LIS-Fax CDC, IP&C
Inpatients with reporting locations out-of-province who have been transferred to hospital (e.g., patients originally from Nunavut, Saskatchewan, northern Ontario)	Copy to Fax to current location	Copy to Fax to current location	Copy to Fax to current location
Culture Positive (Call only if no prior notifications, i.e., the initial Gram stain was negative or pediatric blood culture bottle result was previously called and culture discordant with Gram stain.)			
Ordering location	P	P	P LIS-Fax ICU, ER, IP&C
Infectious Diseases Service	Inpatients and all HSC pediatric patients, including discharged pediatric patients P	Inpatients only SBH and GGH[f] P (if before 1900h – if after 1900h phone next morning) Pager, CGH[g] (Dr. Gabor)	NA (No ID Service)
IP&C, CDC, CMOH (if Gram (-) diplococci)	LIS-Fax to CDC P – CMOH[a] LIS-Fax IP&C	LIS-Fax to CDC LIS-Fax to IP&C: SOGH, CGH, DLC, GGH, MHC, RHC, SBH, SGH, VGH Fax to IP&C: SMHC P – CMOH[a]	P – IP&C, CMOH[a] LIS-Fax CDC, IP&C
Inpatients with reporting locations out-of-province who have been transferred to hospital (e.g., patients originally from Nunavut, Saskatchewan, northern Ontario)	Copy to Fax to current location	Copy to Fax to current location	Copy to Fax to current location
Cryptococcal antigen (positive results only)			
Ordering location	P – Ward	P – Ward	NA

Footnotes are located at the end of Appendix I.

3.0 Sterile Sites (for definition of sterile sites, see JA120-10-01B)

	HSC	SBH	WL
First of initial Gram Stain or Gram stain from blood culture bottle (Positive results only, i.e., first time organisms are seen)			
Ordering location	P	P	P LIS-Fax ICU, ER
Culture Positive (Significant isolates only)[b] Call only if no prior notifications, i.e., the initial Gram stain was negative or blood culture bottle result was previously called and culture discordant with Gram stain.)			
Nephrologist (Specimens from dialysis units) Call only if dialysis unit is closed or unavailable to take result.	P – Nephrologist on call	P – Nephrologist on call SGH: P switchboard to be transferred to ER (Sat/weekdays after 2300h and all-day Sun)	P – Nephrologist on call
Ordering location	P	P	P LIS-Fax ICU, ER
Culture Positive (any Beta-hemolytic *Streptococcus* spp. or *S. aureus* grown and necrotizing fasciitis is clinically suspected) – In addition to reporting parameters above, the following services must also be contacted:			
Infectious Diseases Service	Inpatients and ER patients at HSC only P (if before 1900h after 1900h phone next morning)	Inpatients and ER patients at SBH and GGH[f] P (if before 1900h; after 1900h phone next morning)	NA (No ID Service)
IP&C	LIS-Fax: HSC	LIS-Fax: SOGH, CGH, DLC, GGH, MHC, RHC, SBH, SGH, VGH Fax: SMHC, SAMC[c]	P, LIS-Fax

Footnotes are located at the end of Appendix I.

