



UK Standards for Microbiology Investigations

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

B 51 Screening for Neisseria meningitidis





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

Issued by the Standards Unit, Microbiology Services, PHE RUC | B 51 | Issue no: 1.1 | Issue date: 12.03.14 Page: 1 of 5

1st CONSULTATION 06.10.08 - 07.11.08

PROPOSAL FOR CHANGES

Comment Number	1		
Date Received	30/10/2008	Lab Name	NPHS, Cardiff Lab
Section	1.3		
Comment			

My only comment here is that the statement in Section 1.3, Specimen Processing "*N. meningitidis* is in Hazard Group 2 although in some cases the nature of the work may dictate full Containment Level 3 conditions" needs definition as I can only think of three possible scenarios when this may be likely:- a) if the MSC in a laboratory is housed at CL3; b) if the work involves the propagation of hugely increased numbers of the agent such as for vaccine production or c) if the agent is reclassified as Hazard Group 3.

Recommended	ACCEPT	
Action	This section has been strengthened in the SMI.	

Comment Number	2		
Date Received	22/10/2008	Lab Name	NPHS, Cardiff Lab
Section			
Comment			
This is very good. I note that as the title is screening for meningococci, the only plate recommended is a GC selective. As most of ours, and that's not many, are throat swabs from contacts, we add a GC selective to whatever plates are to be put up for that specimen type. Subsequently report a specific negative, eg N. meningo not isolated. Happy to say that this therefore meets with our current practice.			
Recommended Action	NONE		

2nd CONSULTATION 21.09.12 - 14.12.12

PROPOSAL FOR CHANGES

Comment Number	1		
Date Received	18/09/2012	Lab Name	MSTAG
Section	a. Introduction b. 1.3 c. 2.1		
Comment			
a. Nasopharyngeal swabs may be difficult to obtain.			

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b.	Comment regarding salivary samples is irrelevant to this method as swabs
	recommended.

c. Use of word propagation in paragraph 2, should the wording be manipulation.

Recommended	a. ACCEPT
Action	Text updated.
	b. ACCEPT
	Text removed.
	c. PARTIAL ACCEPT
	Safety considerations reviewed. Text updated to:
	<i>'N. meningitidis is a Hazard Group 2 organism and the processing of diagnostic samples can be carried out at Containment Level 2.</i>
	Due to the severity of the disease and the risks associated with generating aerosols of the organism, any manipulation of suspected isolates of N. meningitidis should always be undertaken in a microbiological safety cabinet until N. meningitidis has been ruled out (as must any laboratory procedure giving rise to infectious aerosols).
	N. meningitidis can cause severe and sometimes fatal disease. Laboratory acquired infections have been reported. The organism infects primarily by the respiratory route. An effective vaccine is available for some meningococcal groups.'

Comment Number	2		
Date Received	21/09/2012	Lab Name	Manchester Royal Infirmary
Section	2.1		
Comment			
			ing of most diagnostic work with <i>N. meningitidi</i> s is

The EP is directed at screening of *N. meningitidis* not routine work, and therefore the work should be carried out in a safety cabinet?

For example what do we mean by unless infection with *N. meningitidis* is suspected these swabs are only being processed because we suspect them to be positive?

Perhaps it could be replaced with: swabs from suspected cases should be processed in safety cabinet?

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Recommended	ACCEPT
Action	Safety considerations reviewed. Text updated. Refer to comment 1c.

Comment Number	3		
Date Received	13/11/2012	Lab Name	Vaccine Preventable Infections Programme Board
Section	c. Introdu d. Carriag e. Carriag	tipe ge um of disease n 1.2.2 n 2.1 n 2.6)

Comment

- a. It has a very limited scope but within that scope it seems comprehensive.
- b. Add '(the meningococcus)' after Neisseria meningitidis.
- c. Change 'host nasopharynx flora' to 'nasopharyngeal flora'.
- d. Change 'nasopharangeal musocsa' to 'nasopharangeal mucosa'.
- e. Nasopharangeal changed to nasopharyngeal.
- f. Porpedin corrected to properdin and add '(or treatments that inhibit the complement pathway)'.

Needs to be mentioned as the use of Eculizumab is more widespread not just PNH patients but now aHUS.

- g. Change 'National Group C meningococcal vaccination programme' to 'National sero group C meningococcal vaccination programme'.
- h. "Recovery of meningococci may be compromised if culture is delayed" should be changed to "recovery of meningococci is compromised if culture is delayed".
- i. "e.g. for the propogation of N. meningitidis" This needs very careful thinking as could be construed as simply subbing out from one plate to another which is simply a Cat 2 function. The only time we consider Cat 3 is for large scale broth cultures. Maybe we could comment further ?
- j. Minimum level of identification in the laboratory table change *N. meningitidis* to *Neisseria.*
- k. "Report susceptibilities as indicated" should be changed to "Report susceptibilities as clinically indicated".

Recommended	a. NONE
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Action	b. ACCEPT
	Text updated.
	c. ACCEPT
	Text updated.
	d. ACCEPT
	Text updated to 'mucosa'.
	e. ACCEPT
	Text updated.
	f. ACCEPT
	Text updated.
	g. ACCEPT
	Text updated.
	h. ACCEPT
	Text updated.
	i. ACCEPT
	Text updated to 'Neisseria species'.
	j. ACCEPT
	Text updated (section 5.3 in current PHE template).
	k. ACCEPT
	Text updated.