


 江苏省人民医院
 JIANGSU PROVINCE HOSPITAL
 南京医科大学第一附属医院
 NANJING MEDICAL UNIVERSITY FIRST AFFILIATED HOSPITAL

美国临床微生物实验室建设与运行，中国如何借鉴？

顾兵

2014.11.29

德术并举 病人至上

我们的主要敌人是谁？它们藏在哪儿？ 很多感控人员并不清楚 中国感控需要恶补的一课！

作者：顾兵 | 2012年SIFIC关注的“学术会议和培训” | 第三类生物制品在药品管理和药品质量控制中应用

我们的主要敌人是谁？它们藏在哪儿？很多感控人员并不清楚...

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发表于 2012-11-18 01:39:22 | 只看该作者 | 倒序浏览

一些人觉醒了，一些人开始行动了，但是更多的感控同仁还没有真正意识到：我们立志要攻克的感控“敌人”感染，其始作俑者影响原微生物，乃是敌人。我们的敌人是谁？它们藏在哪儿？它们有些哪些武器？如何避免它们跑出来？如何避免它们打中我们于死地？很多感控负责人，包括感控的骨干，甚至整个感控团队，其实并不清楚，这是中国感控的现状。中国感控需要恶补这一课！打仗，需要体力，更需要耐力，有勇气但是没有脑子，那是蛮力，是打不赢的。感控，其实也是这样，我们要有效地预防和控制医院感染，但是没有微生物知识，不知道病原菌是谁，光靠热情，是做不好感控工作的！


英国的感控，最早是由微生物专家关注和引领的。美国的感控，很多大医院的负责人，是懂微生物和微生物学的感染性疾病专家领衔的。中国的感控，无论是护士，还是临床医生，抑或公共卫生专业背景的人员，临床微生物知识严重匮乏，已经或将成为中国感控人员的短板。

对敌人的了解，我们有很多前人的研究成果


 中华预防医学会医院感染控制分会
 The Nosocomial Infection Control Sector of Chinese Preventive Medicine Association (CPMA)

中华预防医学会医院感染控制分会 “微生物检验在医院感染控制和抗菌药物管理中的应用” 培训班通知

临床微生物知识及其在感控中的运用能力，是我国感控团队亟待重视和改善的基本能力。国家卫生计生委和各省市卫生行政管理部门组织开展的等级医院评审评价工作、医疗质量与安全督查、抗菌药物专项整治，有力地推动了相关工作，然而临床医生、感控专业人员、护理部门主管、临床药师甚至检验科技术人员的微生物知识


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我们的朋友是谁？它们是否可以 帮助我们打击敌人？人类对此知之甚少

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发帖 | 回复

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发表于 2012-11-29 21:18:42 | 只看该作者 | 取消关注通知

前几天，胡教授发了“我们的主要敌人是谁？它们藏在哪儿？很多感控人员并不清楚-中国感控需要恶补的一课！”一贴：
<http://bbs.icchina.org.cn/thread-93160-1-1.html>
 胡教授非常准确地指出了我国医院感染中的现状和存在问题。确实，我国感控人员对临床微生物学知识匮乏，这种情况，要做好感控工作是很困难的。当然，与病原微生物的斗争是全人类的目标。所幸的是，欧美很多感控及临床微生物学者对MRSA、VRE、PRSP、ESBL、CRE、NDM、MDR-PA和MDR-AB等众多病原微生物有了比较深入的了解。只要我们准

奇闻：从鼻孔输入妈妈的粪便 病危男婴因粪获救

查看: 1084 | 回复: 73

[讨论] 奇闻：从鼻孔输入妈妈的粪便 病危男婴因粪获救

发表于 2012-10-31 15:58:18 | 只看该作者 | 倒序浏览 | 取消关注通知

http://news.cn.yahoo.com/ypan/20121029/1393268.html?e=E1048_315_15

据外媒25日报道，美国巴尔的摩市20个月大的男婴杰西·威廉斯因肠道感染生命的健康状况急剧下降而陷入危境。医生通过一种先锋性的“粪便移植”手术，将杰西母亲的粪便从他的鼻孔移植入肠道中，利用其健康粪便中的有益菌群“以毒攻毒”，最终竟令他在短短2天内奇迹好转。

据悉，杰西可能是美国有史以来接受“粪便移植”手术最年轻的患者。日前，当医学专家在拉斯维加斯举行的美国胃肠病学学会年度科学会议上首次公布了这一奇闻之后，立即引发轰动。

病人背景
男婴肠道感染致命病菌

据报道，男婴杰西·威廉斯现年28岁的母亲塔姆塔姆是美国巴尔的摩市人，她和丈夫查德已经有一名9岁大的儿子。2010年，怀孕27周的塔姆塔姆又怀孕了生下小儿子杰西。然而，由于杰西感染13周龄时出生，他一生下来就出现了呼吸、喂养困难等多个问题，身体十分虚弱。曾上加强的说，当杰西刚1岁时，他的肠道感染了一种名为“艰难梭状芽孢杆菌”的致命病菌。

艰难梭状芽孢杆菌是一种源自土壤的厌氧性细菌，通常因健康细菌被大量抗生素杀死后出现，因此病人十分容易在医院受


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粪移植的一篇综述(2014.11.25)

Neurogastroenterol Motil. 2014 Nov 25; doi: 10.1111/nmo.12479. [Epub ahead of print]

Is fecal microbiota transplantation (FMT) an effective treatment for patients with functional gastrointestinal disorders (FGID)?

Pinn DM¹, Aronidis OC, Brandt LJ.