4.0 Reportable Organisms (any site)

	HSC	SBH	WL
4.1 MRSA			
IP&C	LIS-Fax: HSC	LIS-Fax: SOGH, CGH, DLC, GGH, MHC, RHC, SBH, SGH, VGH Fax: SMHC, SAMC[c]	LIS-Fax
Ordering location* (Inpatients, including hemodialysis)	Monday-Friday, IP&C responsibility Weekends and STAT holidays, P	P	P, LIS-Fax
Doctor's Office/Clinics (Outpatient, including in-hospital clinics)	LIS-Fax	LIS-Fax	LIS-Fax
Cancer Care[e]	LIS-Fax: &CCMB	LIS-Fax: &CCMB	LIS-Fax
4.2 VRE			
IP&C	LIS-Fax: HSC	LIS-Fax: SOGH, CGH, DLC, GGH, MHC, RHC, SBH, SGH, VGH Fax: SMHC, SAMC[c]	LIS-Fax
Cancer Care[e]	LIS-Fax: &CCMB	LIS-Fax: &CCMB	LIS-Fax
4.3 Carbapenemase Producing Organism (Confirmed) and *Candida auris*			
Infectious Diseases Service**(For CPO-Notification only required for clinical cultures, not required for screening cultures.)	Inpatients and ER patients at HSC and all HSC pediatric patients, including discharged pediatric patients P (if before 1900h; after 1900h phone next morning)	Inpatients and ER patients at SBH and GGH[f] P (if before 1900h; after 1900h phone next morning)	Not applicable (No ID service)
IP&C**	LIS-Fax: HSC Mon–Fri: P, IP&C nurse Weekends: P (call HSC paging for Dr. Embil or IP&C designate for HSC or any Winnipeg community hospital)	LIS-Fax: SOGH, CGH, DLC, GGH, MHC, RHC, SBH, SGH, VGH Fax: SMHC, SAMC[c] Mon–Fri: P, IP&C nurse Weekends: P (call SBH paging for Dr. Lo or IP&C designate)	LIS-Fax Mon–Fri: P, IP&C nurse
Ordering location*,** (Inpatients, including hemodialysis)	P	P	P, then LIS-Fax
Doctor's Office/Clinics (Outpatient, including in-hospital clinics)	LIS-Fax	LIS-Fax	LIS-Fax
Cancer Care[e]	LIS-Fax: &CCMB	LIS-Fax: &CCMB	LIS-Fax

* Phone notification is not required if the patient has been discharged.
Phone notification for MRSA is not required if previous MRSA in the last 3 months.

**Phone notifications are not required for ID, IP&C, and Ordering location if previous CPO in past 3 months has been called (unless previous CPO was isolated in an out-patient setting).

Footnotes are located at the end of Appendix I.

Reportable Organisms (any site) cont'd…

	HSC	SBH	WL
4.4 AFB			
Direct Smear Positive			
IP&C	LIS-Fax: applicable IP&C location Fax: SMHC, SAMC[c]	NA	NA
Manitoba Health	LIS-Fax	NA	NA
Ordering location	P	NA	NA
Cancer Care[e]	LIS-Fax: &CCMB Fax: Dr. Eric Bow	NA	NA
TB Program	LIS-Fax: Respiratory Outpatient Clinic (&RATB) for adults; Paediatric TB Clinic (&RPTB) for paediatric patients	NA	NA
Culture Positive (index case) *M. tuberculosis* only			
IP&C	LIS-Fax: applicable IP&C location Fax: SMHC, SAMC[c]	NA	NA
Manitoba Health	LIS-Fax	NA	NA
Ordering location	P	NA	NA
Cancer Care[e]	LIS-Fax: &CCMB Fax: Dr. Eric Bow	NA	NA
TB Program	LIS-Fax: Respiratory Outpatient Clinic (&RATB) for adults; Paediatric TB Clinic (&RPTB) for paediatric patients	NA	NA
TB PCR: index case			
IP&C	LIS-Fax: applicable IP&C location Fax: SMHC, SAMC[c]	NA	NA
Manitoba Health	LIS-Fax	NA	NA
Ordering location	P	NA	NA
Cancer Care[e]	LIS-Fax: &CCMB Fax: Dr. Eric Bow	NA	NA
TB Program	LIS-Fax: Respiratory Outpatient Clinic (&RATB) for adults; Paediatric TB Clinic (&RPTB) for paediatric patients	NA	NA
Suspect MDR TB cases (by phenotypic or genotypic results)			
Manitoba Health	P	NA	NA
Respiratory Outpatient Clinic (RSOPD)	P	NA	NA
Positive Blood Culture			
Ordering location	P-Consult Microbiologist for additional notifications.	NA	NA

Footnotes are located at the end of Appendix I.

