Public Health England

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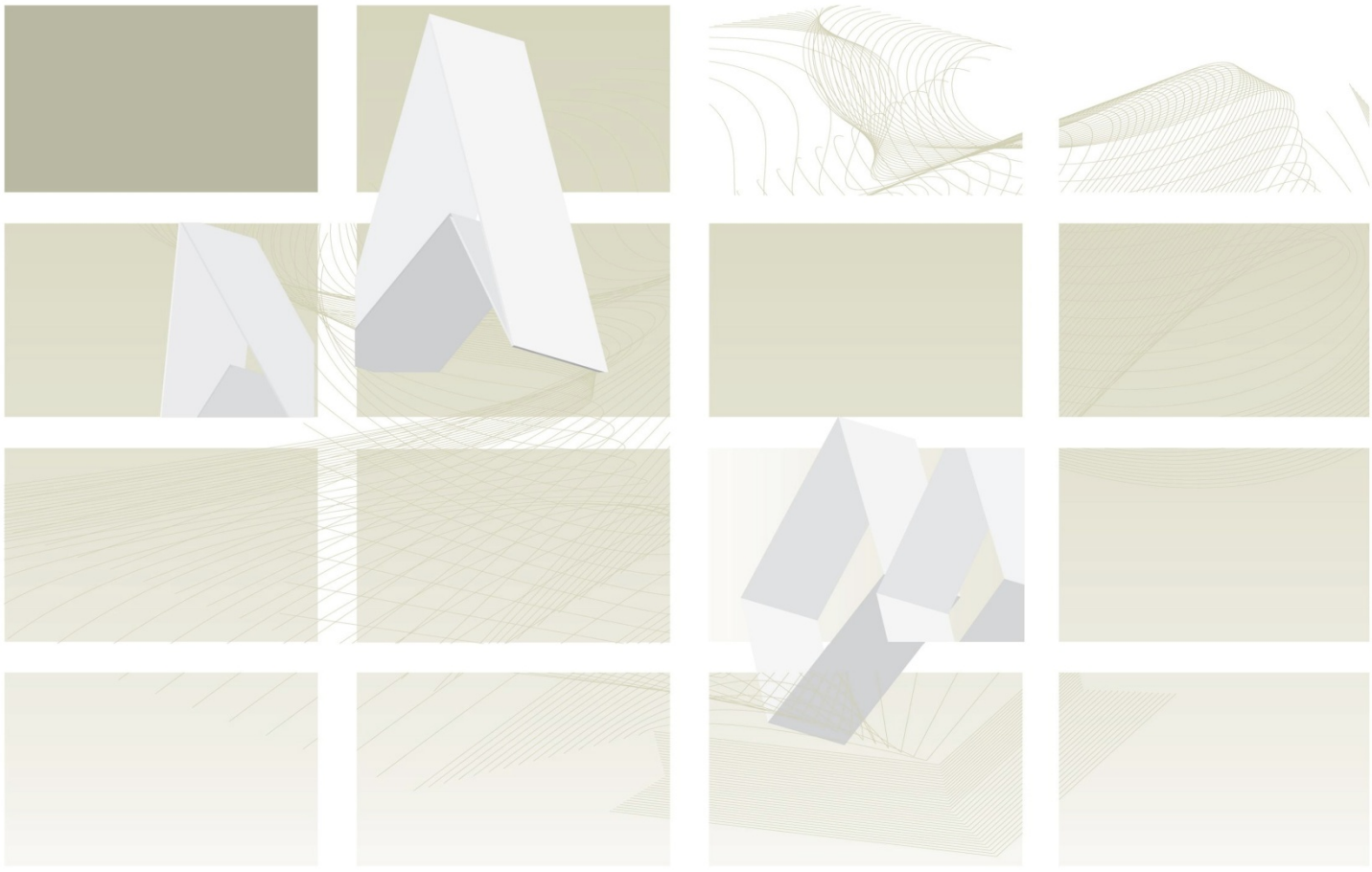
UK Standards for Microbiology Investigations

Review of Users' Comments received by Working Group for Microbiology Standards in Clinical Bacteriology

B 26 Investigation of Fluids from Normally Sterile Sites



NICE accredited www.nice.org.uk/accreditation

Recommendations are listed as ACCEPT/ PARTIAL ACCEPT/DEFER/ NONE or PENDING

1st Consultation: 28/01/2013 – 22/04/2013

Version of document consulted on: B 26dc+

PROPOSAL FOR CHANGES

Comment Number	1		
Date Received	29/01/2013	**Lab Name**	NUH Nottingham
Section	2.5.2/ 2.5.3 and 2.5.3 table		
Comment			
Unclear if broth enrichment is routinely advised or an optional extra.			
Recommended Action	**NONE** Blood culture bottles are recommended as a form of enrichment. If these are used then plates do not need to be put up on the sample unless the bottle flags positive.		