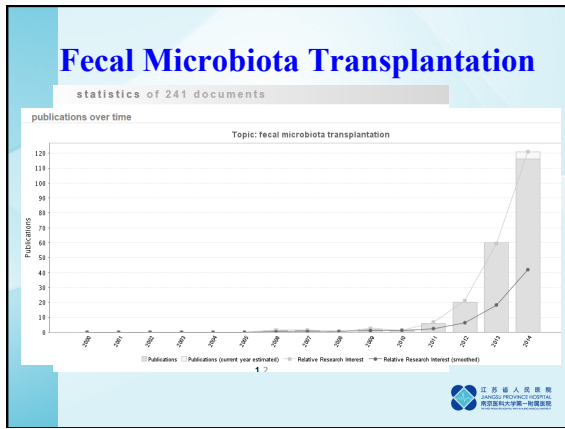
Author information

Abstract
BACKGROUND: Despite its high prevalence and significant effect on quality of life, the etiology of functional gastrointestinal disorders (FGID), and specifically irritable bowel syndrome (IBS), has yet to be fully elucidated. While alterations in immunity, motility, and the brain-gut axis have been implicated in disease pathogenesis, the intestinal microbiota are increasingly being shown to play a role and numerous studies have demonstrated significant differences from normal in the intestinal flora of patients with FGID, and between types of FGID. Fecal microbiota transplantation (FMT) is a curative therapy for Clostridium difficile infection (CDI), a disease hallmarked by intestinal dysbiosis, and FMT is now being explored as a means to also restore intestinal homeostasis in FGID.
PURPOSE: This review aims to investigate the role of intestinal microbiota in the pathogenesis of FGID, the implications of FMT for the treatment of FGID, and the challenges encountered in measuring response to a specific intervention in patients with FGID.
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KEYWORDS: fecal microbiota transplantation, functional gastrointestinal disorders, intestinal microbiota, irritable bowel syndrome

PMD: 25424663 [PubMed - as supplied by publisher]


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Top Cities	Publications	Top Journals	Publications
New York City	13	Am J Gastroenterol	17
Minneapolis	7	J Clin Gastroenterol	9
Nanjing	6	World J Gastroenterol	7
Roma	6	Curr Opin Gastroenterol	7
Hangzhou	6	Inflamm Bowel Dis	5
Tel Aviv-Yaf	-		-

Top Terms	Publications	Top Authors	Publications
Microbiota	195	Song Y	3
Clostridium difficile	112	Hamilton M	3
Humans	112	He Y	2
Clostridium	109	Pamer E	2
Patients	108	Dubberke E	2
Clostridium Infections	102	Khoruts A	2
Feces	96	Kelly C	2
Intestines	85	Borody T	2
Recurrence	81	De Vos W	2
gut development	73	Khoruts A	2
Anti-Bacterial Agents	70	Heimesaat M	2
Research Report	63	Aroniadis O	2
Therapeutics	49	Pang L	1
Inflammatory Bowel Diseases	47	Wang Z	1
Tissue Donors	45	Yang Y	1
Metagenome	45	Chen Y	1
Enterocolitis, Pseudomembranous	42	Yuan J	1
Male	38	Sun G	1
Probiotics	35	Zhou L	1
Female	34	Ren Z	1

1 2 3 ...6 1 2 3 ...43

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Yi-Wei Tang, MD, PhD, F(AAM), FIDSA
Chief, Clinical Microbiology Service

As Chief of the Clinical Microbiology Service in the Department of Laboratory Medicine, I am responsible for the management and day-to-day operation of the diagnostic laboratories within the service. These include bacteriology, mycobacteriology, mycology, parasitology, diagnostic immunology, virology, and molecular diagnostics. I am engaged in both clinical service and

Memorial Sloan-Kettering Cancer Center

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About Our Research Research Areas Collaborations Research Support Postdoctoral Research Training Seminars & Events

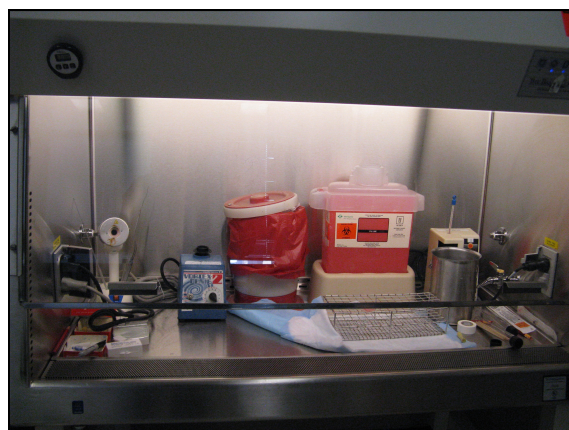
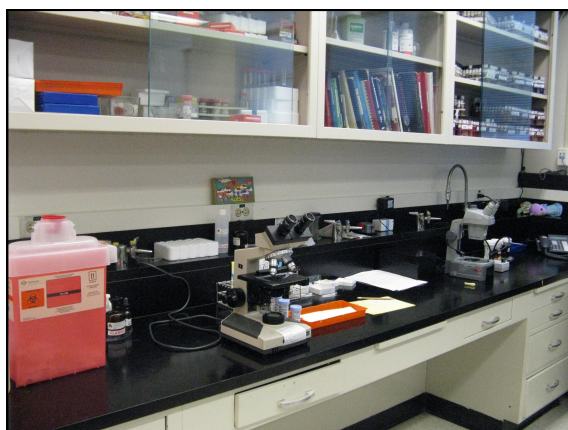
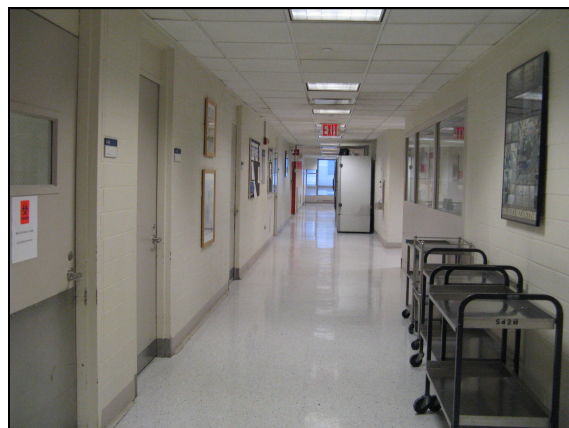
INFECTIOUS DISEASE

