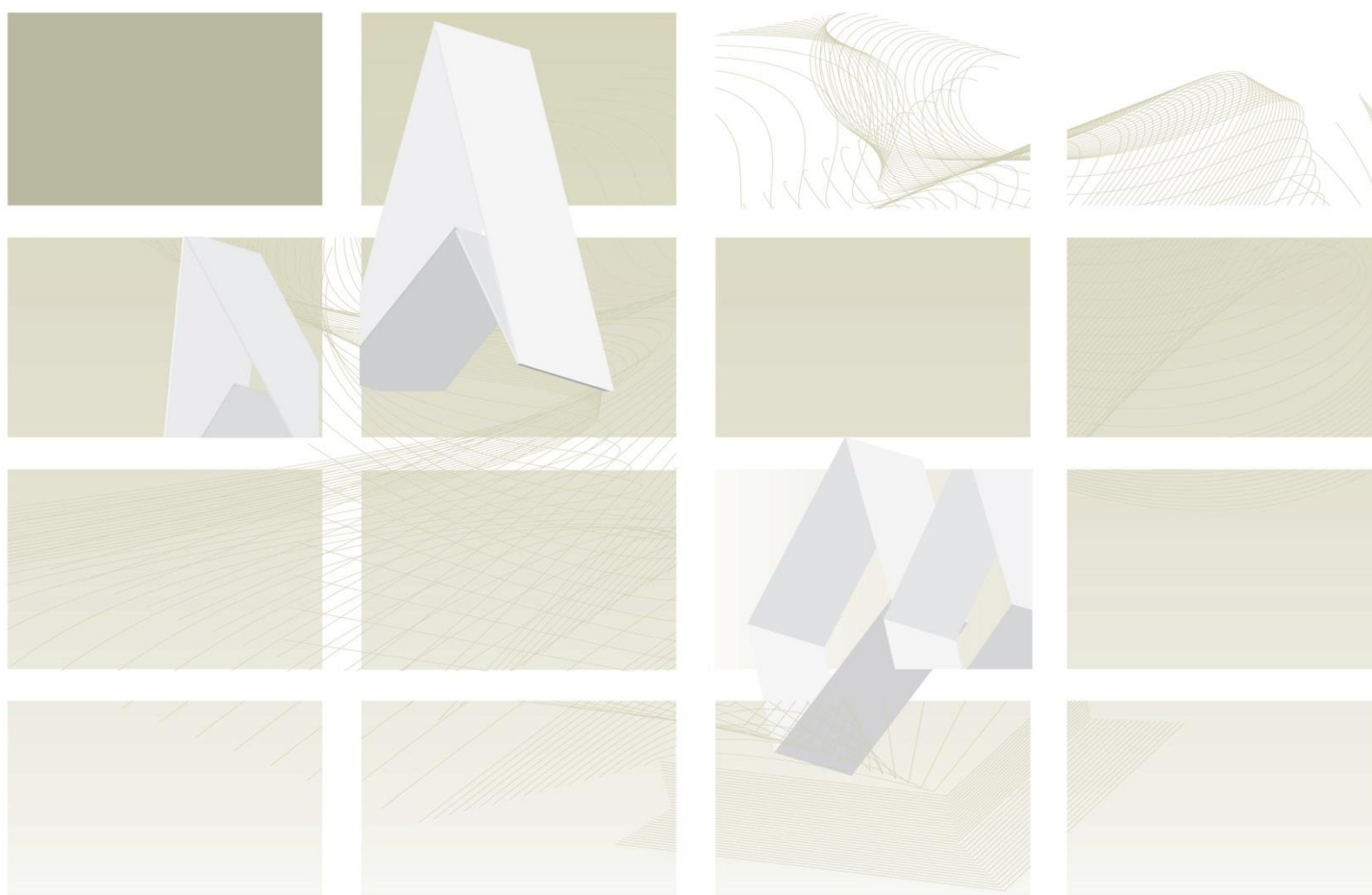


UK Standards for Microbiology Investigations

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

ID 5 Identification of *Bordetella* species



"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**."

