



# UK Standards for Microbiology Investigations

**Review of users' comments** received by  
Working group for microbiology standards in clinical  
virology/serology

## V 27 Hepatitis A virus acute infection serology



"NICE has renewed accreditation of the process used by **Public Health England (PHE)** to produce **UK Standards for Microbiology Investigations**. The renewed accreditation is valid until **30 June 2021** and applies to guidance produced using the processes described in **UK standards for microbiology investigations (UKSMIs) Development process, S9365', 2016**. The original accreditation term began in **July 2011**."

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

Consultation: 27/04/2018 – 04/05/2018

Version of document consulted on: V 27+

Proposal for changes

<b>Comment number</b>	1		
<b>Date received</b>	02/05/2018	<b>Lab name/Professional body</b>	Professional body
<b>Section</b>	algorithm footnotes		
<b>Comment</b>			
<p>This is clear and excellent but:</p> <ol style="list-style-type: none"> <li>a. The footnotes included in the algorithm as boxes would be more helpful; footnotes are often overlooked.</li> <li>b. Taker view: as a GP (and RCGP UK SMI rep) I think footnotes b, c, d should somehow appear on the request form. So clinical details, previous vaccination especially, should be on the request but the request online form GPs in Salford have used for the last few years only allows about 15 letters maximum; this may be a national problem and for is a major obstacle to information transfer to labs from sample takers. The system would be improved by a programme on request forms to pop up for particular requests and also for a larger free text request area for GPs and their primary care HCPs to put something appropriate as footnotes state to lab recipients.</li> </ol>			
<b>Evidence</b>			
<i>Not completed.</i>			
<b>Financial barriers</b>			
<i>Not completed.</i>			
<b>Health benefits</b>			
<i>Not completed.</i>			
<b>Recommended action</b>	<ol style="list-style-type: none"> <li>a. <b>NONE</b> The suggested format is not possible.</li> <li>b. <b>NONE</b> Not in the scope of the UK SMIs, decision should be made locally.</li> </ol>		

<b>Comment number</b>	2		
<b>Date received</b>	03/05/2018	<b>Lab name/Professional body</b>	Laboratory
<b>Section</b>	Multiple		
<b>Comment</b>			

<p>a. First - please can we have access to a word document to refer to at the time of sending in responses - I, and maybe others, find them easier to navigate than on-screen versions and often print and annotate them.</p> <p>b. Algorithm footnote d - utility of IgG. Suggest expanding here. For example, IgM negative, IgG positive report as no evidence of recent infection (maybe with a footnote about factoring in clinical setting, i.e. household contact, known susceptible, with classic features).</p> <p>c. Footnote d - 'test for IgG when immune status requested'. Unclear why this is in the acute infection algorithm.</p> <p>d. Footnote d - please comment as to whether public health team require referral of likely false positive IgM samples for further analysis.</p>	
<b>Evidence</b>	
Opinion.	
<b>Financial barriers</b>	
No.	
<b>Health benefits</b>	
Hopefully all UK SMIs confer a health benefit, directly or indirectly.	
<b>Recommended action</b>	<p>a. <b>ACCEPT</b> PDF version is available on the web page however Word versions will be available on request.</p> <p>b. <b>NONE</b> IgG utility in this document is to diagnose acute hepatitis and therefore what is in footnote d is sufficient. The examples given are not cases of acute infection.</p> <p>c. <b>ACCEPT</b> The sentence “test for IgG when immune status requested” has been taken off the text.</p> <p>d. <b>ACCEPT</b> Add footnote (f): IgM (+) uncertain diagnosis (false positive), additional confirmatory testing and clarity could be sought with public health team.</p>

<b>Comment number</b>	3		
<b>Date received</b>	11/05/2018	<b>Lab name/Professional body</b>	Laboratory
<b>Section</b>	Scope of document and Footnotes		
<b>Comment</b>			
a. 2 Scope of document - (anti-HAV IgM) for diagnosis of acute infection - It does			

<p>not clarify the minimum level of ALT that should trigger HAV IgM testing.</p> <p>b. 5.1a and b Footnotes - ..... immunocompromised. Consider referring for HAV PCR. Serology index interpretation should be based upon local assay performance data in conjunction with clinical likelihood - Difficult to get enough data for a rare infection.</p>	
<b>Evidence</b>	
<i>Not completed.</i>	
<b>Financial barriers</b>	
<i>Not completed.</i>	
<b>Health benefits</b>	
<i>Not completed.</i>	
<b>Recommended action</b>	<p>a. <b>NONE</b></p> <p>There is no data to support a cut-off for ALT. It depends on local data.</p> <p>b. <b>NONE</b></p> <p>This is just a comment nothing to be changed. Thank you for your contribution.</p>

**Respondents indicating they were happy with the contents of the document**

<b>Overall number of comments: 2</b>			
<b>Date received</b>	01/05/2018	<b>Lab name/Professional body</b>	Laboratory
<b>Health benefits</b>			
<i>Not completed.</i>			
<b>Date received</b>	05/05/2018	<b>Lab name/Professional body</b>	Professional body
<b>Health benefits</b>			
No.			