Reportable Organisms (any site) cont'd…

	HSC	SBH	WL
4.5 *C. difficile* toxin (enterics only)			
Positive Toxin Test			
CDC	LIS-Fax	LIS-Fax	LIS-Fax
IP&C	LIS-Fax: HSC	LIS-Fax: SOGH, CGH, DLC, GGH, MHC, RHC, SBH, SGH, VGH Fax: SMHC, SAMC[c], TGH	LIS-Fax
Ordering location* (Inpatients, including hemodialysis)	P	P	P, then LIS-Fax
Doctor's Office/Clinics (Outpatient, including in-hospital clinics)	LIS-Fax	LIS-Fax	LIS-Fax
Cancer Care[e]	LIS-Fax: &CCMB	LIS-Fax: &CCMB	LIS-Fax

*Phone notification is not required if the patient has been discharged.

	HSC	SBH	WL
4.6 Systemic Fungi (*Blastomyces dermatitidis, Blastomyces gilchristii, Blastomyces percursus, Blastomyces helicus, Coccidioides immitis, Coccidioides posadasii, Cryptococcus neoformans* complex, *Cryptococcus gatti* complex, *Histoplasma capsulatum, Talaromyces marneffei* (syn. *Penicillium marneffei*), *Paracoccidioides brasiliensis, Cladophialophora bantiana, Rhinocladiella mackenziei*)			
Direct Smear Positive			
Ordering location	P	P	P
Cancer Care[e]	LIS-Fax: &CCMB	LIS-Fax: &CCMB	LIS-Fax
Culture Positive			
CDC (*Blastomyces dermatitidis* only)	LIS-Fax	LIS-Fax	LIS-Fax
Ordering location	P	P	P
Shared Health Biosafety Officer**	E-mail	E-mail	E-mail
Cancer Care[e]	LIS-Fax: &CCMB	LIS-Fax: &CCMB	LIS-Fax

**Inadvertent possession/isolation of Risk Group 3 fungi including *Cladophialophora bantiana*, *Rhinocladiella mackenziei*, *Coccidioides immitis*, *Coccidioides posadasii*, *Cryptococcus gatti* complex, *Histoplasma capsulatum*, *Paracoccidioides brasiliensis, and Paracoccidioides lutzii* requires immediate result reporting to the Biosafety Officer.

Notification of the Biosafety Officer is <u>not</u> required for inadvertent possession/isolation of *Blastomyces dermatitidis, Blastomyces gilchristii, Blastomyces helicus,* or *Blastomyces percursus.* If an exposure to *Blastomyces* spp. has occurred, the Biosafety Officer must be notified.

Notification to Biosafety Officer is not required for Risk Group 2 organisms including *C. neoformans* complex and *Talaromyces marneffei (*syn. *Penicillium marneffei)*.

Footnotes are located at the end of Appendix I.

	HSC[d]	SBH[d]	WL[d]
4.7 Other Reportable Organisms (refer to Appendix II for reporting requirements)			
CDC	LIS-Fax	LIS-Fax	LIS-Fax
IP&C	LIS-Fax: HSC	LIS-Fax: SOGH, CGH, DLC, GGH, MHC, RHC, SBH, SGH, VGH Fax: SMHC, SAMC[c]	P, LIS-Fax
Ordering location* (Inpatients, including hemodialysis)	P (LIS-Fax if requested)	P	P, LIS-Fax
Cancer Care[e]	LIS-Fax: &CCMB	LIS-Fax: &CCMB	P, LIS-Fax

*Phone notification is not required if the patient has been discharged.