Comment Number	2		
Date Received	31/01/2013	**Lab Name**	Hereford
Section	Introduction p9, p11 and table 2.5.3		
Comment			
The introduction suggests *H. influenza* is a target organism and few organisms may be expected yet the use of a 'supplemented' BHI broth is optional. a. Is the BHI supplement you suggest NAD? If so do you know of a commercial supplier for this product and do you recommend this? b. Is it your suggestion that *H. influenza* is unlikely to be isolated and so the decision to use ie BHI+ NAD or blood culture bottles is a local decision.			
Financial Barriers			
Lack of a commercial source of ready prepared BHI+			
Recommended Action	**ACCEPT** Removed from the UK SMI.		

Comment Number	3		
Date Received	31/01/2013	**Lab Name**	RIE
Section	Scope 2.1 2.5.3		
Comment			
a. Scope pouch of douglas fluid is excluded would it not be easier to include it as I cannot find it in the SOPs referenced.			

b. 2.1 Where Hazard Group 3 organisms e.g. *Mycobacterium tuberculosis* are suspected, all specimens must be processed in a microbiological safety cabinet under full containment level 3 conditions. Our local risk assesments allow us to process samples at containment level 2 with use of additional controls such as class 1 safety cabinets if we are not attempting to culture *Mycobacterium tuberculosis* from the sample. All TB culture work is done at containment level 3. HSE are aware of this practice. c. 2.5.3 Media for actinomyces culture are not mentioned as an option- may be appropriate for pelvic samples and for other samples if clinically indicated. Prolonged culture for Nocardia may be clinically indicated in some samples. d. 16S PCR may be useful in some samples if culture negative.	
Recommended Action	a. **NONE** This is covered in the under review B 28 and a cross reference to this document has been inserted. b. **NONE** c. **ACCEPT** UK SMI amended. d. **ACCEPT** UK SMI amended.

2nd Consultation: 27/09/2013 – 20/12/2013

Version of document consulted on: B 26di+

PROPOSAL FOR CHANGES

Comment Number	1		
Date Received	30/09/2013	**Lab Name**	Nottingham Clinical Microbiology Dept
Section	2.5.5 Culture Table		
Comment			
In standard media section enrichment broths were optional in previous method and stated BHI or Blood culture bottles. You have now moved them into required section and changed to anaerobic broth, what is the data for this change. We have recently reviewed broth enrichment in these samples and have found it to be of limited benefit.			
Evidence			
Look back over workload for 12 months: Joint fluids (1249 samples) - 1.6% broth positive (1/4 of these significant) With the exception of Ascitic samples (566 samples) - 8.5% broth only positive (better return now use Blood culture bottles) all other sample types have poor return with enrichment broth.			
Chocolate agar and enrichment broth are now in the standard media section, do you have any comments on this?			

See above.	
Do you use enrichment broth?	
Yes.	
Health Benefits	
No.	
Recommended Action	**NONE** The option to use either enrichment or plates is given in the document.

Comment Number	2		
Date Received	06/12/2013	**Lab Name**	Public Health Wales Rhyl
Section	2.4.2 supplementary		
Comment			
Great document. Just a couple of small points. a. The SOP refers to the counting chamber WBC differential method using Toluidene and WBC dilution fluid. For someone using this method for the first time there may not be enough detail, and the method is not available in TP 39 Staining procedures. b. The flow chart shows FAA Neomycin in the standard set. Shouldn't it be a supplementary media.			
Chocolate agar and enrichment broth are now in the standard media section, do you have any comments on this?			
Rhyl currently uses Supplemented Blood agar in place of Blood agar and Chocolate agar. This has been evaluated and found to be comparable, thus freeing up space, reducing waste and cost.			
Do you use enrichment broth?			
Yes.			
Which specimens do you culture in the context of sterile sites?			
As listed within the SMI.			
Do you have any views on the new presentation of the flowcharts?			
Well structured and easy to follow.			
Financial Barriers			
Financial barriers always present.			
Health Benefits			

Yes.	
Recommended Action	a. **ACCEPT** This will be included in the TP 39 document which is currently under review. b. **ACCEPT** UK SMI has been amended.

