

QML Pathology. Newsletter

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ISSUE 1, 2012

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Review of positive routine bacteriology cultures at QML Pathology from 2010.

Dr Paul B Bartley PhD, FRACP, FRCPA.

At QML Pathology a review was undertaken of all positive bacteriology cultures where an organism was identified and susceptibility tests performed; for the calendar year 2010. This was initially as a response to continuing requests from private hospital infection control practitioners to provide hospital-specific summaries of relevant organisms. The review was extended to include community and aged-care specimens. This review was undertaken from a laboratory viewpoint and does not include clinical correlates.

The data presented originates from private sector referred clinical specimens. The data set of all positive panels was extracted from the QML Pathology laboratory information system and analysed within Microsoft Access 2007. Duplicate specimens were defined as a second or subsequent specimen from the same site on the same date of service from the same patient name with the same date of birth; these were excluded.

Specimens were divided into the categories of hospital specimens, community specimens, or aged care specimens. Collection centre codes were used to identify specimens originating from private hospitals or from private hospital associated specialist medical

centres. Aged care specimens were identified by as those originating from patients who provided their home address as either a nursing home or hostel on the date of service. Community specimens were specimens that fitted neither of these categories. Specimen types reflected the Medicare Benefits Schedule 2010 namely – blood cultures, CSF, swabs (general microbiology including tissues and endobronchial specimens), sputum, genital specimens, synovial fluid and urine. Faecal cultures were not included in this review. Routine diagnostic laboratory identification and antibiotic susceptibility methods were used – including VITEK2 and CLSI disc methods where relevant.

A total of 563,856 specimens (excluding faeces) were accessioned by bacteriology in 2010. Combined with 7,778 specimens collected solely for screening for MRSA or multiresistant gram negative bacilli (MRGNB), approximately 80% of all bacteriology specimens submitted to QML Pathology in 2010 were subject to this review. Cultures of 181,909 of these specimens had an organism identified and reported with appropriate susceptibility data (32% positive culture rate). A total of 160,983 positive panels were from community specimens, 15,009 were from hospital specimens and 11,428 from nursing home specimens.

Table 1: QML Pathology - Microbiology specimens for calendar year 2010 reviewed in this study.

Clinical Specimens	n	Pos Culture	% Positive
Blood Cultures	12963	1242	10
CSF	215	11	5
Swabs	92300	63170	68
Genital	55382	27067	49
Sputum	18755	9625	51
Synovial Fluid	1358	118	9
Urine M/C/S	382883	80676	21
Total	563856	181909	32
Screening Specimens	n	Pos Culture	% Positive
MRGNB Screen	2298	79	3.4
MRSA Screen	5480	221	4.0
Total	7778	300	3.9

The following outline will concentrate on *S. aureus* and *E. coli* bacteraemia, MRSA by specimen site and origin and multiresistant gram negative bacilli.

Blood Culture Isolates

One hundred and twenty-four *S. aureus* bacteraemia were documented in 2010. 98 of these were from hospital collections, 2 from aged care and 24 from the community. 10.5% of all *S. aureus* blood culture isolates were MRSA (n=13). 17.7% of the blood culture isolates were resistant to Erythromycin and Clindamycin (n=22). There were no Vancomycin-resistant *S. aureus* isolates cultured from blood or indeed any other specimens. *E. coli* was isolated from 179 blood culture episodes. 21 were from community specimens, 153 from hospital collections and 5 from nursing home collections. Of these 179 isolates, 93 (52%) were susceptible to both Ampicillin and Gentamicin, 92% (n=165) were susceptible to Gentamicin and 94% of organisms were susceptible to either Ceftriaxone or Ciprofloxacin. All *E. coli* bloodstream isolates were susceptible to Meropenem where tested (n=174).

S. aureus Isolates

S. aureus was cultured from 33,490 community specimens with 14% (4,765) of these isolates identified as MRSA. Of these community specimens, 17% of blood culture isolates, 14% of swabs, 14% of sputum and 23% of urine *S. aureus* isolates were MRSA. With respect to hospital specimens, 8% of blood cultures, 4% of general microbiological specimens, 9% of sputum and 23% of urine *S. aureus*

isolates were MRSA respectively. Aged care specimens had generally higher rates of MRSA at 25% from blood cultures, 32% from general microbiological specimens, 35% from genital specimens, 49% from sputum isolates and 69% from urine isolates of *S. aureus* being MRSA. These results are displayed graphically in Figure 1.

As displayed in Figure 1, MRSA rates, as a percentage of *S. aureus* isolates are significantly reduced in hospital specimens with respect to community isolates for general microbiological and sputum *S. aureus* isolates. However, general microbiological specimens, genital, sputum and urine specimens from aged care facilities have statistically significantly greater proportions of MRSA.

Figure 1. MRSA as a percentage of S. aureus isolates displayed by specimen type and origin.

