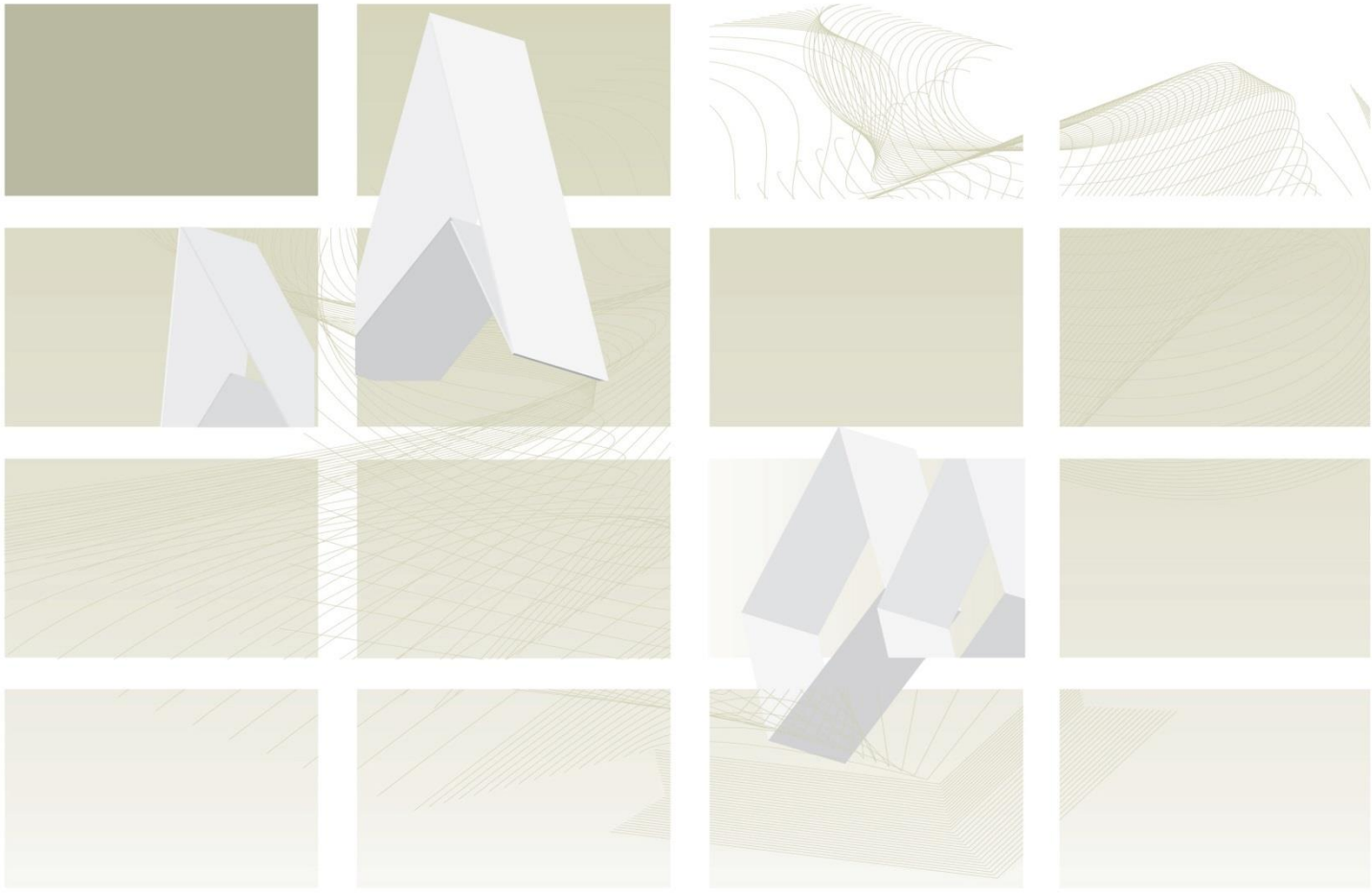
UK Standards for Microbiology Investigations

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

B 62 Abdominal organ transport fluid testing



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: 16/07/2019 – 02/08/2019

Version of document consulted on: B 62dz+

Proposal for changes

Comment number	1		
Date received	16/07/2019	**Lab name/Professional body**	Sheffield Teaching Hospitals Microbiology department
Comment			
I have no problems with the methodology: I think mandating this culturing of fluids will result in unnecessary antibiotic treatment courses and logistical issues with transferring results. I don't disagree with candida/fungal culture - I don't think there is enough evidence to enable appropriate clinical management of any positive bacterial cultures.			
Evidence			
There is no good evidence that general bacterial culture of perfusion fluid gives better outcomes (excluding fungal culture).			
Financial barriers			
No.			
Health benefits			
More resistant organisms; more widespread use of broad spectrum antibiotics.			
Recommended action	**PARTIAL ACCEPT** The following sentence has been added to clarify: “Isolation of microorganisms should not automatically trigger treatment. Management of positive results is a matter of clinical decision process and is outside the scope of this document.”		

Comment number	2		
Date received	18/07/2019	**Lab name/Professional body**	Admin - Truro Microbiology
Comment			
This SMI is not relevant to our laboratory as we do not test for this or deal with transplant patients.			
Evidence			
Not completed.			

