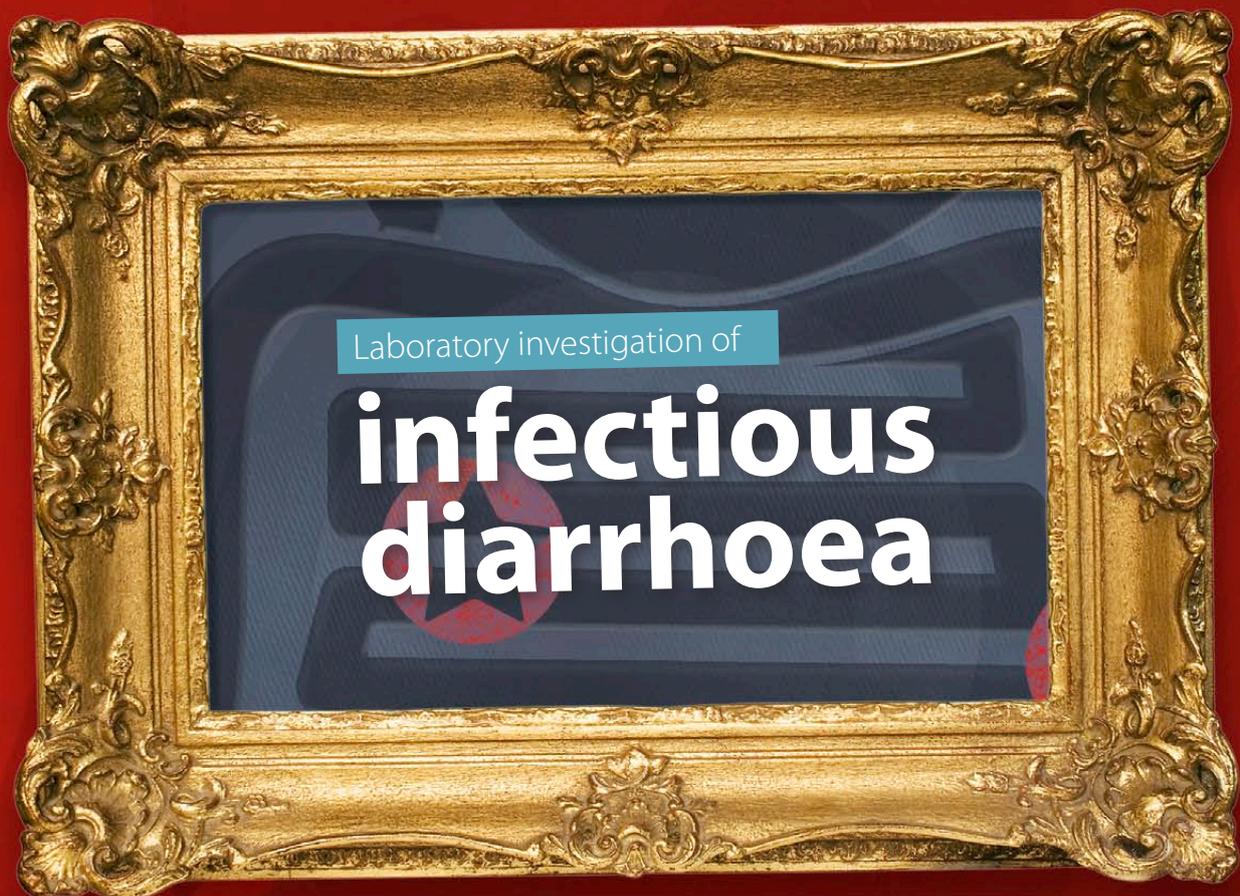


New Zealand Permit No. 176761 **Permit** 

Sample

PRIVATE AND CONFIDENTIAL

If Undelivered, return to PO Box 6032, Dunedin 9059



bpac^{nz} reports have changed

Reports are now produced for the patient population in your practice rather than your individual prescribing or lab testing

See inside for further details



bpac^{nz} reports have changed

Dear Colleague,

This is the first new format bpac^{nz} report. The reports have been changed to make better use of available data and more accurately reflect the overall care that patients receive.

The reports will now focus on prescribing and laboratory testing for a practice's enrolled patient population

- Reports will include all patients registered to your practice
- All dispensed medicines and tests in community laboratories for registered patients will appear on the report (in relation to the specific report topic)
- Reports will give you information about the medicines dispensed and investigations requested for your registered population by any New Zealand health provider, **this may include health providers who do not work in your practice**

Please circulate this report to all members of the health care team.

An electronic copy of this report is available upon request: email contact@bpac.org.nz.

In the future, reports will be able to be downloaded from our website.

If you have any questions about the new report format, please contact us: contact@bpac.org.nz or Ph. 03 4775418.

Yours sincerely,

Professor Murray Tilyard

CEO

bpac^{nz}

The five recommendations for the laboratory investigation of infectious diarrhoea in New Zealand

1 Laboratory investigations are not routinely required for most people with acute diarrhoea

Approximately 20% of people with an acute gastrointestinal illness will visit their general practitioner. If the person has no known risk factors, such as age under five years or over 70 years, has bloody stool or is a food handler,¹ laboratory testing is not indicated. Management involves adequate rest and maintaining hydration status.