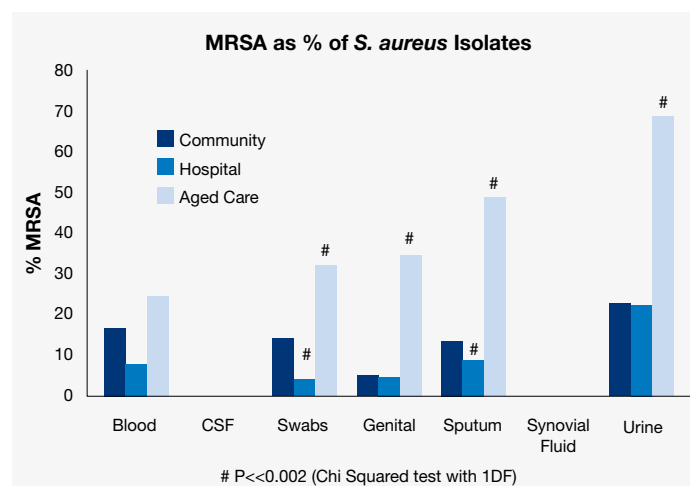


Table 2 details a comparison of MRSA rates from 2010 compared with previous in-house survey from 2008. The total number of *S. aureus* isolates has increased from 24,032 to 35,826. The overall proportion of MRSA isolates remains the same at 15%. However, a statistically significant increase has occurred in the proportion of MRSA with the non-multiresistant phenotype from 88 to 92%.

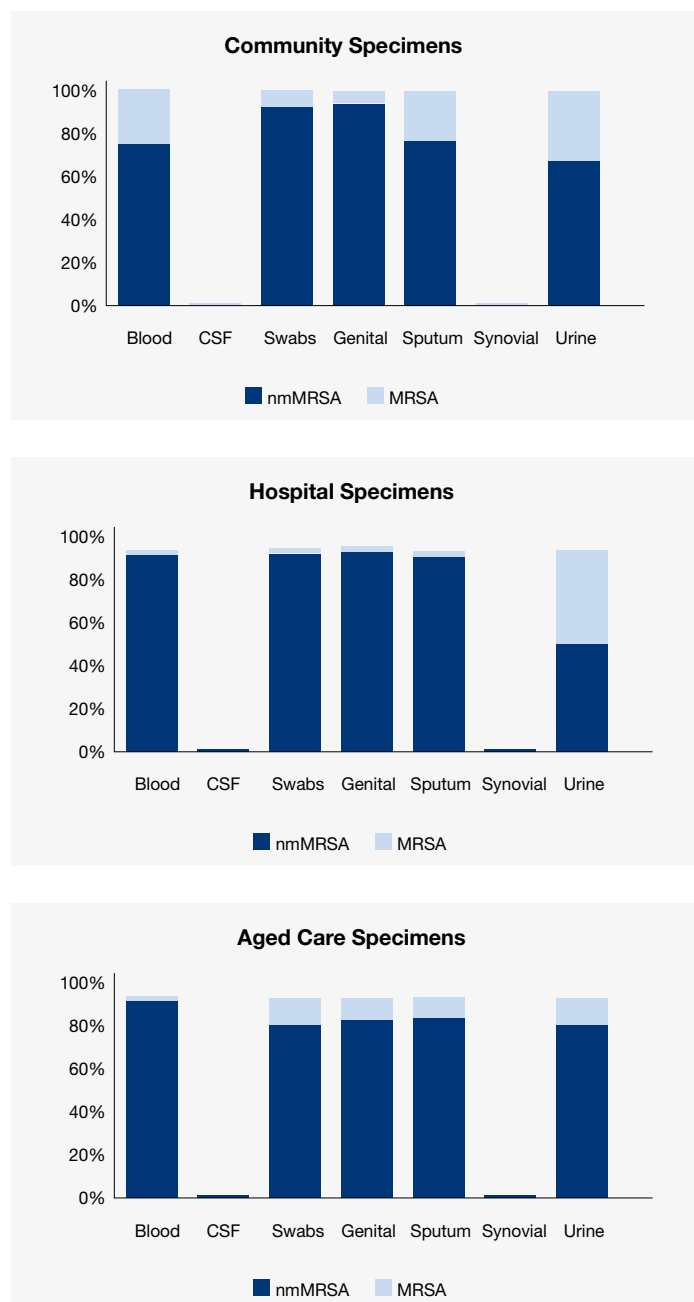
Figure 2 documents the proportion of MRSA isolates according to resistance phenotype both by specimen origin and specimen type. Essentially the overwhelming majority of MRSA isolates are from non-urine specimens in the aged care and community settings are non-multiresistant MRSA. The exception to this is urine MRSA isolates from hospital specimens where approximately 50% of those isolates remain multiresistant MRSA.

Table 2. Breakdown of MRSA phenotypes isolated from clinical swab specimens from 2008 and 2010.

