SLO Public Health Laboratory Bulletin

December 2010

IMPORTANT NOTICE - for clinical testing orders

CMS Finalizes Proposal Requiring Physician Signature on Lab Requisition

The Centers for Medicare and Medicaid Services (CMS) has finalized a proposal requiring that **all laboratory requisitions** paid under the Clinical Laboratory Fee Schedule (CLFS) must be **signed by a physician or qualified non-physician practitioner (NPP).** In the final Medicare physician fee schedule rule for 2011, released Nov. 2, CMS said it had decided to finalize the proposal made in July. The rule takes effect **Jan. 1, 2011.**

In the upper right portion of the SLO public Health Laboratory requisition, your customer information must be filled out or is preprinted. Preprinted requisitions typically include the physician of record. The physician who is placing the test order must sign the requisition or the qualified practitioner who is following the physician's order must record their initials next the physician's name.

If you do not have a requisition that has your customer information preprinted, or you need to revise the information, please contact the laboratory at 805-781-5507

Valley Fever Fall 2010

Coccidioides infections, or Coccidioidomycoses have significantly increased in the past two months, reflected in both case reports and actual fungal isolates referred to the San Luis Obispo public health laboratory for confirmation. While the laboratory has received 18 isolates of Coccidioides in the past two and one-half months—compared to 19 in all of 2009, the public health department communicable disease staff have received increased numbers of confidential morbidity reports (CMRs) for Coccidioidomycoses in the same period.

If you recall from last month's bulletin article, passive surveillance may only result in reports of half or less that the actual number of cases diagnosed in the medical community, thus you can easily multiple the number of reported cases by a factor of two or three to derive an estimate of the true number of cases. The surge in cases is following a well-documented pattern of a wet winter with abundant rainfall followed by a surge in cases several months later. Coccidioides propogates by mycelial vegetative growth in soils in proportion to the rainfall, and when dry conditions return, the Coccidioides hyphae splinter into numerous, sturdy—easily aerosolized-- arthrospores. When soil disturbance is combined with wind the spores are borne in air and may be inhaled.

San Joaquin Valley Fever or simply Valley Fever often ensues one to four weeks after inhalation. The infection may be marked by persistent dry cough, a mild transient fever and malaise, and a distinctive rash called erythema nodosum or erythema multiforme. The majority of infected individuals have a mild illness or none at all. But Coccidioides infection may progress in some individuals, especially dark-skinned persons, to an invasive dissemination, where the organism can infect almost any tissue or organ.

What else does a public health laboratory do besides pertussis Testing?

The SLO Public Health Laboratory can culture for Coccidioides from sputum, aspirates, biopsies and can perform a DNA hybridization probe test to conclusively identify a white, cottony mold as Coccidioides. The laboratory also performs mycologic studies to definitively identify a wide variety of yeasts and filamentous fungi, including dermatopytes, dematiaceous fungi and fungal opportunists.