CIDT: An Overachieving GI Panel
• First what is the definition of overachiever?

• OVERACHIEVER: one who achieves success over and above the standard or expected level especially at an early age

• CIDT young? yes
• What do you get from an overachiever?

• Giving more knowledge than is wanted, needed or in the lab, ordered.

• Useless? No

• In the end-how do you process and comprehend the information that is given.
So maybe also:

TEACHING AN OLD DOG A NEW TRICK.
• From mid to late 80’s, new field was taking hold

• **COMPUTER SCIENCE**

• Programs were written triangles, squares and circles

• Was told I did not need that-you will be working in a laboratory and will not need to use a computer
• Today I have 4 computers with me, smartwatch on my wrist, phone in my purse, tablet in my bag and a laptop in my room
• With that said—Microbiology has come a long way also

• E. coli was just that—E. coli

• Now along with STEC, we worry about ETEC, EPEC, EAEC and EIEC

• Incorporation of CIDT as part of routine, how do you handle a test that can give results different that what we have up to this point be called “gold standard”
• April 2013-April 2016

• 6424 samples were received with the source of stool

• 1743 received as CIDT positive

• 755 unable to be confirmed
• Validation still in process

• Parasitology wanted to validate BioFire using Total Fix

• 27 samples processed, this included one blank total fix

• Of the 26 samples: 20 were positive by either wet mount, trichrome or PCR positive for crypto, 6 negative (NPF)
• BioFire results were 17 positive, 9 negative

• 1 negative by traditional methods was positive by BioFire

• 1 positive by traditional was negative on the BioFire (repeat was negative also)

• 4 were spiked with an enteric pathogen and confirmed with BioFire
• Question? Should labs rethink submission of samples?

• Give the provider more than what was ordered?

• ????
• My closing thought:

• What do you do with a panel that can possibly give more information that you wanted or needed?

• Not all laboratorians will freely give up their various colorful tubes to embrace the automated.

• Then again, shouldn’t we all strive to be overachievers and be the super heros of public health, because truly we do want the health of the public to be priority.
Thank You

All of my coworkers at the Tennessee Department of Health, Lab and Epi