Organism	2008	2010
MSSA	20537	30488
MRSA	430	417
UK-MRSA15	502	733
nmMRSA	2563	4188
Total <i>S. aureus</i>	24032	35826
%MRSA	15	15
%nmMRSA	87.7	92.2*

%nmMRSA is the percentage of all MRSA isolates with the nmMRSA phenotype. * = P < 0.002, chi squared 1df.

Figure 2. Porportion of MRSA isolates with non-multiresistant or multiresistant phenotype by specimen type and origin.



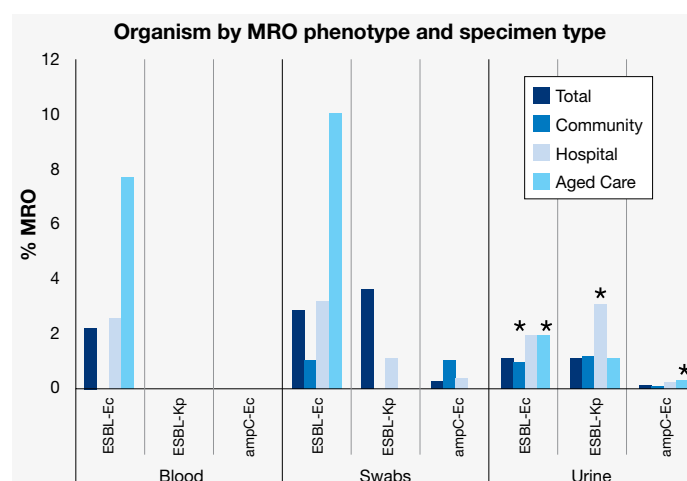
Multiresistant Gram-negative Bacilli

A total of 588 ESBL-producing *E. coli* were isolated from clinical specimens. 574 of these were from urine, 10 from general microbiological specimens and 4 from blood cultures. In comparison, 71 ESBL producing *Klebsiella pneumoniae* were cultured from clinical specimens. 66 of these were from urine and 5 from general microbiological specimens. In 2010, phenotypic testing for *ampC* betalactamase production in non-ESCAPPM coliforms resistant to either Cefoxitin or Ceftriaxone was introduced in our laboratory. A boronic acid and clavulanate disc method is employed. 58 *E. coli* isolates with *in vitro* evidence of *ampC* production were cultured from clinical specimens. 57 of these were from urine and 1 was from a wound swab. 51,655 *E. coli* were cultured from *all* clinical urine specimens in 2010. ESBL-producing *E. coli* represented 1.1% of these and *ampC* production was demonstrated in 0.11% of all urine *E. coli* isolates.

Figure 3 details the proportion of each gram negative organism expressing a multiresistant phenotype. Data are divided into

ESBL-producing *E. coli*, ESBL-producing *K. pneumoniae* and *ampC*-producing *E. coli* from blood, swabs and urine specimens for the total dataset, community specimens, hospital collections and aged care specimens. With respect to the total data set, ESBL-producing *E. coli* isolates are statistically significantly over-represented in hospital and aged care urine specimens. ESBL-producing *K. pneumoniae* are significantly over-represented in hospital urine specimens only. From the small dataset available, *ampC*-producing *E. coli* is over-represented in aged care urine specimens also ($p < 0.002$, chi squared test with 1df).

Figure 3. Proportion of coliform isolates with multiresistant phenotype by Specimen type and source. Ec = E. coli, Kp = K. pneumoniae. * = $P < 0.002$, chi squared test with 1df.



All non-Pseudomonas urinary tract gram-negative organisms were further assessed for antimicrobial multiresistant phenotypes that could preclude oral (and therefore outpatient) therapy of urinary tract infection. Search criteria included those organisms that were resistant to Ampicillin, Amoxicillin + Clavulanate, Cefalexin/ Cefalotin, Cotrimoxazole, Trimethoprim and Ciprofloxacin. 206 organisms were identified by these criteria. They are displayed along with their associated resistance phenotype in Table 3 (overleaf). 61% of these organisms were susceptible to Nitrofurantoin. The organism with NDM production has been reported previously, and was also susceptible to nitrofurantoin. Importantly, 121 of these 206 organisms did not meet current laboratory criteria for either ESBL- or *ampC*-production. The infection control significance of these organisms, if any; remains uncertain. In terms of absolute numbers, the majority of these specimens originated from the community (Figure 4 - Below). However, 137 of 44,878 (0.3%) community urine *E. coli* isolates had the multiresistant phenotype whereas 16 of 2343 (0.7%) hospital and 22 of 3531 (0.6%) aged care urine *E. coli* isolates shared this resistance phenotype ($P < 0.002$ for each comparison, chi square test).

Figure 4. Urinary tract pathogens resistant to multiple oral antimicrobials.

