Flipping the Treponemal Paradigm (Syphilis Screening)

Previous screening for syphilis infections utilized a “non-treponemal” test, followed by a confirmatory “treponemal” test.

Current guidelines in place at Renown Labs reverse this approach by implementing TREP-SURE, an automated treponemal EIA (enzyme immunoassay) for screening. Supplemental tests will be performed if indicated.

TREP-SURE is a qualitative EIA for the in vitro diagnostic detection of Treponema pallidum (syphilis) IgM and IgG antibodies. These antibodies typically become reactive within several weeks following infection and may remain reactive for months to years following treatment.

Requirements for syphilis screening for pregnant women has recently changed due to the increase in the number of reported syphilis cases, Nevada ranking 12th nationally. Screening is now performed in the first and third trimesters (previously women were screened only once). \(^1\)

This test is now a component of the obstetric panels offered by Renown or can be ordered individually. \(^2\)

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1. Washoe County Health Department Epi-News, May 28, 2013, Vol. 33 No. 11
2. EPIC Code: LAB0000091
Dr. Elliott ELABORATES:  CRP vs. ESR ...which is the better test?

Erythrocyte sedimentation rate (ESR) is an indirect measure of inflammation and no longer the gold standard for acute phase response now that a more sensitive C-reactive protein (CRP) is available. CRP is an acute phase reactant, a protein made by the liver and released into the bloodstream within a few hours after tissue injury, the start of an infection, or other cause of inflammation. It is a more sensitive indicator of inflammation due to acute conditions or in monitoring disease activity in chronic conditions, is less expensive, requires less sample volume to perform testing, and is available on a STAT basis. Choose CRP first on most occasions.

Following are some clinical indications:

<table>
<thead>
<tr>
<th>Question</th>
<th>CRP</th>
<th>ESR</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening asymptomatic patients?</td>
<td></td>
<td></td>
<td>unlikely to be useful</td>
</tr>
<tr>
<td>I know this patient is ill but I don’t know why.</td>
<td>yes</td>
<td></td>
<td>actual level of CRP helpful</td>
</tr>
<tr>
<td>Could this patient have a significant bacterial, fungal or post-op infection?</td>
<td>yes</td>
<td></td>
<td>CRP good, ESR slow response</td>
</tr>
<tr>
<td>Has the infection responded to this antibiotic?</td>
<td>yes</td>
<td></td>
<td>CRP good, ESR slow response</td>
</tr>
<tr>
<td>Is this respiratory tract infection more serious than it seems?</td>
<td>yes</td>
<td></td>
<td>level of CRP useful</td>
</tr>
<tr>
<td>Is this patient responding to a trial of steroid therapy?</td>
<td>yes</td>
<td></td>
<td>CRP good, ESR slow response</td>
</tr>
<tr>
<td>Monitoring Rheumatoid Arthritis, Temporal Arteritis, SLE and Polymyalgia Rheumatica.</td>
<td>yes</td>
<td>yes</td>
<td>differing opinions on usefulness</td>
</tr>
</tbody>
</table>

Test UPDATES

**Urine Drugs of Abuse**

HCPSC Code: G0431 EPIC Code: LAB2893048

**Components**
Amphetamines, Barbiturates, Benzodiazepines, Cocaine, Ecstasy, Methadone, Opiates, Oxycodone, Phencyclidine, Propoxyphene, THC (Marijuana)

**Performed**
Sunday – Saturday, Routine and STAT

**C. difficile by PCR (BI/NAP1/027 epidemic strain)**

CPT Code: 87493 EPIC Code: MIC2877112

**Performed**
Sunday-Saturday

**Calcium Reference Range Revised**

<table>
<thead>
<tr>
<th>Current: 8.5 – 10.5 mg/dL</th>
<th>Previous: 8.4 – 10.2 mg/dL (updated 03.27.14)</th>
</tr>
</thead>
</table>

Physicians should instruct their patients not to take calcium supplements 8-12 hours prior to having a blood calcium test.

Compliance CORNER

FreeT4 vs. T4

The Centers for Medicare and Medicaid Services (CMS) have identified mutually exclusive CPT code pairs that, for clinical reasons, are unlikely to be performed on the same patient on the same day. CMS does not permit payment of T4 with FT4. FT4 is considered to be a better measure of hypothyroid or hyperthyroid state. Order one or the other. Requests for a thyroid panel will include FT4, not both.