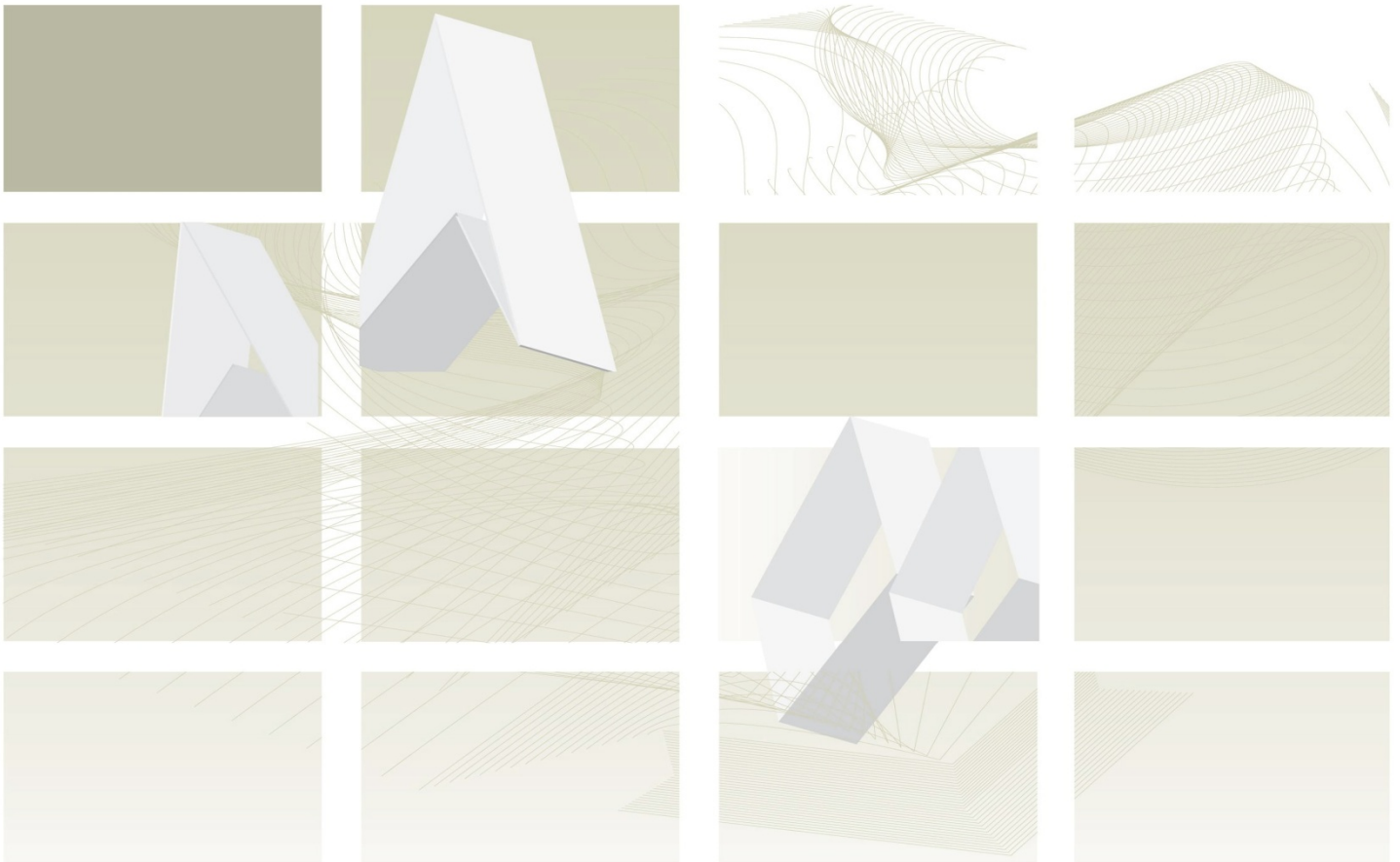




UK Standards for Microbiology Investigations

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

B 14 Investigation of pus and exudates



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

Consultation: 06/01/2015 – 26/01/2015

Version of document consulted on: B 14dk+

Proposal for changes

Comment number	1		
Date received	13/01/2015	Lab name	Microbiology, CPL, St James's hospital, Dublin, Ireland
Section			
Comment			
Actinobacillus actinomycetemcomitans changing its name to aggregatibacter actinomycetemcomitans.			
Evidence			
Websites with information on HACEK.			
Financial barriers			
No.			
Recommended action	ACCEPT Text updated.		