5.0 Dialysis and Reverse Osmosis (RO) Water

	HSC	SBH	WL
Dialysis and RO Water with actionable or unacceptable bacterial results			
Biomedical Services (RO water only)	NA	E-mail*	P, and after hours/Stat holidays page Biomedical Services Technologist on call. **Note:** Biomedical Services Technologist will contact nephrologist if repeat sample also has unacceptable levels.
Chemistry Lab Designate (RO water from auto-analyzer only)	NA	E-mail*	P
IP&C (Dialysis RO Water)		E-mail*	P
Dialysis Technician (Dialysis water only)	NA	P 204-237-2028 (0800-1600 Mon-Fri) P 204-223-0026 (evenings after 1600 and weekends)	NA
Ordering location (Dialysis Water and Endoscope/AER samples)	NA	P 204-237-2028 – If no answer, leave voice mail message	P Endoscope/AER results to Endoscopy Unit P AER results to Biomed Services technologist

*E-mail: A cumulative monthly report in an Excel spreadsheet is emailed

Additional footnotes are located at the end of Appendix I.

6.0 Wounds

	HSC	SBH	WL
6.1 Any Beta-hemolytic *Streptococcus* spp. or *S. aureus* grown and necrotizing fasciitis is clinically suspected			
Culture Positive			
Infectious Diseases Service	Inpatients and ER patients at HSC only P (if before 1900h after 1900h phone next morning)	Inpatients and ER patients at SBH and GGH[f] P (if before 1900h; after 1900h phone next morning)	NA (No ID Service)
IP&C	LIS-Fax: HSC LIS-Fax: SOGH	LIS-Fax: SOGH, CGH, DLC, GGH, MHC, RHC, SBH, SGH, VGH Fax: SMHC, SAMC[c]	P, LIS-Fax
Ordering location	P	P	P

7.0 Injectables and Sterility Tests (Stem Cells, TPN, Radiopharmacy and Cyclotron)

	HSC	SBH	WL
Culture Positive			
Cyclotron	P	N/A	N/A
IP&C	LIS-Fax: HSC	LIS-Fax: SOGH, CGH, DLC, GGH, MHC, RHC, SBH, SGH, VGH Fax: SMHC, SAMC[c]	P
Nuclear Medicine	N/A	N/A	P
Pharmacy	P	P	N/A
Stem Cells	P	N/A	N/A

8.0 Eyes

	HSC	SBH	WL
Positive Acanthamoeba culture or stain	N/A	P – Ophthalmologist or Ordering location	P – Ophthalmologist or Ordering location
Vitreous fluid – Gram stain, acid fast or fungal stain (positive)	P – Ophthalmologist or Ordering location	P – Ophthalmologist or Ordering location	P – Ophthalmologist or Ordering location
Corneal scrapings/Cornea or biopsy – Gram stain, acid fast or fungal stain (positive)	P – Ophthalmologist or Ordering location	P – Ophthalmologist or Ordering location	P – Ophthalmologist or Ordering location

Footnotes are located at the end of Appendix I.

9.0 16S rRNA Gene Sequencing Results (fluid or tissue)

	HSC	SBH	WL
Positive 16S rRNA Gene Sequencing Result			
IP&C	LIS-Fax	NA (reported by HSC)	NA (reported by HSC)
Ordering location	LIS-Fax	NA (reported by HSC)	NA (reported by HSC)

Note: If any organism listed in Appendix II is identified by 16S rRNA gene sequencing, the technologist reporting the result must follow the notification policy detailed for that organism for notification of CDC and IP&C (for the site where sample originated, not where the specimen was registered). Telephone notification of the result to the Ordering location and Infectious Diseases is not required.

Footnotes are located at the end of Appendix I.

LIS-Fax: Computer generated report specifically for reportable organisms.
Fax: Hardcopy fax specific for reportable organisms.

