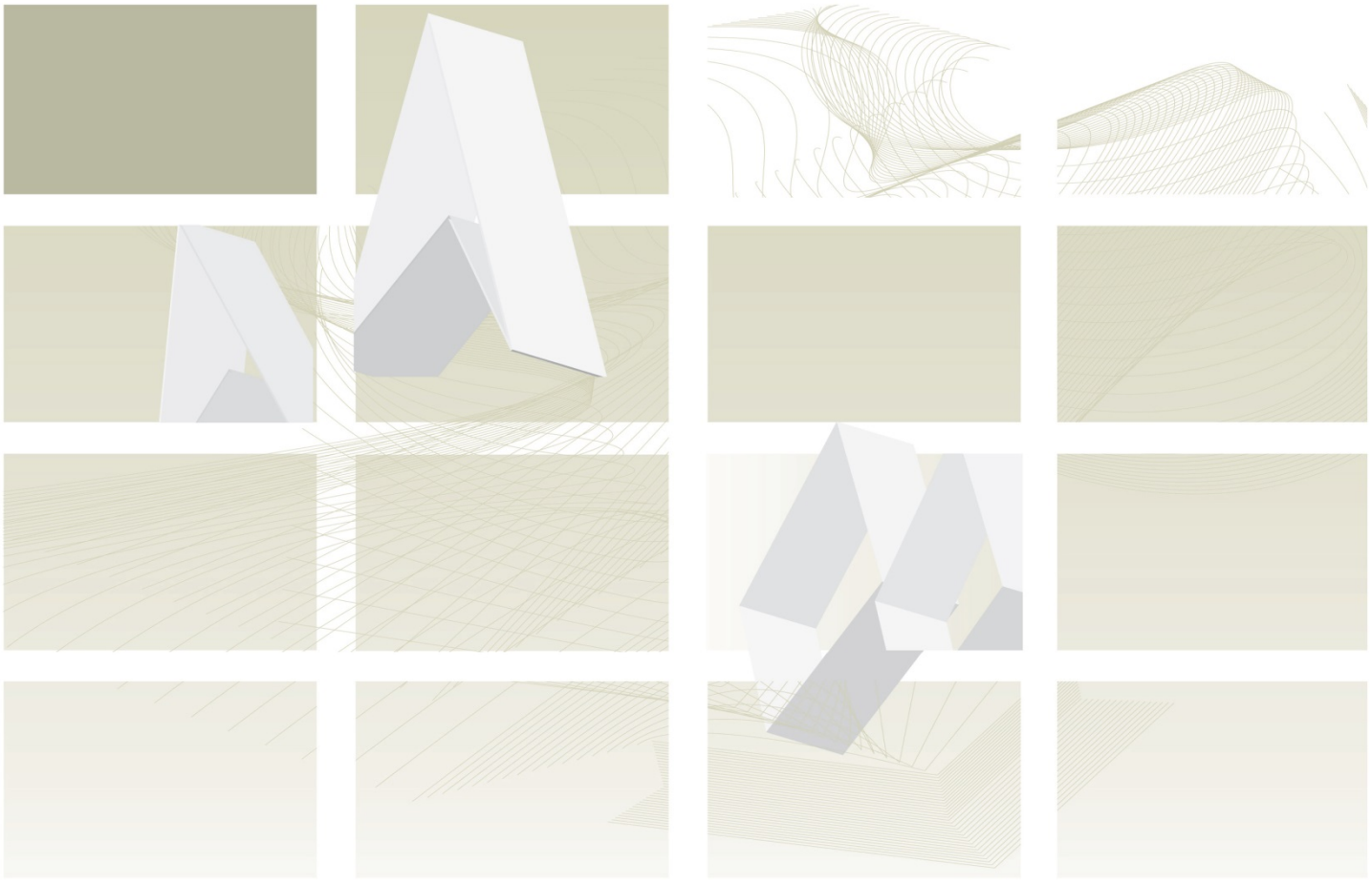
Public Health England

NHS

UK Standards for Microbiology Investigations

Review of users' comments received by
Working group for microbiology standards in clinical bacteriology

B 11 Investigation of swabs from skin and superficial soft tissue infections



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

1st Consultation: 06/01/2015 – 26/01/2015

Version of document consulted on: B 11dn+

Proposal for changes

Comment number	1		
Date received	06/01/2015	**Lab name**	Microbiology Queen Elizabeth Hospital
Section	Introduction Page 9		
Comment			
Erythrasma section, 3rd line 1st paragraph on page 'my mycotic' typo error.			
Financial barriers			
N/A			
Health benefits			
No.			
Recommended action	**ACCEPT** Text updated.		