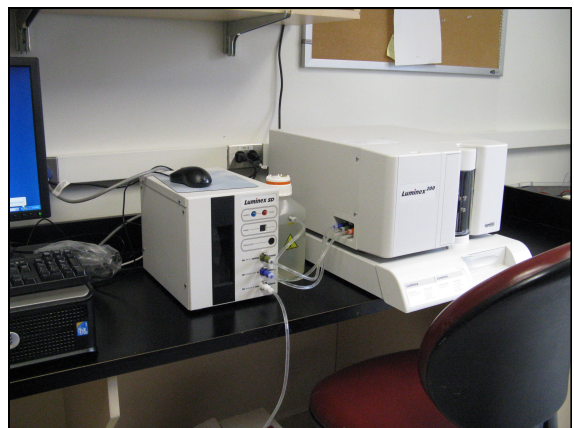
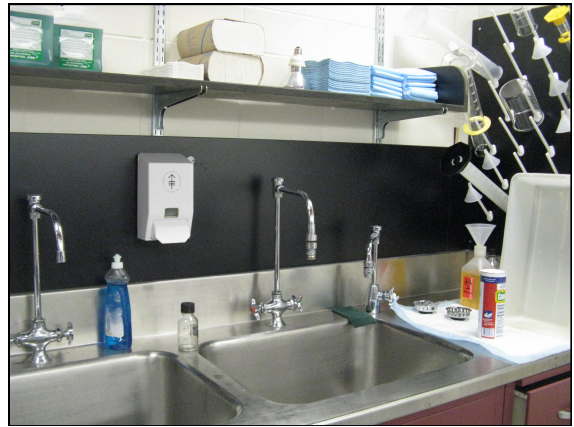
Microbiology

Yi-Wei Tang, MD, PhD, F(AAM), FIDSA
Chief and Member, Clinical Microbiology Service
Member, Infectious Diseases Service

The Microbiology Service in the Department of Clinical Laboratories is staffed by a Chief, Director of Molecular Microbiology, Manager, Supervisors, Technologists, Technicians and Clinical Personnel; and is open at all hours, including weekends. The Microbiology Service, with its laboratories of bacteriology, mycobacteriology, mycology, parasitology, virology,











- **Christine C.Ginocchio教授**
- 美国Hofstra大学医学院感染诊断系主任, 美国临床实验室标准化委员会 (CLSI) 专家委员, 纽约长岛诊断医疗集团高级医学总监, 病理与分子诊断实验室主任




第八届全国检验与临床学术会议

- 2013年10月13日 微生物检验进展与适宜技术专题论坛



VITEK® MS: Changing the Face of Clinical Microbiology



VITEK® MS: 真正改变临床微生物面貌



[原创] 第一次在国家级会议上进行英文翻译

发布于 2013-10-16 17:16:00 | 只看该作者 | 私信 | 举报 | 电话沟通

本站稿件由 微菌网 于 2013-10-16 21:26 编辑

10月13日上午8点40分, 江苏省医学会在第八届全国检验与临床学术会议的临床微生物专题论坛上组织了翻译工作。美国Hofstra大学医学院感染诊断系主任 Christine C.Ginocchio 教授进行了VITEK MS: Changing the Face of Clinical Microbiology的演讲。演讲现场翻译, 这是第一次在国家级的学术会议上进行翻译工作, 事先也做了充分的准备, 对于演讲中图表涉及及的英文原文都进行了提前准备, 阅读与学习, 真正了解科学会议, 现场翻译的效果不错, 会后很多听众反应良好。

1.JPG (191.04 KB, 下载次数: 3)




UCLA Health System

- **Ronald Reagan UCLA Medical Center**
- **Santa Monica-UCLA Medical Center and Orthopaedic Hospital**
- **Resnick Neuropsychiatric Hospital at UCLA**
- **Mattel Children's Hospital UCLA**



Best Hospitals 2011-12 in America

Rank	Hospital	Points	Specialties
1	Johns Hopkins Hospital, Baltimore	30	15
2	Massachusetts General Hospital, Boston	29	15
3	Mayo Clinic, Rochester, Minn.	28	15
4	Cleveland Clinic	26	13
5	Ronald Reagan UCLA Medical Center, Los Angeles	25	14
6	New York-Presbyterian University Hospital of Columbia and Cornell, N.Y.	22	12
7	UCSF Medical Center, San Francisco	20	11
8	Brigham and Women's Hospital, Boston	18	12