[a]Microbiologist to phone CMOH-204-788-8666 (if off hours or weekend, GDT to contact CMOH via HSC paging-204-787-2071 and file consult for Microbiologist): http://www.gov.mb.ca/health/publichealth/contactlist.html
For Gram-negative diplococci in CSF Gram stains and/or *Neisseria meningitidis* identified by 4 hour or overnight MALDI-ToF from blood cultures (not yet confirmed and reported as "*Neisseria* sp., cannot rule out *Neisseria meningitidis*" in the interim) only the first phone call to the CMOH is required provided that the final identification is subsequently confirmed as *Neisseria meningitidis* (note: Gram-negative diplococci in initial positive blood culture bottle Gram stains are not called to the CMOH). If the final isolate identification is not *Neisseria meningitidis*, the CMOH must be called with the final isolate identification.
[b]Consult Microbiologist if significance of isolate is questionable.
[c]FAX: **204-258-7080,** Attention: "Infection Control"
Lisa Laroque, Ph: **204-256-4301** ext: **4228**; Sheri Kressock, Ph: **204-256-4301** ext: **4236**.
After hours contact: Resource Nurse, Ph: **204-794-6347**
[d]Site does not phone a positive Influenza, RSV or SARS-Cov2 result to the Ordering location (including ICU's) or to the Emergency Room. The exception is Cancer Care which requires a phone call for positive influenza results.
All Influenza, RSV and SARS-Cov2 results will automatically be reported to Infection Prevention and Control by faxed report (TCP).
Positive Influenza and SARS-Cov2 results will be automatically reported to Cadham Provincial Laboratory by faxed report (TCP).
[e]The relevant Cancer Care Service and the on-service ordering physician will be indicated on the upper right corner of Microbiology requisitions submitted from CCMB. Critical results that require urgent communication will be phoned to the "on-service ordering physician" up until 4 pm and thereafter will be phoned to the "Service" indicated by calling the HSC paging operator. Reportable organisms are to be faxed via LIS to &CCMB.
Smear positive AFB, PCR positive AFB and culture positive *M. tuberculosis* should be faxed to Dr. Eric Bow from result search in the LIS; search by his name or enter his Dr. code (01528).
[f]Grace Hospital – Central Paging 204-837-8311
[g]Concordia Hospital – Central Paging 204-667-1560

Additional Reporting Requirements (not considered critical result):

- HSC Children's and Adult Emergency Departments: To ensure that positive urines (i.e., significant uropathogens) positive vaginal, positive rectal and positive throat swab for Group A *Streptococcus* results are not overlooked, these positive reports will be sent by LIS-Fax using code &RED1 for Adult Emergency and &RCEMG for Children's Emergency.
- SBH Emergency Department: To ensure that positive throat swab for Group A *Streptococcus* results are acted upon, these positive reports will be sent by LIS-Fax using code &REMER.
- SBH Occupational Health Department: To ensure that positive throat swab for Group A *Streptococcus* results are acted upon, these positive reports will be sent by LIS-Fax using code &RSTHO.
- SBH ACF Pediatrics: To ensure positive throat swab for Group A *Streptococcus* results are not overlooked, these positive reports will be sent by LIS-Fax using code &RACFP

Note: Codes are entered on the non-culture side of WebMicro in the further comment box.

APPENDIX II Reportable Microorganisms and Isolates Required by CPL (Process followed by; HSC, SBH and WL)

