



Molecular Enteric Pathogen Panels

March 1, 2018

Beginning March 1, PCL Alverno will begin offering molecular detection of gastrointestinal organisms.

Acute diarrheal syndromes are usually self-limiting, but may be complicated by dehydration, vomiting and fever. Rapid multiplex panel detection of the most common agents of enteric infections directly from stool specimens is sensitive, specific and provides same-day results.

Molecular testing is a rapid alternative to conventional culture technique. Results should be used in conjunction with clinical observation. A negative result cannot rule out the presence of PCR inhibitors in a patient specimen or target concentrations below the level of detection. Due to the high sensitivity of PCR testing, false positives can occur if nonviable organisms are present. Therefore, PCR testing of enteric pathogens is not intended for monitoring treatment.

PCL Alverno has two molecular platforms that will provide flexibility in ordering. The BD Max provides targeted testing with smaller panels while the BioFire provides a large panel for more critically ill patient populations. Please see the utilization guidelines and platform testing details on the following pages.

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UTILIZATION GUIDELINE: GI Panel Ordering Guidelines

BD Max Enteric Panels

Patient History	BD Max Panel
>7 days OR immunocompromised OR recent travel	ENPAR: Enteric Parasite Panel
Community acquired; otherwise healthy	ENTBS: Basic Bacterial Panel
Child or elderly in closed population (daycare/school/LTC)	ENTEX: Extended Bacterial Panel
Patient history positive for RISK Factors: <ul style="list-style-type: none"> • Pork or shellfish consumption • Recent travel to high-risk region • Recreation in water-based setting • Consider seasonality of pathogens 	ENTEX: Extended Bacterial Panel

BioFire FilmArray®

The new BioFire GI Panel offers simultaneous detection and identification of multiple gastrointestinal viral, parasitic, and bacterial nucleic acid targets in stool samples obtained from individuals suspected of gastrointestinal tract infections.

Testing should be limited to:

- Severe illness (profuse watery diarrhea, signs of hypovolemia, passage of ≥ 3 unformed stools per 24 hours, severe abdominal pain, need for hospitalization)
- Inflammatory diarrhea (bloody diarrhea, small volume mucous stools, fever)
- High-risk host (age ≥ 70 years, cardiac disease, immunocompromising condition, inflammatory bowel disease, pregnancy)
- Symptoms lasting more than 7 days
- Hospitalization ≤ 3 days with no history of antibiotic treatment (one order per admission)
- Public health concerns (diarrheal illness in food handlers, healthcare workers, and day care facility personnel/attendees)

For more information on diagnosis of acute diarrheal infections in adults, refer to the following:

1. The American College of Gastroenterology algorithm for diagnosis, treatment, and prevention of acute diarrheal infections in adults: <https://gi.org/guideline/diagnosis-treatment-and-prevention-of-acute-diarrheal-infections-in-adults/>
2. "Approach to the adult with acute diarrhea in resource-rich settings." Wanke, MD, Christine A.: <https://www.uptodate.com/contents/approach-to-the-adult-with-acute-diarrhea-in-resource-rich-settings>

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