Ronald Reagan UCLA Medical Center 罗纳德-里根医学中心

- 面积: 97500 m²
- 床位: 520张




UCLA Pathology & Laboratory Medicine

- 标本量: 600万/年

About Us	Clinical Services	Research & Research Services	Education & Training
UCLA Pathology	Anatomic Pathology		
	Laboratory Medicine		
	Olympic Analytical Lab		
	UCLA Clinical Genomics		Biomarker Innovations Lab
	UCLA Immunogenetics		Clinical Chemistry
	UCLA Pathology Outreach		Cytogenetics
Home			Hematopathology
Chair's Welcome			Molecular Pathology
			Orphan Disease Testing
			Transfusion Medicine & Blood Banking
Our History	OUR HISTORY		

Clinical Microbiology Laboratory

- A leader among academic centers
- A reference center for a number of proficiency testing surveys
- ABMM accredited Postdoctoral Training Program
- 1200 m²
- 75 employees




Michael Lewinski, Ph.D.
Chief, Clinical Microbiology

Romney Humphries, Ph.D.
Associated director



UCLA Pathology & Laboratory Medicine

Home > Clinical Services > Laboratory Medicine > Clinical Microbiology

Clinical Microbiology




The UCLA Clinical Microbiology Laboratory offers comprehensive testing for detection, isolation, characterization and susceptibility testing of infectious agents. We utilize rapid detection methods where possible for optimal patient care, including immunologic and nucleic acid based assays. The serology section also performs testing for selected autoimmune disorders. The laboratory has long been a leader among academic centers. We serve as a reference center for a number of proficiency testing surveys, and maintain one of the longest running ABMM accredited Clinical Microbiology Postdoctoral Training Programs in the country. [Antimicrobial Susceptibility Report 2011](#)

Services

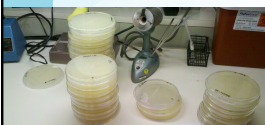
- Anaerobes
- Antimicrobials
- Blood cultures





Romney Humphries, Ph.D.
Chief, Clinical Microbiology



实验研究中的一个故事



Bing -
I read these four AM =
wrote my mics on the plates.
Please read them - I'll see if Janet
can too. Some are hard!!
Also, let's save to take some
pictures....
Romney

Pictures of Lab Building





Services (临床服务项目)

- Anaerobes (厌氧菌)
- Antimicrobials (药敏检测)
- Bacteriology (细菌学)
- Molecular Microbiology (分子微生物)
- Mycobacteriology (结核)
- Mycology (真菌)
- Parasitology (寄生虫)
- Serology (血清学)
- Virology (病毒学)



Specimen Processing (标本处理室)

- 标本量: 30万/年
- 职工: 6人+7人



Bacteriology (细菌学)

- 职工: 8人




Blood Culture (血培养三级报告)

- ✓ 1500瓶
- ✓ 专人
- ✓ 专用场地
- ✓ 专用超净台


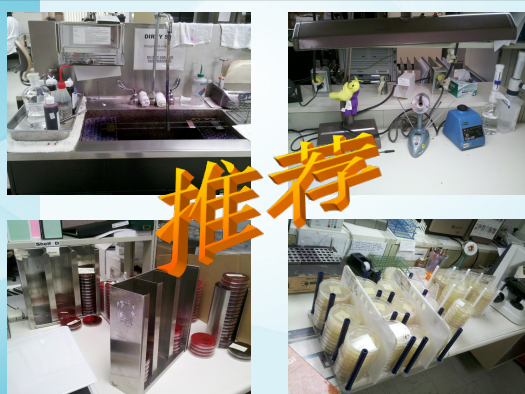




国内血培养送检情况

单选投票, 共有 114 人参与投票

1. 0-4瓶 / 天	47.37% (54)
2. 5-10瓶 / 天	22.81% (26)
3. 11-20瓶 / 天	10.53% (12)
4. 21-40瓶 / 天	10.53% (12)
5. 41-60瓶 / 天	3.51% (4)
6. 61-80瓶 / 天	4.39% (5)
7. 81-100瓶 / 天	0.88% (1)

数据来源: 上海国际医学感染控制论坛<http://bbs.icchina.org.cn/thread-69914-1-1.html>

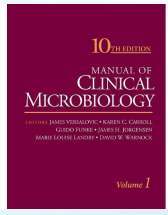
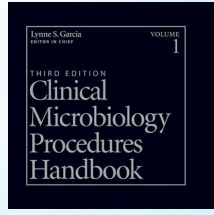





Bacteriology (细菌学)

- 分工明确
- 记录详细
所有操作在操作卡登记签名
- LIS系统功能强大
即时更新结果，临床医生跟踪细菌鉴定动态结果



细菌检验专著推荐



细菌检验图谱推荐







Learning (学习专著与文献)



推荐



Antimicrobials (药敏检测)





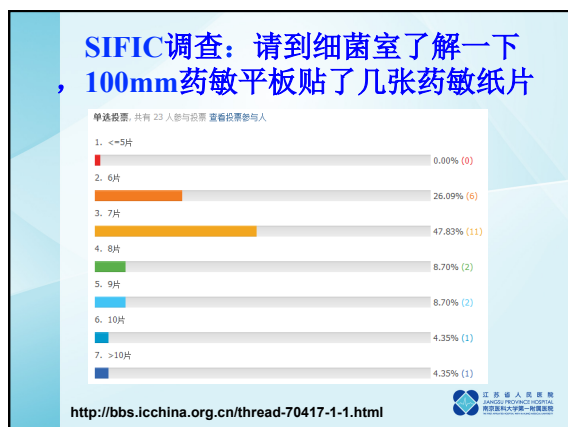
Disk Diffusion (纸片扩散法)



CLSI M2-A11文件:
9.2 Application of Disks to Inoculated Agar Plates

Ordinarily, no more than 12 disks should be placed on one 150mm plate, or more than five disks on a 100mm plate.