Comment number	2		
Date received	26/01/2015	**Professional body**	IBMS
Section	a. Introduction - Cellulitis and Erysipelas b. Whole document c. Introduction - Erythrasma d. Section 4.6.1 e. Technical Information/Limitations – Specimen Containers f. Section 4.7		
Comment			
a. *Mycoplasma phocacerebrale* should be considered as a potential cause of cellulitis and/or adding to the animal bite section. This organism has been documented as the cause of cellulitis from animal bites in handlers of marine animals. There is a potential to confuse such infections with *Erysipelothrix* resulting in potential treatment failures (see evidence paper). b. Bacterial names need to be italicised throughout, not complete throughout the document. c. Under Erythrasma; 3 line Erroneous text ‘my’ in sentence “plaques usually in the axillae and is often misdiagnosed as my mycotic infection.”			

d. Line in table. If a yeast is significant in a site surely it should be identified, especially if treatment is to be given as antifungal break points are species specific. e. Under the specimen containers section it mentions that CE marked leak proof containers should be used, but there is no reference to M40 complaint swabs (B11 and B14 only) despite stating that samples on swabs were acceptable for investigation. The CLSI M40-A2 Quality Control of Microbiological Transport Systems was revised in June 2014 and is the expected standard for transport swabs. f. Under the antimicrobial susceptibility testing each document make reference to BSAC or EUCAST which is fine for bacterial pathogens. However, for Candida and Moulds (which are mentioned in the text) only CLSI breakpoints apply.	
Evidence	
a. http://www.ncbi.nlm.nih.gov/pubmed/21119845 www.bdmlr.org.uk/uploads/documents/resources/bdmlr-seal-bites.doc	
Recommended action	a. **NONE** A literature search was carried out on Pubmed and18 references were identified regarding Seal finger. Of these two were case reports in English regarding *Mycoplasma phocacerebrale*. It was therefore agreed, that as this is rarely reported, it would not be included in the document. b. **ACCEPT** Text updated. c. **ACCEPT** Text updated. d. **ACCEPT** It was agreed that 'yeast' level was satisfactory as a minimum level of identification for yeast in this document. Further identification can be performed where clinically indicated. The fungal information in the introduction will be updated for consistency. e. **NONE** CLSI M40 – A2 Quality control of microbiological transport systems is a quality standard not enforceable within the UK. The standard is for manufacturers and it is therefore outside of the scope of this document. The standard will therefore not be included in the SMIs. f. **NONE** Antimicrobial susceptibility break points for different species of yeast are available from EUCAST, however they are not required in this document as yeast are identified to yeast level only. Therefore a reference to CSLI will not be included in this SMI.

2nd Consultation: 07/09/2015 – 05/10/2015

Version of document consulted on: B 11dw+ 07/09/2015 – 24/09/2015

B 11dy+ 25/09/2015 – 05/10/2015

Proposal for changes

Comment number	1		
Date received	08/09/2015	**Lab name**	Jersey General Hospital
Section	AST 4.7.1		
Comment			
It states that tetracycline vs *S. aureus* may be suppressed in children. Should tetracycline vs β haemolytic streptococci also follow this rule?			
Financial barriers			
Possible barriers from consultants who had traditionally more antimicrobial susceptibility testing options provided & to ensure that antibiotics reported ties with local policy.			
Recommended action	**ACCEPT** Text in table updated.		

Comment number	2		
Date received	11/09/2015	**Lab name**	Salford Royal NHS Foundation Trust
Section	4.7.1 Antimicrobial Susceptibility Testing and Reporting Table		
Comment			
a. *S. aureus* row - Penicillin: Only 10% susceptible is this really good use of a disc? b. *S. aureus* row - Clindamycin: Add co-trimoxazole c. Pyogenic Streptococci row - Clindamycin: Add linezolid? d. *Enterobacteriaceae* from surgical sites row - Amikacin: Add co-trimoxazole as oral option e. *Enterobacteriaceae* from surgical sites row - Ciprofloxacin: Move to first line (as beta-lactam allergy option) f. *Enterobacteriaceae* from surgical sites row - Cefotaxime: Should this be cefoxitin? g. *Enterobacteriaceae* from sites prone to colonisation (eg ulcers) row - Ampicillin: Add co-trimoxazole as oral option h. *Enterobacteriaceae* from sites prone to colonisation (eg ulcers) row - Ciprofloxacin: Move to first line (as option for penicillin allergy) i. *Enterobacteriaceae* from sites prone to colonisation (eg ulcers) row - Cefotaxime:			

Should this be cefoxitin? j. Pseudomonads row - Cefuroxime: Unlikely to be active vs Pseudomonads	
Recommended action	a. **ACCEPT** Penicillin moved to the primary testing panel. b. **ACCEPT** Co-trimoxazole has been added to the primary testing panel. c. **ACCEPT** Linezolid has been added to the primary testing panel. d. **ACCEPT** Co-trimoxazole was included, in the second version of the document to go for consultation, in the supplementary testing panel. e. **NONE** It was agreed that ciprofloxacin should remain in the supplementary testing panel. f. **NONE** Cefoxitin is used infrequently in the UK. Note 6 regarding AmpC removed. g. **ACCEPT** Co-trimoxazole added to the supplementary testing panel. h. **NONE** It was agreed that ciprofloxacin should remain in the supplementary testing panel. i. **NONE** Cefoxitin is used infrequently in the UK. Note 6 regarding AmpC removed. j. **ACCEPT** This was included in error and was removed from the second version of the document that went for consultation.