This publication was created by Public Health England (PHE) in partnership with the NHS. Recommendations are listed as ACCEPT/ PARTIAL ACCEPT/DEFER/ NONE or PENDING

Consultation: 10/01/2020 – 24/01/2020

Version of document consulted on: ID 5di+

Comment number	01		
Date received	24/01/2020	Lab name/Professional body (delete as applicable)	Public Health England
Section	All		
Comment			
<p>1) Page 5 Introduction: As there are 16 species of Bordetella (albeit one still awaiting valid publication). I would suggest rephrasing the Introduction as follows: There are currently 16 species, 12 of which are associated with human infection, albeit rarely in some cases. Because otherwise it is not explicitly stated that 'B. ansorpii' is associated with human infection in this paragraph (which it is). Although it is later in the document.</p> <p>2) Page 6: Bordetella pertussis can be motile. Bordetella pertussis Can Be Motile and Express Flagellum-Like Structures. Hoffman CL, Gonyar LA, Zacca F, Sisti F, Fernandez J, Wong T, Damron FH, Hewlett EL. mBio. 2019 May 14;10(3). pii: e00787-19. doi: 10.1128/mBio.00787-19.</p> <p>3) It would be better to say: To date antimicrobial resistance in Bordetella pertussis has not been reported in the UK, and susceptibility testing is not performed routinely. Although macrolide resistance has been reported in several countries, reported rates vary from high (China, Iran) to low and zero in various studies (Finland). The apparent induction of resistance during treatment is worth mentioning (France). Phenotypic AMR testing is not technically easy due to growth requirements. Molecular methods of detecting resistance should be mentioned.</p> <p>4) For referral of isolates we would prefer Isolates should be referred to the National Reference Laboratory, Vaccine Preventable Bacteria Section, Public Health England – National Infection Service, Colindale, London for confirmation, serotyping and further epidemiological studies.</p> <p>5) Page 9 as above.</p> <p>6) Page 9: Better to use the link to the Bacteriology Reference Department user manual https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/834488/NIS_Bacteriology_reference_department_user_manual_version-11.pdf</p> <p>7) Page 9, Section 6: The English is not quite correct in the 3rd sentence.</p> <p>8) The National Reference Laboratory ceased its same-day primary testing of hospitalised infants (< 1 year old) by PCR at the end of 2014. Since 01/01/2015 PCR for B. pertussis has been offered for all ages (including those in primary care) by PHE Specialist Microbiology Network laboratories.</p>			

- 9) PFGE is now very old school. This section needs updating to include whole genome sequencing.
- 10) It would be helpful to include the link to our PHE R3 request form
<https://www.gov.uk/government/publications/vaccine-preventable-bacteria-section-request-form>

Evidence

N/A

Financial barriers

N/A

Health benefits

N/A

Are you aware of any interested parties we should consider consulting with on the development of this document?

N/A

Recommended action

1. ACCEPT: sentence has been rephrased
2. ACCEPT: reference to motile *B. pertussis* has been added to the characteristic information in section 4.1
3. ACCEPT: further information on antimicrobial resistance has been added to the *B. pertussis* characteristic information in section 4.1
4. ACCEPT: National Reference Laboratory information amended
5. ACCEPT: National Reference Laboratory information amended
6. ACCEPT: website link has been replaced with a link to the BRD user manual
7. NONE: the third sentence, "Laboratory procedures that give rise to infectious aerosols must be conducted in a microbiological safety cabinet" is clear and unambiguous; no proposed alternative has been provided
8. ACCEPT: information on PCR testing services for diagnosis of pertussis has been updated
9. ACCEPT: information on whole genome sequencing has been added to the section on identification methods; PFGE has been removed
10. NONE: a link is provided in section 9 to the "Specialist and reference microbiology: laboratory tests and services" page on GOV.UK, which contains a link to the R3 form

Proposal for changes

Respondents indicating they were happy with the contents of the document

Overall number of comments: 01			
Date received	24/01/2020	Lab name/Professional body (delete as applicable)	Institute of Biomedical Science
Health benefits			
N/A			
Date received		Lab name/Professional body (delete as applicable)	
Health benefits			