Microorganism	CPL (Send isolate)	IP&C**** (Report result)	CDC (Report result)	CMOH[a] (Notify)	Phone Ordering location
Acinetobacter species resistant to ≥3 antimicrobics, or resistant to Carbapenems	✓	✓			N
Bacillus anthracis (suspect)	✓	✓	✓	✓	Y
Blastomyces spp.			✓		Y
Bordetella pertussis	No culture done	✓	✓		N
BORSA (Borderline Oxacillin Resistant *S. aureus*) – for CF patients only (HSC)		✓			N
Brucella species (suspect)	✓	✓	✓		Y
Burkholderia cepacia (new CF patient)	✓ (Isolates to NML via CPL, once per year)	✓ (HSC & WL)			N
Campylobacter species		✓	✓		Y
Candida auris	✓	✓			Y
Carbapenem resistant Enterobacterales	✓*	✓			N
Carbapenemase-producing Gram-negative (confirmed)	✓	✓, as per 4.3			Y, as per section 4.3
Carbapenemase-producing Gram-negative (presumed)		✓			
Clostridioides difficile (toxin positive, enterics only)		✓	✓		Y
Clostridium tetani		✓	✓		Y
Corynebacterium diphtheriae/ *ulcerans*/ *pseudotuberculosis*	✓	✓ (toxigenic only from wounds; all isolates from throats)	✓ (toxigenic)	✓ (toxigenic)	Y (toxigenic)
Coxiella burnetii		✓	✓	✓	Y
CSF Gram stain Gram-negative diplococci		✓ (ID also)	✓	✓	Y
Dermatophytes (ring worm)		✓ (WL – inpatients only)			N
Enterobacterales resistant to all aminoglycosides		✓ (HSC & WL)			N
Escherichia coli O157	✓	✓	✓		Y
Escherichia coli – other verotoxin producing		✓	✓		Y
Francisella species (suspect)	✓	✓	✓		Y
Haemophilus influenzae – all serotypes (normally sterile body sites)	✓	✓	✓	✓ (LIS Fax MOH: 204-948-3044)	Y, as per sections 1.0, 2.0, 3.0
*Influenza*****	✓*	✓ (pos and neg) Automatic faxed reporting by LIS[b]	✓ (pos only) Automatic electronic reporting by PHIMS[b]		Site specific, see footnotes for 4.7

Microorganism	CPL (Send isolate)	IP&C**** (Report result)	CDC (Report result)	CMOH[a] (Notify)	Phone Ordering location
Legionella species (includes + *Legionella* Urinary Antigen)	✓	✓	✓		Y
Listeria monocytogenes – normally sterile body site	✓	✓	✓		Y
Listeria monocytogenes from stillborn	✓		✓		N
Methicillin Resistant *Staphylococcus aureus* – MRSA		✓			Y, as per section 4.1
Mycobacterium (AFB smear positive)		✓	✓**		Y
Mycobacterium tuberculosis complex (culture and/or PCR positive) *M. leprae* (PCR positive)		✓	✓**		Y, as per section 4.4
Neisseria gonorrhoeae	✓	✓	✓		Y
Neisseria meningitidis (invasive disease)	✓	✓	✓	✓	Y
Neisseria meningitidis (non-invasive – conjunctival and pneumonia)		✓			Y
Pseudomonas species resistant to all antibiotics (including colistin)		✓			Y
RSV	✓*	✓ Automatic faxed reporting by LIS[b]			Site specific, see footnotes for 4.7
SARS-CoV-2 (COVID-19)	✓*	✓ (pos and neg) Automatic faxed reporting by LIS[b]	✓ (pos only) Automatic electronic reporting by PHIMS[b]		N
S. aureus (TSST-1/2 pos)	✓	✓			N
S. maltophilia resistant to all antibiotics		✓ (HSC)			N
Salmonella species (including *S. typhi*)	✓	✓	✓		Y
Shigella species	✓	✓	✓		Y
Streptococcus β-hemolytic (normally sterile body sites***)	✓ (Group A & B only)	✓	✓ (Group A from all pts and group B from neonates (≤28 days) only)		Y, as per sections 1.0, 2.0, 3.0
Streptococcus agalactiae from stillborn	✓		✓		N
Streptococcus pneumoniae (normally sterile body sites***)	✓	✓	✓		Y, as per sections 1.0, 2.0, 3.0
Vancomycin Resistant *Enterococcus* species (VRE – *E. faecalis, E. faecium,* or other ENTC known to have Van A/B)		✓			N
Vancomycin Intermediate or Resistant *Staphylococcus aureus*	✓	✓			Y
Vibrio cholera	✓	✓	✓	✓ (only for toxigenic strains or stool isolates)	Y
Yersinia enterocolitica	✓	✓			Y