巴顿德之徒

头像: [Profile Picture]

等级: 实名认证

金币: 10142 金

文币: 10 点

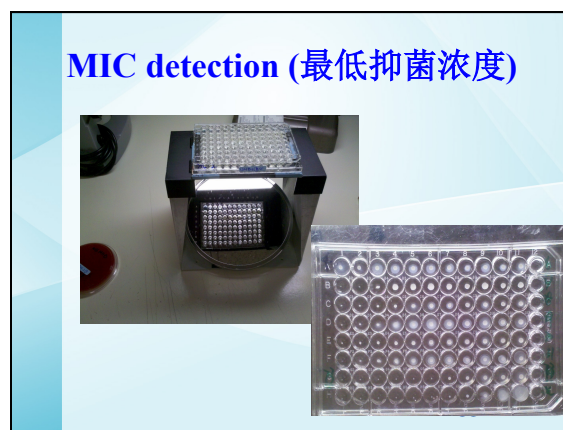
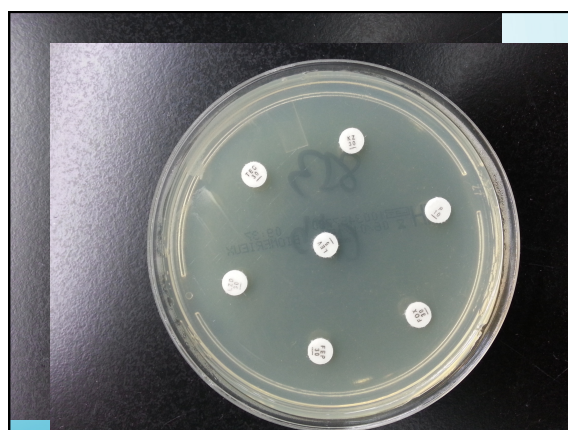
最后登录: 2012-4-14

注册时间: 2007-5-27

积分: 12387

- 贴纸片多少是根据平均抑菌环大小而定的。一般来说，肠杆菌90mmMHA平板可以贴7张；但如果是90mm淋球菌加强GC培养基的话就只能贴5张，因为肠杆菌和淋球菌的平均抑菌环大小是不同的
- 另外，相关规定在CLSI上也有表述，是说纸片间距不得低于25mm（按照我的经验最佳间距应该在30mm以上）；否则，不同药物就会产生相互影响，或增效，或拮抗，或融合而导致抑菌环无法正确测量

OXOID公司8孔药敏分配器纸片间距为20 mm！！



- ### Documents Managed by CLSI AST SC
- **M02** – Disk diffusion
 - **M07** – MIC testing (aerobes)
 - **M11** – MIC testing (anaerobes)
 - **M100** – Tables (disk and MIC for aerobes and anaerobes)
 - * **M23** – Guidance for setting breakpoints, setting QC ranges, making recommendations in AST documents
 - * **M39** – Antibiograms
 - * **M45** – Fastidious organisms
-



Table 1. Antimicrobials (IV, PO), Formulary Status and Cost Reference

Drug	Usual Dose	Usual Interval	(\$)* Per Day
Penicillins			
Ampicillin	1 gm/ 2 gm	q6h	31.10/38.30
Ampicillin-sulbactam	3 gm	q6h	32.85
Oxacillin	1 gm	q6h	53.85
Penicillin G	2x10 ⁶ Units	q4h	37.90
Piperacillin-tazobactam	3.375 gm	q6h	77.50
Ampicillin (PO)	500 mg	q6h	0.40
Amoxicillin (PO)	250 mg/ 500 mg	q8h	0.25/0.30
Amoxicillin-clavulanic acid (PO)	250 mg/ 500 mg	q8h	1.15/1.30
Dicloxacillin (PO)	250 mg/ 500 mg	q6h	1.15/1.40
Cephalosporins			
Cefazolin	1 gm	q8h	17.05
Cefepime ^{1,2}	1 gm	q12h	24.15
Cefotaxime ^{1,3}	1 gm	q8h	18.40
Cefoxitin ^{1,4}	1 gm	q6h	33.80
Ceftriaxone	1 gm/ 2 gm	q24h	14.00/20.70
Cefuroxime	1.5 gm	q8h	23.25
Cephalexin (PO)	500 mg	q6h	0.85
Cefpodoxime (PO)	100 mg/ 200 mg	q12h	4.45/9.40



Table 2. Indications for Performing Routine Antimicrobial Susceptibility Tests – Aerobic Bacteria

Susceptibility tests will be performed as follows:

- Blood—all isolates except:**
Bacillus spp.¹
Corynebacterium spp.¹
 Coagulase-negative *Staphylococcus*.^{1,2}
- Urine**
 >10⁵ CFU/ml of (1 or 2 species):
 >50,000 CFU/ml of (pure culture):
 Gram-negative bacilli, *Staphylococcus aureus*
- Respiratory (sputum, nasopharynx, bronchial washing and tracheal aspirate):**
 Moderate /many growth ≤2 potential pathogens;
 cystic fibrosis patients: any quantity of gram-negative bacilli, *S. aureus*, *S. pneumoniae*
- Stool:**
Salmonella spp.
Shigella spp.
Yersinia spp.
Vibrio spp.



- Wounds, abscesses and other contaminated body sites, ≤2 potential pathogens.
- Sterile body sites—any organism except: *Bacillus* spp.⁴
- Susceptibility testing will be performed on subsequent isolates from similar site every 5 days to determine if resistance has developed.