Comment number	2		
Date received	15/01/2015	Lab name	Nottingham University Hospitals
Section	4.6.1 minimum level of identification		
Comment			
Enterobacteriaceae identification to 'coliform' level only-for these sterile site specimens I would have thought to direct likely source investigation and antibiotic management this should be to at least genus level.			
Recommended action	ACCEPT Text updated.		

Comment number	3		
Date received	16/01/2015	Lab name	PathWest Pathology
Section			
Comment			
Cleaning the site with sterile saline or 70% alcohol is recommended in some sources.			
Evidence			
Versalovic, James, and American Society for Microbiology 2011 Manual of Clinical Microbiology. Washington, DC: ASM Press.			
Financial barriers			
No.			
Recommended action	ACCEPT The statement has been added and appropriate journal references sought.		

Comment number	4		
Date received	21/01/2015	Lab name	Northern Health and Social Care Trust
Section	Introduction		
Comment			
Under Throat abscess - Add text from reference 55 not sure if that is a proofing error or if it was purposely left that way.			
Financial barriers			
Space problems in anaerobic cabinet.			
Health benefits			
No.			
Recommended action	ACCEPT Text amended.		

Comment number	5		
Date received	23/01/2015	Lab name	Truro
Section	Pages 20 and 24		
Comment			
Staph/strep selective agar incubation time, we read at 24 hours.			
Recommended Action	NONE The group agreed that the incubation period of 48hr (reading daily) was optimal.		

Comment number	6		
Date received	26/01/2015	Lab name	IBMS
Section	a. Introduction – Dental Abscess b. Whole document c. Introduction – Throat Abscess d. Page 11 e. Section 1.2 f. Section 4.6.1 g. Section 4.6.1 h. Section 1.2 i. Section 1.2 j. Technical Information/Limitations – Specimen Containers k. Section 4.7		
Comment			
a. Dental abscess section. Actinobacillus actinomycetemcomitans has been reclassified as Aggregatibacter actinomycetemcomitans. (See attached paper) b. Bacterial names need to be italicised throughout. A few have been missed in the Renal abscess section. c. Throat abscess section ‘Throat abscess are relatively common. Add text from reference’ –text from the reference must be added. d. Page 11- Correction of nomenclature required Penicillium marneffi is now Talaromyces marneffeii e. Specimen processing section 1.2 ‘It is recommended that all Gram-negative coccobacilli from (TEXT MISSING HERE) should be processed in a Class I or Class II microbiological safety cabinet until			

Hazard Group 3 pathogens (ie Brucella) have been definitively excluded.’ Same text is missing as in B17.

- f. Line 9 Confusion with regards the identification of yeast isolates. ?what is yeast to yeast level? Is this calling the organism “yeast” rather than identifying it?
- g. Fungi species level (except yeast to yeast level)
- h. Typo Line 12 “Paracoccoides brasiliensis or Brucella species is suspected, all specimens must be” Paracoccidioides brasiliensis
- i. Typo Line 19 some of the sentence is missing “It is recommended that all Gram-negative coccobacilli from *** should be processed in a”
- j. 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.
- k. 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://ijs.sgmjournals.org/content/56/9/2135.long
Recommended action	<ul style="list-style-type: none"> a. ACCEPT b. ACCEPT c. ACCEPT Text added. d. ACCEPT e. ACCEPT Missing text replaced with ‘sterile sites’. f. ACCEPT It was agreed that ‘yeast to yeast level’ should be replaced with ‘species’ level. g. PARTIAL ACCEPT It was agreed that ‘yeast to yeast level’ would be removed. h. ACCEPT i. ACCEPT j. NONE It was agreed that this was outside of the scope of the document. k. ACCEPT A reference to CSLI breakpoints will be made for Mould.