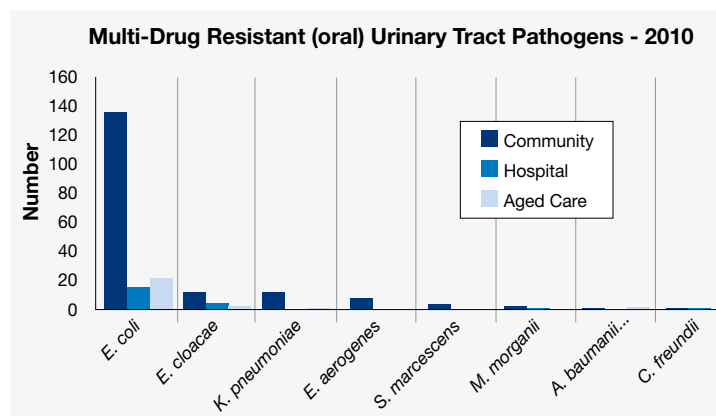


Table 3. Multiresistant urinary tract isolates as defined above.**CRAB = carbapenem-resistant *A. baumannii*. NDM = New Delhi Metallobetalactamase.**

Organism	Resistance Phenotype						Total
	CRAB	ESBL	<i>ampC</i>	ESBL + <i>ampC</i>	NDM	Not Defined	
<i>Acinetobacter baumannii</i> complex	1	-	-	-	-	2	3
<i>Citrobacter freundii</i>	-	-	-	-	-	2	2
<i>Enterobacter aerogenes</i>	-	-	-	-	-	7	7
<i>Enterobacter cloacae</i>	-	-	-	-	-	14	14
<i>Escherichia coli</i>	-	63	7	2	1	88	161
<i>Klebsiella pneumoniae</i>	-	10	-	1	-	2	13
<i>Morganella morganii</i>	-	-	-	-	-	3	3
<i>Serratia marcescens</i>	-	-	-	-	-	3	3
Total	1	73	7	3	1	121	206

Conclusion

Based on this review of one large private laboratory's microbiological data for 2010, we can draw the following conclusions: MSRA is over-represented in general microbiological specimens, sputum and urine specimens from aged care facilities compared to community isolates. The overwhelming majority of MRSA in this laboratory's experience is nmMRSA (of community origin) and the proportion of MRSA with this phenotype has increased since 2008. Somewhat, surprisingly a smaller proportion of *S. aureus* was MRSA from hospitalised patient specimens. This may reflect a large burden of community illness that is either managed effectively, or resolves spontaneously, without requiring hospital admission. ESBL production is now apparent in 1% of all urinary *E. coli* isolates and the proportion of ESBL-producing *E. coli* is significantly greater in specimens from aged care and hospitalised patients. ESBL-production in *Klebsiella pneumoniae* is increased in hospital urine specimens as expected. *ampC*-producing *E. coli* have been found in low frequencies in community, inpatient and aged care urine specimens, but in sufficient numbers to suggest an association with these health care facilities.

This was a laboratory-centred review and not an epidemiological study. Whilst the frequency of Gram-negative MROs in community specimens is low, the proportion of *S. aureus* isolates that are MRSA is at a level where some physicians may wish to consider adequate 'coverage' of MRSA in the empiric therapy of severe community-acquired sepsis. Data from private sector and community laboratories has the potential to provide a rational basis for directed epidemiological studies aimed at improving our understanding of MRO transmission in the community.

Acknowledgement

The author acknowledges the input from the scientific staff at QML Pathology and the assistance of Dr Renu Vohra and Dr Shalinie Perera in proof-reading the manuscript before submission. I have no conflict of interest to declare.

This article was first published in the ASA (Australian Society for Antimicrobials) newsletter in December 2011.

Pathologist Profile



Dr Paul Bartley FRCPA FRACP PhD

CONSULTANT MICROBIOLOGIST AND INFECTIOUS DISEASES PHYSICIAN

Dr Paul Bartley graduated with a Bachelor of Medical Science before completing his medical degree with first class honours in 1992 at the University of Queensland. Dr Bartley trained as a Physician at the Royal Brisbane Hospital, obtaining his fellowship with the College of Physicians in the area of Infectious Disease in 1999. Post training he joined the Royal College of Pathologists of Australasia and began further education in Microbiology at the Princess Alexandra Hospital and QML Pathology. Dr Bartley completed his fellowship with the College in 2005.

In addition to this, he was awarded the Gus Nossal NHMRC Medical Post Graduate Scholarship in 2001 to fund his PhD at Queensland Institute of Medical Research in Molecular Parasitology. His PhD was awarded in 2005. Dr Bartley practices in all areas of clinical infectious disease and is a Consultant Microbiologist at QML Pathology, commencing with the organisation in 2003.

Phone: (07) 3121 4325

Email: Paul.Bartley@qml.com.au

Introducing our Brisbane Dermatopathology Team

With a collective total of over 100 years of reporting experience, the Brisbane dermatopathology team at QML Pathology has worked together for more than 10 years. They provide a consistent, high level of expertise in diagnosis and boast Australian recognised experts in aspects of dermatopathology.