Microorganism	CPL (Send isolate)	IP&C**** (Report result)	CDC (Report result)	CMOH[a] (Notify)	Phone Ordering location
Yersinia pestis (suspect)	✓	✓	✓	✓	Y
Yersinia pseudotuberculosis		✓			Y

*Do not send isolate. CPL only requires a copy of patient report and/or monthly summary and does not require isolate. For positive *Influenza* and SARS-CoV-2 forward the specimen and a copy of the patient report to CPL.
**Report to Manitoba Health only.
***Refer to JA120-10-01B for list of sterile body sites
****For Cancer Care patients: LIS-Fax &CCMB (refer to 4.0). Smear positive AFB, PCR positive AFB and culture positive *M. tuberculosis* should be faxed to Dr. Eric Bow from result search in the LIS; search by his name or enter his Dr. code (01528).
*****For Cancer Care patients: Call positive influenza results.

[a]Microbiologist to phone CMOH-204-788-8666 (if off hours or weekend, GDT to contact CMOH via HSC paging-204-787-2071 and file consult for Microbiologist): http://www.gov.mb.ca/health/publichealth/contactlist.html
For Gram-negative diplococci in CSF Gram stains and/or *Neisseria meningitidis* identified by 4 hour or overnight MALDI-ToF from blood cultures (not yet confirmed and reported as "*Neisseria* sp., cannot rule out *Neisseria meningitidis*" in the interim) only the first phone call to the CMOH is required provided that the final identification is subsequently confirmed as *Neisseria meningitidis* (note: Gram-negative diplococci in initial positive blood culture bottle Gram stains are not called to the CMOH). If the final isolate identification is not *Neisseria meningitidis*, the CMOH must be called with the final isolate identification.
[b]Electronic reporting will not display as a copy to in the LIS (webmicro or DE), while the faxed report by LIS will display as a copy to. Staff will also see the FAXREP in the reported tab as well.

Appendix III Rural MB Infection Prevention & Control

Delphic location code	Base Site	Communities covered	Phone #	Fax #	Further comment code for autofax
Prairie Mountain Health Region					
BRCIC	Brandon Regional Health Centre	Baldur, Benito, Birtle,Boissevain,Brandon Regional Health Centre, Carberry, Cartwright, Dauphin Health Centre, Deloraine, Elkhorn, Erickson, Gilbert Plains, Glenboro, Grandview, Hamiota, Hartney, Killarney, McCreary, Melita, Minnedosa, Neepawa, Reston, Rivers, Roblin, Rossburn, Russell, Sandy Lake, Shoal Lake, Souris,,Ste Rose, Swan River, Treherne, Virden, Wawanesa, Winnipegosis **Includes all PCH's and Community Programs in these communities	204-578-2145	204-629-3409	&RICP (REQUESTS REGISTERED IN REQLAB 09,31,32,33,34,35,36,37,38,39,40,41,43,44,45,46,47,48,49,50,81,83,84,85,86,87,88
Interlake Eastern Region					
SGHIC	Selkirk	Arborg, Ashern, Beausejour, Ericksdale, Gimli, Pinawa, Pinefalls,Selkirk, Stonewall, Teulon	204-785-4877	204-785-4874	&RICP (REQUESTS REGISTERED IN REQLAB 55)
PEMICP	Percy E Moore	Percy E Moore	N/A	N/A	Must use code in copyto, cannot use in further comment
Northern Health Region					
TGHIC	Thompson General Hospital	Thompson, Gillam, Lynn-Lake, , Leaf Rapids, Bayline communities	204-778-1543	204-778-1542	&RICP (REQUESTS REGISTERED IN REQLAB 76, 75, 74, 73)
FFHIC	Flin Flon General Hospital	Flin Flon, Snow Lake, Sherridon, Cranberry Portage	204-687-9617	204-687-9606	&RICP (REQUESTS REGISTERED IN REQLAB 77, 78)
TPCIC	The Pas Health Complex	The Pas, Cormorant, Moose Lake, Easterville, Pukatawagan, McGillivary Care Home, The Pas Correctional Institute	204-623-9238	204-623-1735	&RICP (REQUESTS REGISTERED IN REQLAB 79)
Southern Health Region					
SOUIC	Southport Regional Office	Regional IPC coordinator	204-428-2738	204-428-2774	
BEHIC	Steinbach	Bethesda Regional Health Centre	204-326-6411	204-326-2969	
BPPIC	Steinbach	Bethesda Place PCH	204-326-6411	204-320-9792	
RESTIC	Steinbach	Rest Haven Nursing Home	204-326-2206	204-326-3521	