Additional notes:

- Susceptibility tests will not be performed on more than two potential pathogens per culture unless specifically requested following discussion with clinician.
- Blood and CSF isolates are held for 1 year.
- Other potentially significant isolates are held in lab for 7 days. Contact lab within 48 hours if susceptibilities are desired (x42758).



Table 9. *Pseudomonas aeruginosa* – Percent Susceptible to One or Two Antimicrobials

Percent Susceptible to seven drugs and Percent Susceptible to either or both when two drugs are evaluated¹ (Note: Information provided for two drugs does NOT imply synergism, antagonism or likely activity in vivo)

	Amikacin (84) ²	Gentamicin (85)	Tobramycin (89)	Ciprofloxacin (70)
Ceftazidime (75)	99 ³	94	95	91
Meropenem (83)	99	96	96	93
Piperacillin-tazobactam (72)	99	93	94	89
Ciprofloxacin (70)	98	92	93	–

¹ 732 patients; included the most resistant result for each drug if patient had >1 isolate
² Percent susceptible for individual drug in parenthesis
³ Percent susceptible for either or both drugs (e.g. %S to amikacin and/or ceftazidime)



Table 18. Ronald Reagan UCLA Medical Center Emerging Resistance Concerns

When specific antimicrobial resistance (R) is detected, an Infectious Disease consult is strongly suggested. The consult can help optimize therapy and reduce nosocomial transmission of resistant organisms.

Organism	Resistant to:	UCLA Percent Resistant:	Therapeutic Options	Comments
<i>Staphylococcus aureus</i>	oxacillin (MRSA)	Inpatients (n=536) 30% Outpatients (n=1051) 20%	vancomycin	Oxacillin-resistant <i>S. aureus</i> are critically resistant to all β-lactams including β-lactam/β-lactamase inhibitor combinations and carbapenems. ¹ Fluoroquinolones are usually inactive also.
<i>Streptococcus pneumoniae</i> (non-meningitis)	Penicillin (MIC > 2 µg/ml)	All isolates (n = 75) 11%	ceftriaxone or cefotaxime or vancomycin	If susceptible (MIC ≤ 2 µg/ml), high dose penicillin has been shown to be effective for infections other than meningitis. ^{1, 2}
<i>Streptococcus pneumoniae</i> (non-meningitis)	cefotaxime, ceftriaxone, penicillin resistant always	All isolates (n = 75) low level R 0% high level R 12%	vancomycin, levofloxacin	If low-level resistance (MIC=2.0 µg/ml), high dose cefotaxime or ceftriaxone may be effective for infections other than meningitis. ^{1, 2}



Table 19. UCLA Resistance Trends, 1990–2010

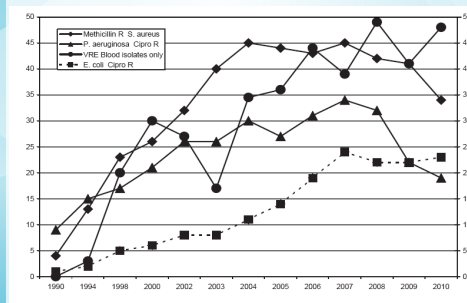
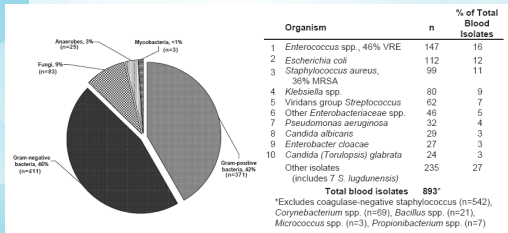
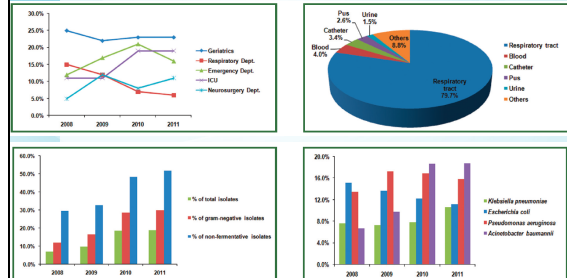


Table 20. Blood, One Isolate per Patient, 2010



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建议采用彩色图表



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 南京医科大学第一附属医院

Anaerobes (厌氧菌)



推荐

Mycobacteriology (结核)

- 职工: 1人
- 工作: 结核涂片和鉴定; 结核药敏送到参考实验室进行



江苏省人民医院
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 南京医科大学第一附属医院

工作人员防护



推荐

结核标本



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 南京医科大学第一附属医院

结核快速鉴定 (1~2天发报告)

最新: 365 回帖: 15

[讨论] 2.9-2.10收获: 结核实验室轮转体会 (原创待审)

发表于 2012-2-11 14:34:31 | 只看该作者 | 邀请好友 | 取消屏蔽通知

这两天在ICL结核实验室轮转, 最令开心的事情莫过于结核检测报告能在两天之内完成。在国内, 结核报告常常需要一个月才能拿到检测结果, 时间实在是太长了, 而现在如此迅速, 实在是非常高兴。

我在网上搜集到了该方法, 如下:

无标题.png (30.48 KB, 下载次数: 4)

Culture Identification/AccuProbe (Myc)