Comments received outside of consultation

Comment number	1		
Date received	02/02/2015	Professional body	ACOM
Section	Various		
Comment			
<p>a. Brain Abscess Add 'or bacteraemia' to second bullet point.</p> <p>b. Dental Abscess Change text to read 'Periodontal diseases involve the gingiva (gingivitis) and underlying connective tissue including bone (periodontitis)'.</p> <p>c. Dental Abscess Anaerobic Gram negative bacilli: Fusobacteria would deserve a mention as they are often involved with metastatic spread (liver/brain abscesses).</p> <p>d. Dental Abscess Staphylococci: Reference for example Gronholm et al 2012: Interestingly, staphylococci were reported in over 30 % of the pus samples and S. aureus in 9 % of the samples.</p> <p>e. Dental Abscess Add coliforms to bullet points.</p> <p>f. Dental Abscess Spirochaetes: Moved to the end of the bullet points as they cannot be cultured.</p> <p>g. Dental Abscess 'Aspiration of dental abscesses is necessary to obtain samples containing the likely causative organisms. Swabs are likely to be contaminated with superficial commensal flora.' - May be true but intraosseal abscess aspiration is nearly impossible and swabbing the incision site pus (if disinfected prior to incision) is a decent sample.</p> <p>h. Dental Abscess Add: 'In case of intraosseal abscess, swabs can be useful but only if taken from a disinfected incision site.'</p> <p>i. Intra-abdominal sepsis Yeasts: Mostly Candida spp.</p> <p>j. Section 1.2 Maybe needs to be expanded to clarify when to suspect these (travel history, sampling site).</p> <p>k. Section 2.2 However, pus swabs are often received (when using swabs, the deepest part of the wound should be sampled <u>after disinfecting the superficial areas first</u>, avoiding the superficial microflora).</p>			

l. Section 4.6.1

Anaerobes level seems to stand out - almost everything else is species level. Would be useful to identify at least to genus level (or even as grampus/rod and coccus/rod).

m. Section 4.6.1

Fungi - species level: This is a big ask! This means sending all moulds to reference laboratory. But it would be clinically very useful, so leave as it is.

n. Section 4.6.1

Fungi - except yeast to yeast level: Is this relevant today - most labs can easily identify yeasts to genus level, even species level. Depending on the sample would not be a big ask to identify to species (or at least to genus) level.

Evidence

Gronholm et al 2012 The role of unfinished root canal treatment in odontogenic maxillofacial infections requiring hospital care.

Recommended action

a. **NONE**

It was felt that this was sufficiently covered by the current text.

b. **ACCEPT**

Text updated.

c. **NONE**

The inclusion of Fusobacterium was discussed and it was agreed that the inclusion of anaerobic Gram negative bacilli in the list of causative organisms was sufficient.

d. **NONE**

For information, no action required.

e. **NONE**

The group felt that it was not necessary to include Coliforms in the list of organisms for dental abscesses.

f. **ACCEPT**

Text updated.

g. **ACCEPT**

Text update to: Aspiration of dental abscesses may be taken (where possible) to assist in the identification of the causative organism(s). Swabs may be contaminated with superficial commensal flora.

h. **ACCEPT**

Text included.

i. **ACCEPT**

Text updated.

j. **NONE**

	<p>It was felt that section 1.2 was sufficiently detailed.</p> <p>k. ACCEPT Text updated.</p> <p>l. ACCEPT Text updated to genus level.</p> <p>m. NONE No action required.</p> <p>n. ACCEPT Yeast and moulds identified to species level.</p>
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Respondents indicating they were happy with the contents of the document

Overall number of comments: 1			
Date received	06/01/2015	Lab name	Microbiology Queen Elizabeth Hospital LGHT SE18 4QH