Delphic location code	Base Site	Communities covered	Phone #	Fax #	Further comment code for autofax
AMCIC	Altona	Altona community Health Centre, Eastview Place PCH	204-324-6411	204-324-8482	
BOYIC	Carman	Boyne Lodge PCH	204-745-6715	204-745-6152	
CMHIC	Carman	Carman Memorial Hospital	204-745-2021	204-745-2756	
RDHIC	Crystal City	Rock Lake Health District Hospital	204-873-2132	204-873-2452	
ROCIC	Pilot Mound	Rock Lake PCH	204-825-2246	204-873-2452	
PVLIC	Pilot Mound	Prairie View Lodge PCH	204-825-2717	204-873-2452	
EHCIC	Emerson	Emerson Health Centre	204-373-2109	204-373-2748	
RRVIC	Morris	Red River Valley Lodge PCH	204-746-2394	204-746-2123	
MOHIC	Morris	Morris General Hospital	204-746-2301	204-746-2197	
SRCIC	Gladstone	Gladstone Health Centre	204-385-2968	204-385-3053	
TCMIC	Gladstone	Third Crossing Manor	204-385-2474	204-385-2163	
MGCIC	MacGregor	MacGregor Health Centre	204-685-2850	204-685-2529	
MENOIC	Grunthal	Menno Home for the Aged	204-434-6496	204-434-9131	
MANIC	Manitou	Pembina Manitou Health Centre	204-242-2744	204-242-3062	
BTCIC	Morden/Winkler	Boundary Trails Health Centre	204-331-8800	204-331-8804	&RICP (REQUESTS REGISTERED IN REQLAB 61)
TABIC	Morden	Tabor Home Inc PCH	204-822-4848	204-822-5289	
EMHIC	Winkler	Eden Mental Health Centre	204-325-4325	204-325-8429	
SHIIC	Winkler	Salem Home Inc PCH	204-325-4316	204-325-5442	
HERIC	Niverville	Heritage Life PCH	204-388-5000	204-388-7316	
NDHIC	Notre Dame de Lourdes	Foyer Notre Dame PCH. Notre-Dame Hospital	204-248-2092	204-248-2499	
DCLIC	Portage La Prairie	Douglas Campbell Lodge	204-239-6006	204-239-0055	
LPMIC	Portage La Prairie	Lions Prairie Manor	204-857-7864	204-857-8207	
PDHIC	Portage La Prairie	Portage District Hospital	204-239-2211	204-239-2298	&RICP (REQUESTS REGISTERED IN REQLAB 66)
SCHIC	St. Claude	St. Claude Health Centre	204-379-2585	204-379-2655	
SAHIC	Ste Anne	Ste Anne Hospital	204-422-8837	204-422-9929	
VILIC	Ste Anne	Villa Youville	204-422-5624	204-422-9929	
DSCIC	St Pierre-Jolys	De Salaberry District Health Centre	204-433-7611	204-433-7455	
REPIC	St Pierre-Jolys	Repos Jolys PCH	204-433-7443	204-433-3346	
LMHIC	Swan Lake	Lorne Memorial Hospital	204-836-2132	204-836-2587	
VDCIC	Vita	Vita District Health Centre. Vita District PCH	204-425-3804	204-425-3731	