Description	Quantity	Catalog
AccuProbe MYCOBACTERIUM TUBERCULOSIS Complex Culture Identification Test For the identification of Mycobacterium tuberculosis complex (M. tuberculosis, M. bovis, M. goodii, M. africanum, M. goodii, and M. microti) isolated from culture.	20 tests	102890
AccuProbe MYCOBACTERIUM AVIUM Culture Identification Test For the identification of Mycobacterium avium isolated from culture.	20 tests	102895

<http://www.icchina.org.cn/bbs/forum.php?mod=viewthread&tid=70964>

Mycology (真菌)

- 职工: 2人
- 标本量: 每天60~90份
- 工作: 真菌鉴定; 真菌药敏送到参考实验室进行



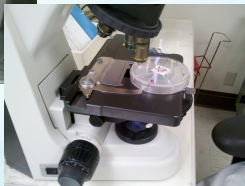

真菌实验室 荧光倒置显微镜室

真菌培养

- 真菌培养基: BBL Inhibitory Mold Agar, BBL sabouraud BHI agar, HardsCHROM candioa




真菌镜检

推荐


真菌血培养

➢ Ongoing: 583瓶




真菌血培养快速鉴定

- 对于血培养阳性真菌, 直接采用Yeast Traffic Light PNA FISH试剂盒对 *Candida albicans* + *Candida parapsilosis*, *Candida tropicallis*, *Candida glabrata* + *Candida krusei*进行鉴定



真菌检验专著推荐



江苏省人民医院
Jiangsu Province Hospital
南京医科大学第一附属医院

Parasitology (寄生虫)

- 职工：2人
- 检测阳性率：10%左右



江苏省人民医院
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南京医科大学第一附属医院

寄生虫染色



江苏省人民医院
Jiangsu Province Hospital
南京医科大学第一附属医院

疟疾检测

- 厚血片和薄血片每张片子在显微镜下至少要看到300个视野，才会发报告；这样算下来，一个经验丰富的寄生虫专家要花两个小时才可以发一张报告
- 金标法检测疟疾



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寄生虫检测专著推荐



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急需培养寄生虫检验专家

sunlight (赞) 发表于 2012-2-4 11:10:00 | 只看该作者 14'

本帖最后由 sunlight (赞) 于 2012-2-4 11:12 编辑

30年前我刚刚工作的时候，在临检实验室常常可以看到蛔虫及蛔虫卵、蛲虫及蛲虫卵、蓝氏贾第鞭毛虫滋养体及包囊、猪肉绦虫卵、钩虫卵、痢疾阿米巴滋养体及包囊、疟原虫、滴虫等。

我有一次值夜班，记得那是94年的夏天，一位母亲很着急的拿来大便说：“大夫，俺孩子拉肚子，上午来医院看过了，还打点滴用的头孢曲松，不管用，现在还是拉的厉害！”我涂了片子，一看是很典型的蓝氏贾第鞭毛虫滋养体，随后看了她上午的大便报告是“白细胞+”，报告者是一位刚刚毕业的新员工。这件事情印象特别深。还好的是，我们医院细胞学实验室有3位老师对于形态学的东西经验很丰富，临检实验室拿不住的东西由他们报告。

随着人们生活水平的提高及卫生习惯的改善，寄生虫感染已比较少见，但是疟原虫每年都会检出几例。

寄生虫检验属于复杂的实验室操作，但不挣钱，很多实验室对此重视不够，而恰恰这对于临床具有诊断意义。所以，还是应该注重人才培养，对此给予足够的重视。

标签： 帖子

江苏省人民医院
Jiangsu Province Hospital
南京医科大学第一附属医院

中国科学报：寄生虫检验不容忽视

来源: 139 阅读量: 5

[讨论] 中国科学报：寄生虫检验不容忽视 [复制链接]

发表于 2012-11-18 17:15:01 | 只看该作者 | 倒序浏览 | 阅读后通知

■本报记者 张冠雄

“大夫，俺孩子拉肚子，上午半医院看过了，还打点常用的抗生素，根本不管用，现在仍然拉得厉害！”王萍（化名）怀里抱着刚满6周岁的儿子，焦急地询问急诊科医生，这到底是怎么回事？

恰在此时，该科检验科的王兵正从旁边走过，得知此情况后，他建议，急诊科医生开粪寄生虫检验的单子，以确定该患儿是否携带寄生虫。

最终检验结果正如王兵所料，在患儿的粪便中确存在典型的蓝氏贾第鞭毛虫滋养体。随后，急诊科医生调整了治疗方案，患儿得以康复。

寄生虫是一种病原体，如单细胞生物（原虫）或蠕虫，它们通过寄生于其他生物体（宿主）内得以生存。寄生虫病是临床常见的疾病，不仅给广大人民群众的健康造成危害，而且还影响到畜牧业的发展。

不过，随着生活水平的提高和社会生活方式的改变，人们的疾病谱也相应地发生了变化，寄生虫感染似乎逐渐淡出了人们的视野。

“但绝对不能忽视。”南京医科大学第一附属医院检验科副主任医师告诉《中国科学报》记者，该院检验科每年都能检出几例巨结肠，并且随着饲养动物的种类和数量的增多，寄生虫病的发病率呈上升趋势。

Virology (病毒学)