Our promise to you:

- Quick and consistent turnaround of results, with over 95% of cases reported within 24 hours of receipt (excluding weekends)
- Access to the Surgical Audit Program – to evaluate your positive predictive value in melanocytic lesions, % clear margins
- Direct access to your designated key pathologist in the dermatopathology team
- Consistent style of reporting
- Customised tutorials in aspects of dermatopathology (Conditions apply).



Dr Inara Strungs
MBBS FRCPA BA
Consultant Histopathologist
Special interests:
Inflammatory dermatoses
and melanocytic lesions



Dr Debra Norris
MBBS (Hons) FRCPA
Medical Director and
Pathologist in Charge:
Histology
Special interests:
Cutaneous lymphomas
and melanocytic lesions



Dr Tony Tannenberg
MBBS (Hons) FRCPA
Consultant Histopathologist
Special interests:
Inflammatory dermatoses and
general dermatopathology



Dr Gillian Ritchie
MBBS FRCPA
Consultant Histopathologist
Special interests:
General dermatopathology



Dr Jason Stone
MBChB FRCPATH FRCPA
Consultant Histopathologist
Special interests:
General dermatopathology

Don't miss out on Education Points! Enrol in the Surgical Skin Audit

The QML Pathology Surgical Audit has launched again for 2012 and this is your opportunity to earn 40 Category 1 RACGP QI&CPD and/or 30 ACRRM PRPD points.

- **Assess** the accuracy of your identification, detection, and histological and provisional diagnoses of skin lesion cases
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- **Earn** 40 RACGP QI&CPD Cat 1 points and/or 30 ACRRM PRPD points

REGISTRATION

For your convenience, we offer several methods of registering for the surgical skin audit:

- **Via website** - Complete the registration form online at www.qml.com.au > Latest News > Archive
- **Via fax** - Complete the registration form and return by fax to (07) 3121 4972
- **Via courier** - Complete the registration form and give to your QML Pathology Courier.

Doctors will receive designated A4 Surgical Skin Audit request forms upon confirmation of registration.

For further information, please phone your local Medical Liaison Officer or Marketing Department on (07) 3121 4506.



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all Skin Histology**

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QML Pathology offers an extensive range of molecular testing for numerous diseases and disorders, ranging from common inherited diseases to somatic mutations in cancer and pharmacogenomic testing.

A comprehensive cytogenetic service is also available for prenatal, postnatal and haematological malignancy testing using routine and molecular cytogenetic techniques.

For a copy of our Genetics Test List Brochure, please contact Marketing on (07) 3121 4506 or info@qml.com.au.



HbA1c and Medicare

A reminder that Medicare requires a patient to be a confirmed type 1 or type 2 diabetic to be eligible for a rebate for HbA1c testing. Medicare will not pay a rebate for HbA1c tests unless the patient is known by the laboratory to have diabetes.

The Medicare Schedule does not recognise HbA1c as a screening tool for diabetes unlike other countries. Medicare states that HbA1c is a monitoring tool for confirmed diabetics and that patients are eligible for four HbA1c tests per year.

To avoid your patients being charged for the test, please indicate the diagnosis in the clinical notes 'Known DM', 'NIDDM' or similar.

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The QML Pathology Diabetes Care Clinic is a specialised team dedicated to helping people with diabetes improve their health and lifestyle. Benefits of the Diabetes Care Clinic include:

- ➔ Run by Credentialed Diabetes Educators
- ➔ Offers a mixture of individual and group education sessions
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www.diabetes.medway.com.au



QML Pathology.

DiabetesCareClinic



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Amount	Price (ex. GST)
1 - 50	\$12.50 ea
51 - 100	\$12.00 ea
101 +	\$11.80 ea

To order, please contact QML Pathology Vaccines on (07) 3121 4523 or Fax (07) 3121 4944



Warfarin Care Clinic Easter Hours

QML Pathology wishes to advise that over the upcoming Easter period, the QML Pathology Warfarin Care Clinic will be closed. Please note that NO NEW REGISTRATIONS will be taken from 5.00pm on Wednesday, 28 March 2012, with the registration line re-opening at 7.00am on Tuesday, 10 April 2012.

During this period, it is essential that any new patients on Warfarin are supplied with instructions and/or referred to their local doctor for supervision. Patients who are currently monitored by QML Pathology and are being discharged from hospital will be accepted over this period.



New from QML Pathology

QML Pathology has launched two newsletters for practice staff – a Chronic Disease Newsletter, and Practice Managers Newsletter. If any of your staff would like to receive these newsletters, please email info@qml.com.au with the email address and contact name, or practice address.