Comment Number	3		
Date Received	23/12/2013	**Lab Name**	Royal College of Physicians
Section	1.2 Achieving Optimal Conditions 1.2.1 Time between specimen collection and processing		
Comment			
Collect specimens before antimicrobial therapy where possible. Specimens should be transported and processed as soon as possible. Our experts believe that the guidance should be more specific than 'as soon as possible'. For example, if a clinical specimen is obtained during the night, should a lab scientist be called in immediately to process it or should it wait until the following morning?			
Recommended Action	**ACCEPT** Reference has been added to these sections to give more information on this area.		

Comment Number	4		
Date Received	20/12/2013	**Lab Name**	Mycology Reference Laboratory
Section	Many		
Comment			
There are not many comments from a mycology point of view but one of our members did a full job on the documents and I thought it might be useful so I have attached the amended document for your consideration.			
Recommended Action	**ACCEPT** The document has been amended.		

COMMENTS RECEIVED OUTSIDE OF CONSULTATIONS

Comment Number	1		
Date Received	07/01/2013	**Lab Name**	MSTAG
Section	a. Pericarditis b. Centrifugation c. Vortexing d. Differential leucocyte counts e. 2.5.3 f. 2.7		
Comment			
a. Some typos in some peoples versions-not seen on word version. b. Not always appropriate-ie very viscous Synovial fluids. c. Although it affects the “air-curtain”, it is just as risky to vortex outside-ie what happens if tube breaks. Also the term “curtain” is this a reference to a Type 2 cabinet as Type 1s do not have an air curtain. d. Many labs use cytospin preparations or centrifuged deposits to perform a differential count, which is different from the total WBC which would be performed on uncentifuged sample. e. i. If chocolate agar was added to this table it would simplify the algorithm. ii. Discussion on enrichment broths-what is supplemented vs. non supplemented. iii. Inconsistent with prosthetics NSM. iv. CLED/Mac-16h-why not 18-24h. f. Should BSAC be only one mentioned here as many labs use more than one method or different method.			
Recommended Action	a. **ACCEPT** The spelling in the document has been checked. b. **ACCEPT** It is not always possible to centrifuge the sample. c. **NONE** Sentence not present in the document. d. **ACCEPT** This option has been added in to the document. e. i. **ACCEPT**		

	UK SMI has been amended. ii. **ACCEPT** UK SMI has been amended. iii. **NONE** Different sample types. iv. **NONE** Standard time frame for this plate type in all our documents. f. **NONE** The group has agreed to continue to recommend BSAC until such a time as they become EUCAST.

RESPONDENTS INDICATING THEY WERE HAPPY WITH THE CONTENTS OF THE DOCUMENT

Overall number of comments: 12			
Date Received	29/01/2013	**Lab Name**	SRM Institute for Medical Services, Chennai, India
Date Received	29/01/2013	**Lab Name**	Guildford Nuffield Pathology
Date Received	31/01/2013	**Lab Name**	Microbiology, Glasgow
Date Received	13/02/2013	**Lab Name**	Golden Jubilee National Hospital
Date Received	15/03/2013	**Lab Name**	Microbiology, Newcastle Hospitals NHS Foundation Trust
Date Received	05/04/2013	**Lab Name**	Bristol
Date Received	16/04/2013	**Lab Name**	Sunderland Royal Hospital
Date Received	10/12/2013	**Lab Name**	Microbiology Dept, CPL,St James Hosp, Dublin 8, Ireland
Date Received	17/12/2013	**Lab Name**	Clinical Evidence & Effectiveness
Date Received	15/05/2014	**Lab Name**	Nottingham NUH
Date Received	30/05/2014	**Lab Name**	Truro, Cornwall

Date Received	31/05/2014	**Lab Name**	Truro, Cornwall