全自动核酸提取

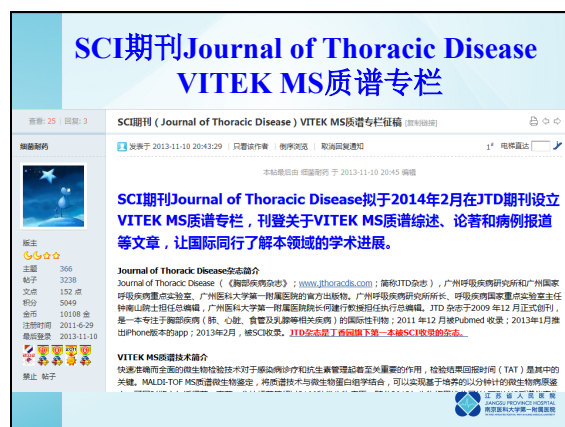
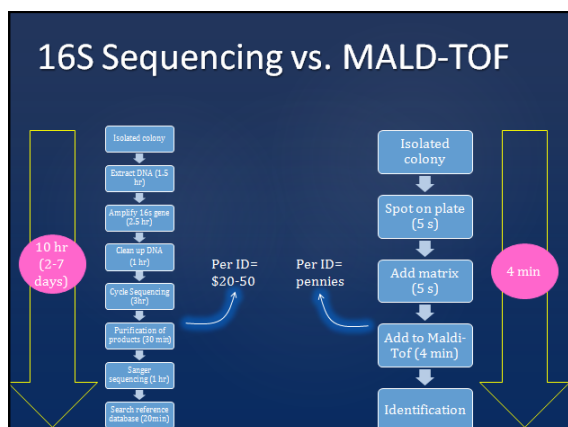
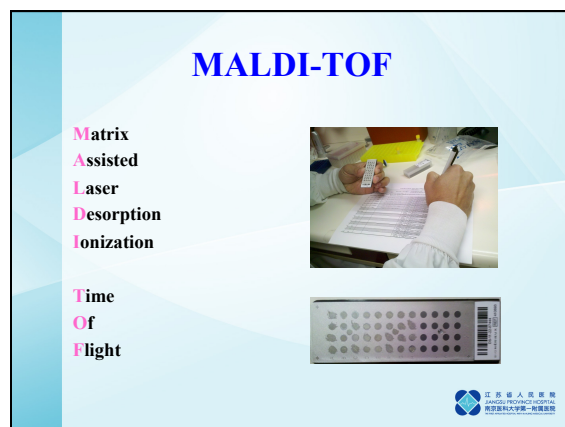
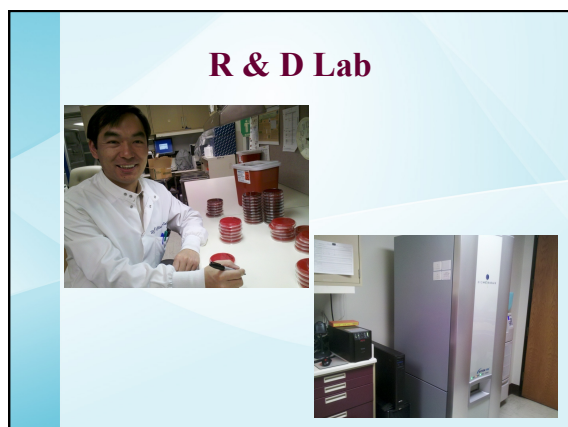
HBV-HCV-HIV三联检测

齐全的病毒学检测项目

- 呼吸道病毒18项检测
- C. diff检测
- EBV
- CMV
-

其他实验室

- Serology (血清学)
职工: 9人
- Molecular Microbiology (分子微生物)
职工: 8人左右



Journal Club Director



Bing Gu, MD
Department of Clinical Microbiology Laboratory, the First Affiliated Hospital of Nanjing Medical University

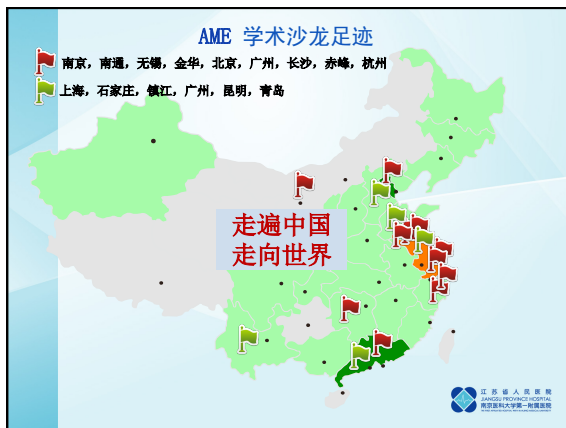
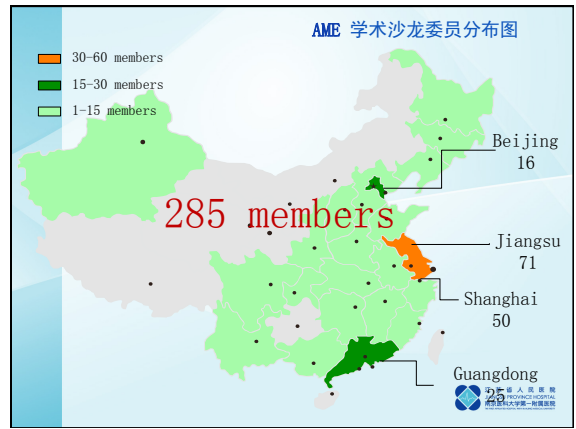
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反思中国临床微生物学实验室现状

临床微生物室

||

细菌室

?



反思中国临床微生物学实验室现状

- 人员配备少
- 仪器设备陈旧
- 实验场地小
- 领导重视不够


→

- 开展项目种类少
- 继续教育力度小
- 报告质量不高
- 与临床沟通极少

- 临床医生与感控人员对临床微生物学报告不信任

←

- 对感染诊断支撑不足
- 指导抗感染治疗不足
- 对感染防控支撑不足



18