Doctor's Noticeboard

*The Doctor's Noticeboard is a free service for practitioners to advise changes to their practice.
If you would like to place a notice, please email details to info@qml.com.au.*

DR LAUREL YOUNG, Rheumatologist has commenced practice with Dr Claire Barrett at Redcliffe and Northside Rheumatology.

Dr Young is a University of Queensland graduate. She completed her basic rheumatology training in Sydney before relocating to the UK in 2000. She worked at Guy's and St Thomas' Hospital in London researching into cardiovascular disease in Rheumatoid Arthritis. She has been employed since 2004 as a Consultant at the Royal Berkshire Hospital, Reading.

Laurel has more than a decade of consultant experience in rheumatology and osteoporosis, and enquiries regarding referrals and appointments can be directed to:

Suite 2
Blue Meridian
93 Marine Pde
Redcliffe QLD 4020
Phone: (07) 3284 5035
Fax: (07) 3883 1628



DR ANDREW DAVIDSON, Fertility Specialist, Obstetrician and Gynaecologist

City Fertility Centre welcomes fertility specialist Dr Andrew Davidson to its Brisbane Private Hospital rooms.

Dr Davidson will consult to patients on all aspects of fertility. He holds over 25 years' experience in the field of fertility, obstetrics and gynaecology.

He previously worked as a specialist in Bathurst, NSW for 10 years where he was involved in establishing an IVF unit in nearby Orange. For the past seven years has worked with City Fertility Centre on the Gold Coast. Andrew will now have practice rooms on both the Gold Coast and in Brisbane.

Andrew is also Medical Director of Stemlife (collects and stores umbilical cord blood stem cells) and a Medical Director of Q-Cell (stem cell laboratory which processes stem cells from cord blood).

Dr Davidson has helped hundreds of couples achieve pregnancy and have babies.

Appointments are now available 1800 123 483 or for further information www.cityfertility.com.au.

MEDICAL SUITE FOR SALE

10th Floor, Watkins Medical Centre, beautifully appointed large set of rooms. Includes exceptional minor ops theatre, amazing views from all rooms, reluctantly available for sale. Available either as one large suite including four parking spaces, or two smaller suites 84m² or 64m² with two parking spaces each. Fully operational ready to walk in. A fantastic opportunity for prime location in much sort after modern building. Central Brisbane, close to amenities, transport, hospitals etc.

For further information, please call Joshua Peake
Chase Commercial 0415 200 190.



DR SUSAN PAVEY, Consultant Psychiatrist

Dr Pavey is a Consultant Psychiatrist experienced in General Adult Psychiatry. A medical graduate of the University of Glasgow she has spent most of her career in Psychiatry in Perth, Fremantle and rural Western Australia. Having relocated from WA in 2010 she has worked most recently with Queensland Mental Health Service supporting the Acute Care Team, the Cultural Healing Programme and the Homeless Health Outreach Team.

Dr Pavey is happy to assess and treat patients across all diagnostic categories from youth to older age.

Dr Pavey will be seeing patients on Tuesdays and Wednesdays from Tuesday 28 February 2012.

Mooloolaba Specialist Centre
Suite 11, 'Sandcastles'
Cnr Parkyn Pde & River Esp
Mooloolaba QLD 4557

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Fax: (07) 5478 0511

Mobile: 0417 755 017

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DR GRANT CRACKNELL, Endocrinologist has commenced practice at the specialist suites at St Andrew's War Memorial Hospital.

Grant is a graduate of the University of Queensland and has worked at the Royal Brisbane and Women's, Gold Coast and Princess Alexandra Hospitals. He is a Lecturer at the University of Queensland School of Medicine and is passionate about the teaching and building of junior medical staff.

His interests in endocrinology are wide; with a special interest in diabetes, endocrine conditions in pregnancy, and thyroid, pituitary, adrenal and parathyroid conditions.

All referrals and appointments:

Level 6, Suite 6.1
St Andrew's War Memorial Hospital
457 Wickham Tce
Spring Hill QLD 4000

Phone: (07) 3831 6202

Mobile: 0419 553 958

Email: grant@endoadvice.com.au

Collection Centre Updates

NEW COLLECTION CENTRES

CABARITA (02) 6676 1781

Shop 2, 31 Tweed Coast Rd

Opening Hours:

Mon – Fri: 7.30am – 11.30am

COOROY EAST (07) 5441 0200

Cnr Pearl & Elm Sts

Opening Hours:

Mon, Wed & Fri: 11.30am – 1.30pm

DALBY (07) 4662 1660

12 Cunningham St

Opening Hours:

Mon – Fri: 7.45am – 12.30pm, 1.00pm – 3.30pm

GOODNA (07) 3381 9472

Shop 57, 2 Smiths Rd

St Ives Shopping Centre

Opening Hours:

Mon – Fri: 8.30am – 12.30pm

GUMDALE (07) 3890 2650

696 New Cleveland Rd

Opening Hours:

Mon – Fri: 7.00am – 12.30pm, 1.00pm – 3.00pm

HAMILTON ISLAND 0414 902 295

Resort Dr

Opening Hours:

Mon, Wed & Fri: 8.00am – 11.45am

IBUKI (07) 5441 0200

6 Quamby Pl

Opening Hours:

Mon, Wed & Fri: 10.30am – 12.30pm

JIMBOOMBA (07) 5546 9090

133-145 Brisbane St

Opening Hours:

Mon – Fri: 6.30am – 12.30pm, 1.00pm – 4.30pm

Sat: 7.00am – 11.00am

LOGANHOLME (07) 3806 2504

Chemmart Pharmacy

Hyperdome Shopping Centre

Shop 206, Bryants Rd

Opening Hours:

Mon – Fri: 8.30am – 12.30pm, 1.00pm – 3.00pm

MACKAY (07) 4953 0360

14 The Dome

134 Victoria St

Opening Hours:

Mon – Fri: 8.00am – 12.00pm

MACKAY 0478 314 909

10a Sydney Street Market

83-85 Sydney St

Opening Hours:

Mon – Fri: 8.00am – 12.00pm

MOUNTAIN CREEK (07) 5444 0951

Cnr Karawatha Dve & Golf Links Rd

Opening Hours:

Mon – Fri: 7.00am – 12.00pm, 12.30pm – 4.00pm

PEREGIAN SPRINGS (07) 5441 0200

Amcal Pharmacy

Peregian Springs Shopping Centre

Havana Rd West

Opening Hours:

Mon, Wed & Fri: 1.00pm – 4.00pm

Sat: 8.30am – 10.30am

ST LUCIA (07) 3371 2559

32 Hawken Dr

Opening Hours:

Mon – Fri: 8.00am – 12.00pm

TOOWOOMBA (07) 4632 4539

104 Mary St

Opening Hours:

Mon – Fri: 8.00am – 12.00pm, 12.30pm – 3.30pm

WARANA (07) 5493 7210

Cnr Nicklin Way & Main Dve

Opening Hours:

Mon – Fri: 8.00am – 12.00pm

RELOCATED COLLECTION CENTRES

BYRON BAY (02) 6680 9634

2/6 Marvell St

Opening Hours:

Mon – Fri: 8.30am – 1.30pm

GATTON (07) 5462 2949

18 William St

Opening Hours:

Mon – Fri: 7.30am – 4.30pm

Sat: 8.00am – 11.00am

MALENY (07) 5435 2150

1/39 Coral St

Opening Hours:

Mon – Fri: 8.00am – 11.00am, 12.30pm – 4.00pm

SUNNYBANK HILLS (07) 3345 8787

Cnr Beenleigh Rd & Wynne St

Opening Hours:

Mon – Fri: 7.00am – 1.00pm, 1.30pm – 3.00pm

Save the Date - Women's Health Workshops



Coming to a city near you! QML Pathology is running a series of workshops on women's health. Details to follow shortly.

- | | | | |
|------------|----------------|-----------|-------------|
| • Date TBC | North Brisbane | • 19 June | Redcliffe |
| • 12 June | Townsville | • 20 June | Mackay |
| • 14 June | Bundaberg | • 21 June | Rockhampton |
| • 18 June | Logan | | |

For further information, contact Marketing Department on (07) 3121 4506.



New Website Resources for Doctors and Medical Students

www.fracgpexamsupport.blogspot.com

This is a website for Doctors and Medical Students to work on their exam preparation. It also serves as a forum for Doctors who have passed their exams to post in their 'hot tips' for exams.

www.doyouhavedepression.blogspot.com

This is a website on depression, anxiety and related disorders. It is both a resource as well as a growing network of health professionals with an interest in mental health and wellbeing.

DiabetesImpact 2012:

Educate, Communicate, Innovate



Diabetes
AUSTRALIA
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Friday 13 April 2012

**Brisbane Convention & Exhibition Centre
South Bank, Brisbane**



Don't miss out! Registration is now open at:
www.diabetesqueensland.org.au/education2012/

This important one-day event brings together all health professionals, including registered nurses, diabetes educators & allied health professionals who work in the critical public health area of diabetes management.

Hear from leading experts in the field, covering topics such as:

- The use of social media in a health context and in the management of chronic conditions
- The transition of adolescents to adult care and the challenges faced
- Managing diabetes in a school setting
- A model of good practice in diabetes management in general practice
- Innovation in supporting Aboriginal & Torres Strait people in the management of diabetes
- The use of technology in health care
- Communication skills – clear the way for new thinking & communication required to create solutions

For all symposium information and to register please visit the official symposium website:
www.diabetesqueensland.org.au/education2012/

Early bird registration closes Friday 9 March 2012, so register now!

ndss
national diabetes services scheme



Diabetes
AUSTRALIA
QUEENSLAND

The National Diabetes Services Scheme (NDSS) is an initiative of the Australian Government administered by Diabetes Australia. The NDSS Agent in Queensland is Diabetes Australia – Queensland.

