

# 10X Essentials

## Infectious Disease Diagnostics in the Geisinger Health System

### A Publication of Geisinger Medical Laboratories

#### URINE CULTURE INTERPRETIVE GUIDE

**NOTE:** In order to guarantee appropriate identification/susceptibility protocols are followed, an accurate source must be indicated when placing the order (i.e. clean catch vs. catheterized)

CULTURE REPORT col/ml=colonies per mL urine	LIKELY INTERPRETATION
<1000 col/ml (no growth) <100 col/ml (no growth) <10 col/ml (no growth)	<b>Urine is sterile, infection is not likely.</b> (Note lower limit of detection reported depends on type of urine specimen submitted for culture)
<10,000 col/ml one colony type	<b>One organism present in low numbers. In most cases this represents random contamination and infection is not likely.</b> On rare occasions, an organism in this quantity can indicate true infection (transplant patients, urology patients, women in reproductive years). If further identification or susceptibility testing is indicated contact the Microbiology Laboratory and/or Doctoral Director.
<10,000 col/ml mixed flora	<b>&gt;1 organism present in low numbers (&lt;10,000 col/ml). In most cases this represents random contamination and infection is not likely.</b> On rare occasions, organisms in this quantity can indicate true infection (transplant patients, urology patients, women in reproductive years). If further identification/susceptibility testing is indicated contact the Microbiology Laboratory and/or Doctoral Director.
Multiple flora, suggests contamination	<b>3 organisms in quantities &gt;10,000 col/ml or 4 or more organisms of any amount. Contamination during collection is likely and a repeat collection should be considered.</b>
1 or 2 organisms in quantities of 10,000 to 100,000 col/ml OR >100,00 col/ml	<b>Result may represent infection and identification will be performed with susceptibility testing when indicated.</b>
Organisms normally considered to be skin, vaginal, and rectal contamination, which will not routinely have susceptibility testing performed.	<i>Staphylococcus</i> spp. not aureus in mixed culture <i>Lactobacillus</i> spp. diphtheroids ( <i>Corynebacteria</i> spp.) Aerobic gram positive bacilli (rods) viridans group streptococci non-hemolytic streptococci, not enterococcus
Organisms, which may cause infection but susceptibility testing is not indicated because susceptibility is predictable	Beta hemolytic streptococci (unless penicillin allergic) Yeast or <i>Candida albicans</i> <i>Aerococcus</i> spp. <i>Staphylococcus saprophyticus</i> <i>Stenotrophomonas maltophilia</i> (formerly <i>Pseudomonas</i> and <i>Xanthomonas</i> ) <i>Gardenerella vaginalis</i> <i>Pasteurella</i> spp.
This specimen contains a mixture of 3 or more potential pathogens.	<b>3 organisms present, &gt;10,000 col/ml. For catheterized urine specimens from nursing home/skilled nursing facilities, minimal identification will be reported with susceptibility testing performed only on <i>S. aureus</i> and <i>Enterococcus</i> spp. for the purpose of detecting antibiotic resistance. <u>Patients with in-dwelling catheters or with limited mobility are often colonized with organisms which do NOT indicate active infection.</u> Contact Microbiology Doctoral Director via Client Services* if further workup required.</b>

Written 01/2013 JR/PF/DW

**Questions:** For questions, contact the \*GML Client Services 1-800-695-6491

**"Make it the best." – Abigail Geisinger**

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