2 Tests for giardia and cryptosporidium should only be requested if there are risk factors

Testing giardia and cryptosporidium is indicated only when a person has diarrhoea for longer than seven days, recent attendance at a childcare centre, is immunocompromised or following overseas travel.

3 Testing for ova and cysts is rarely indicated

Testing for ova and cysts is appropriate for people with diarrhoea who have recently travelled to countries with poor food or water sources, recently immigrated, are immunocompromised or have persistent diarrhoea with eosinophilia.

4 If laboratory investigation is indicated, faecal culture is the first-line test

When testing is indicated, a stepwise approach should be taken. Faecal culture should be the initial test. Other tests should be requested only when there are additional risk factors or symptoms persist for more than two weeks.

5 When faecal culture testing is requested, a single stool specimen should be tested

Historically, General Practitioners were encouraged to request a series of faecal culture tests e.g. "faecal culture x3". This practice is no longer recommended as analysis of laboratory testing has shown that the vast majority of positive tests are identified on the first specimen.¹ Therefore, a single sample is required initially with further specimens only if symptoms persist and the initial specimen is negative.

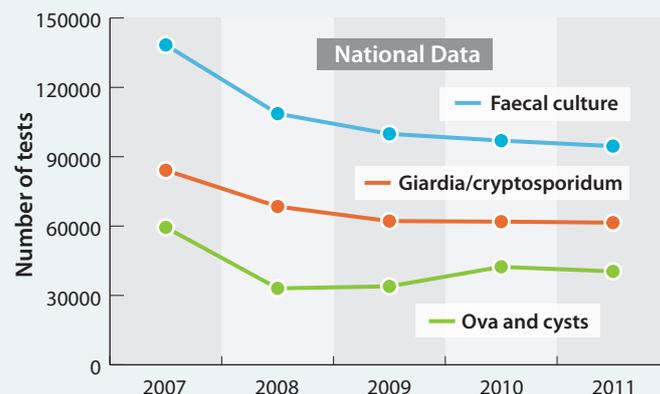


Figure 1: Total number of tests for infectious diarrhoea ordered in New Zealand per year 2007–11

Over the past five years, the number of tests for infectious diarrhoea has decreased across the three tests bpac^{NZ} monitored using data from the Ministry of Health National Collections.^{2,3,*} It shows that in 2011, there were 32% fewer faecal culture and ova and cysts tests ordered, and 27% fewer giardia tests ordered than in 2007.

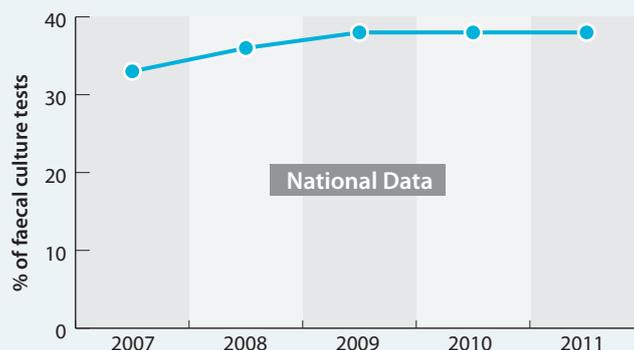


Figure 2: Percent of faecal culture tests ordered as the sole initial test for infectious diarrhoea in New Zealand per year 2007–11

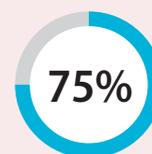
The percentage of occasions where a single faecal culture test was requested as the initial test for infectious diarrhoea[†] in New Zealand increased from 33% in 2007 to 38% in 2011. There is still room for improvement.

Report for Sample Medical Centre

Tests for your registered patients could be ordered by any New Zealand health provider. Does the number of tests for your patients in 2011 align with what you would expect based on the number of general practitioners working in your practice?

Faecal culture tests requested for your patients	25
Giardia/cryptosporidium tests requested for your patients	10
Ova and cysts tests requested for your patients	5
Health providers who ordered tests for your patients	5

Percent of occasions that a single faecal culture test was requested for your patients in 2011 as the initial test for infectious diarrhoea[†]



1. bpac^{NZ}. Laboratory investigation of infectious diarrhoea. 2008. Available from: www.bpac.org.nz. (Accessed Aug, 2012).

2. Ministry of Health. Primary Health Organisation Enrolment Collection. (Accessed Aug, 2012).

3. Ministry of Health. Laboratory Claims Collection. (Accessed Aug, 2012).

* Longitudinal national data excludes Lakes DHB, Nelson Marlborough DHB and South Canterbury DHB areas due to laboratory data recording discrepancies in previous years.

† An occasion is all tests for infectious diarrhoea for a patient requested by a single doctor in a two week period, the initial test is the first or only test in the period.

Laboratory investigation of

infectious diarrhoea

In March 2008, bpac^{nz} produced a report on the laboratory investigation of infectious diarrhoea which included five key recommendations:

1. Laboratory investigations are not routine for people with infectious diarrhoea
2. Testing for giardia and cryptosporidium should only be requested if there are risk factors
3. Testing for ova and cysts is rarely indicated
4. If laboratory testing is indicated, faecal culture is the first-line test
5. When faecal culture testing is requested, a single stool sample should be tested

This report will discuss how testing behaviour in New Zealand has changed over the past five years and includes feedback on the testing requested by all New Zealand health providers for patients registered to your practice in 2011.