Comment number	3		
Date received	14/09/2015	**Lab name**	Professional
Section	Page 12 & 15		
Comment			
Typos: a. Page 12: Furuncles instead of foruncles. b. Page 15: Prevotella instead of prerevoltella.			

Recommended action	a. **ACCEPT** Text updated. b. **ACCEPT** Text updated.

Comment number	4		
Date received	24/09/2015	**Lab name**	NHS Highland-Oban Laboratory
Section	4.7.1		
Comment			
Enterobacteriaceae from surgical site? Cefotaxime as indicator of AmpC production. Is cefoxitin a better antibiotic for the non-specific differentiation of AmpC activity from ESBL activity? Notes 6.			
Financial barriers			
No.			
Health benefits			
No.			
Recommended action	**PARTIAL ACCEPT** It was agreed that cefoxitin is a better antibiotic for use as an indicator of AmpC production. However, cefoxitin is used infrequently in the UK and therefore Note 6 regarding AmpC has been removed.		

Targeted questions:

Do you agree with the concept of including antimicrobial susceptibility testing and reporting tables in SMIs?		
Date received	**Lab name**	**Comment**
08/09/2015	Jersey General Hospital	Yes - if the data is generated by a reputable source ie EUCAST and does not contradict what the sources website/other literature state then that's helpful to me.
14/09/2015	Professional	Yes.
24/09/2015	NHS Highland-Oban Laboratory	Yes.

Do you agree with the content of the antimicrobial susceptibility testing and reporting table in this SMI?		
Date received	**Lab name**	**Comment**
08/09/2015	Jersey General Hospital	Yes.
14/09/2015	Professional	Yes.
24/09/2015	NHS Highland-Oban Laboratory	Add temocilin for potential identification of CPE producers?

Comments received outside of consultation

Comment number	1		
Date received	02/02/2015	**Professional body**	ACOM
Section	Various		
Comment			

Under consultation document

a. Introduction

Fungal infections are certainly also very common! Suggest you add at least dermatophytes here.

b. Mycetoma page 11

Change mould to moulds.

c. Ulcers page 13

Please add viral infections, dermatological conditions (lichen) and autoimmune conditions (pemphigus/pemphgoid).

d. Bite wounds page 15

Add 'and Strep anginosus group' to 'a-haemolytic streptococci'.

e. Section 4.5.1

Add fungi to the table and the flowchart.

f. Section 4.5.1

Fastidious organisms: oral streps and anaerobes.

g. Section 4.6.1

Moulds need to be added.

Under review document

h. Introduction

Need to add the main fungal pathogens (such as dermatophytes, Candida). i. Superficial mycoses page 12 Need to add mould infections of the nails. j. Other skin infections page 13 Should systemic bacterial infections be mentioned (eg meningococcal sepsis) as systemic mycoses are? k. Section 4.5.3 Haemophilus species: Oral streps and anaerobes missing. l. Section 4.5.3 Fungi: Yeasts, moulds and dermatophytes? Other targets are given genus/species level. Would be helpful to expand "fungi".	
Recommended action	a. **PARTIAL ACCEPT** Link to the dermatophyte SMI added to the scope. b. **ACCEPT** Text updated. c. **PARTIAL ACCEPT** Viral infections, dermatological conditions (lichen) are outside of the scope of the document. Text updated to include pemphigus/pemphgoid. d. **ACCEPT** Streptococcus angiosus group added to the list or organisms. e. **NONE** It was agreed that fungi would not be added to the flowchart, yeasts and moulds are included in the table. The list of organisms is not comprehensive, only the most common organisms isolated are included. f. **NONE** It was felt the fastidious organisms (oral streptococci and anaerobes) were already sufficiently covered in B4 - Investigation of mouth swabs and did not need to be added to this document. g. **ACCEPT** Table updated to include moulds. h. **ACCEPT** Fungal infections included throughout introduction. i. **PARTIAL ACCEPT** Text updated and link to B 39 - Investigation of dermatological specimens for superficial mycosis included. j. **NONE**

	It was felt that oral streptococci and anaerobes were already sufficiently covered in B4 - Investigation of mouth swabs and did not need to be added to this document. k. **PARTIAL ACCEPT** It was agreed that mould should be identified to 'genus' level and yeasts to 'yeast' level. l. **PARTIAL ACCEPT** Systemic bacterial infections in relation to *Mycobacterium* species infection and burns patients included.

Respondents indicating they were happy with the contents of the document

Overall number of comments: 5			
Date received	15/01/2015	**Lab name**	Nottingham University Hospitals
Date received	21/01/2015	**Lab name**	Northern Health and Social Care Trust
Date received	23/01/2015	**Lab name**	Truro
Date received	14/09/2015	**Lab name**	Microbiology, Northern Health and Social Care Trust
Date received	02/10/2015	**Lab name**	Microbiology at Hairmyres Hospital