Infectious Diseases Report

GEOGRAPHIC DISTRIBUTION - JANUARY 2012

ORGANISM	Regions (as per key below)															TOTAL			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Jan	Dec	Nov	Oct
Adenovirus (not typed)	1	2	2				5		3		3	5	2			23	29	50	41
Adenovirus (typing pending)			3				2		2		5	2				14	11	16	12
Barmah Forest virus	2	1	2						1		3	2		1	2	14	20	15	24
Bordetella pertussis	50	49	20	1			33	1	21	16	55	21	11	14	6	298	312	387	268
Brucella species	2		1	1						1	2	1		1		9	4	9	2
Campylobacter jejuni																0	0	0	0
Chlamydia pneumoniae																0	0	0	0
Chlamydia trachomatis, not typed	54	82	44	28	3		89		65	30	153	35	14	38	11	646	658	730	562
Coxiella burnetii			3				1		1			1		2		8	14	5	1
Cryptococcus species			1									1				2	4	2	2
Cytomegalovirus (CMV)	1	5	3	1			17		8	4	15	3	8	1	1	67	64	59	51
Entamoeba histolytica																0	0	0	0
Enterovirus - not typed										1						1	0	0	0
Epstein-Barr virus (EBV)	10	26	5	2			25		14	7	33	12	7	6	4	151	143	140	148
Flavivirus unspesified		5					2		1		1	3	1	1		14	12	12	4
Hepatitis A virus							1									1	2	5	2
Hepatitis B virus	1	14	3	1			16		1		29	3	1	1	1	71	59	92	77
Hepatitis C virus	13	47	13	6			37		24	7	63	18	9	5	6	248	202	263	233
Hepatitis D virus																0	0	0	0
Hepatitis E virus							1									1	1	3	0
Herpes simplex Type 1	21	46	12	9			47		38	6	78	25	8	7	4	301	290	283	256
Herpes simplex Type 2	8	33	13	5		1	18		14	4	50	22	4	6	1	179	161	187	137
Herpes simplex virus - not typed																0	0	0	0
HIV-1							4		2		4					10	17	11	5
HTLV-1																0	1	0	1
Human Metapneumovirus		4					1		2	1	3	3	1			15	50	54	N/A
Influenza A virus	4	3					11		2	2	6	2		1	1	32	36	36	69
Influenza B virus							1		1		2		1			5	5	6	32
Legionella pneumophila (all serogroups)		1							1							2	0	1	2
Legionella species		4	1						2	1	3	1			1	13	5	6	5
Leptospira species												1				1	2	1	2
Measles virus																0	0	2	0
Mumps virus							1				1					2	1	4	2
Mycoplasma pneumoniae		2	1						2		3	1				9	14	12	16
Neisseria gonorrhoeae	8	1	3				13		2	1	14	1	1	7		51	43	52	43
Parainfluenza virus	1	6	2	1			7		5	2	2	1	1			28	33	58	0
Parvovirus		1	2				2		1		3	6	4			19	10	30	1
Pneumocystis carinii		1										3				4	4	0	0
Respiratory Syncytial virus	4	8	2			1	11		1	7	6	5		5		50	71	61	65
Rhinovirus (all types)	3	6	3				7		9	1	5	2		1		37	96	109	N/A
Rickettsia - Spotted Fever Group	1		1											1		3	3	1	1
Ross River virus	9		4	1			6		2	9	2	6	4	9	2	54	33	24	20
Rubella virus																0	2	0	0
Salmonella paratyphi A																0	0	0	0
Salmonella paratyphi B																0	0	0	0
Salmonella typhi											1					1	0	0	0
Streptococcus Group A	8	11	1	1			8		5	2	16	7	7		2	68	56	72	70
Toxoplasma gondii																0	5	1	2
Treponema pallidum	12	11	1	3	2		28	1	6	5	23	6	5	6	3	112	117	148	107
Trichomonas vaginalis	4		2		1		1	1	1		2		1	1		14	16	25	24
Varicella Zoster virus	8	38	9	3			29		22	7	44	19	7	7	1	194	214	203	217
TOTAL	225	407	157	63	6	2	424	3	259	113	631	218	97	121	46	2772	2820	3175	2504

REGIONS:

1 Cairns

2 Gold Coast/Northern Rivers

3 Ipswich

4 Mackay

5 Mount Isa

6 New England

7 North Brisbane Suburbs

8 Northern Territory

9 Redcliffe

10 Rockhampton

11 South Brisbane Suburbs

12 Sunshine Coast

13 Toowoomba

14 Townsville

15 Wide Bay/Burnett

DECEMBER 2011 AND FURTHER HISTORICAL CLINICAL DATA CAN BE OBTAINED BY CONTACTING MARKETING ON INFO@QML.COM.AU.