Financial barriers	
Not completed.	
Health benefits	
Not completed.	
Recommended action	**NONE**

Comment number	3		
Date received	19/07/2019	**Lab name/Professional body**	Freeman Hospital/NUTH
Comment			
RE: sections 7.4 and 8.2 and Appendix Why are mycobacteria mentioned as a potential pathogen yet there is no mention of culture on appropriate media? None of the media mentioned will grow mycobacteria. Either a note should be added to reflect this or (preferably), we should not list/mention this organism as a likely/potential target organism.			
Evidence			
Not completed.			
Financial barriers			
No.			
Health benefits			
No.			
Recommended action	**ACCEPT** Mycobacteria has been removed from the document.		

Comment number	4		
Date received	26/07/2019	**Lab name/Professional body**	PHW Microbiology Cardiff
Comment			
Number 3.1 Specimen type and 4 background and 6 pre-laboratory processes a. What is the source of the OTF. Is it made by the centre? Is it sterile? Is there a process to use it? What is the transport bag for fluid collection? Is it and its outside sterile? Would a diagram help? 7.2 Culture and investigation			

b. Differs from recent SMI for sterile fluid for fungi which is incubated for 21days. Previously where saboraurd was kept up for only 5days it was at a temperature of 26-30, not 35-37.	
Evidence	
Not completed.	
Financial barriers	
No.	
Health benefits	
No.	
Recommended action	a. **PARTIAL ACCEPT** A clarification to the specimen type has been added to reflect other names it is known by and what are the types of fluid used in the UK. b. **ACCEPT** Temperature changed to 28-30.

Comment number	5		
Date received	28/07/2019	**Lab name/Professional body**	Salisbury District Hospital
Comment			
Routine Laboratory Reporting, Section 8.1 a. I assume you mean to service users. It states not to report isolates which are not clinically significant. I would hope that this detail was still recorded somewhere. Also, given the organ is going into the patient and we can't see the future, surely at this point all isolates have the potential to be significant? The patient will be immunosuppressed so may have a higher risk of sepsis by an opportunistic pathogen, or even CNS.			
Evidence			
I just want it made clear that if the isolate is not reported to the service user, that it is still recorded on the microbiology LIMS, in case this information is needed later.			
Financial barriers			
No.			
Health benefits			
No.			
Recommended action	**NONE**		

	Treatment and management of positive results is outside the scope of this document.

Comment number	6		
Date received	02/08/2019	**Lab name/Professional body**	UK Clinical Mycology Network
Comment			
Section 7.2 SAB slopes set up for 3 weeks and reads twice weekly.			
Evidence			
Experience from one of the UKCMN member laboratories: Over the past 3 years have had several cases of invasive Aspergillosis post solid organ transplantation (Renal and Liver) within 2 weeks of Transplantation, one of which was directly related to the graft destruction and haematogenous dissemination.			
Financial barriers			
No.			
Health benefits			
No.			
Recommended action	**NONE** As there is absence of evidence that this is a common situation.		

Comment number	7		
Date received	28/07/2019	**Lab name/Professional body**	Institute of Biomedical Science
Comment			

Section 6.1 Specimen collection, transport and storage

a. Pg.6 “Sample needs to be logged and processed following local procedures in a manner that will allow linkage between donor and recipient”

The appendix at the back suggests the laboratories will have a lot of information from the donor e.g. case number, full name – in practice will the sample be labelled as the donor or the recipient(?). If the concern is the management of the patient with the potentially infected organ then the OTF should be submitted for testing under the PID of the recipient – this will allow any microbiological advice to be issued based on the results for this patient. We are not aware of any LIMS that enable the donor name to be added – and this information could be sensitive – especially if from a cadaveric transplant – patient results and records can be subjected to FOI requests. It is suggested that the safest way to process these is to have a case number that is added to the recipient’s samples and logged in the

LIMS like a reference number. The ODT Hub coordinator should be able to work back from the case number to find the donor information.

It is suggested that statement should state: “Sample needs to be logged and processed following local procedures in a manner that will allow the ODT Hub coordinator to link the results between donor and recipient(s)”

b. Section 7.1 Specimen processing/procedure

Pg. 6 “Pellet a minimum of 20ml of specimen (see 6.3) and use for inoculation of media plates”

This sentence lacks clarity, is pellet another term for centrifuge? There is no section 6.3.

7.2 Culture

Moulds / Yeasts

c. If the intention is to recover filamentous fungi then this should be stated in the target organism box – if the intention is to recover moulds the temp needs to be lower 28-30 and the incubation time extended.

d. We are aware that “Enterobacterales” has replaced Enterobacteriaceae in other international guidance, would UK SMI consider this change?

e. CLED agar is stated as one of the three agars to use with a suggested incubation time of up to five days. Manufacturers only validate CLED agar media for 18-24 hours incubation. We would suggest MacConkey agar as a suitable alternative that is validated for extended incubation. Five day incubation aerobically at 36°C can be problematic, especially in fan assisted incubators. User will need to ensure the plates remain viable and do not dehydrate.

7.3 Identifications

f. Pg.7 “All organisms should be identified to species level, mixed growths are uncommon.” There is no need to add “Organisms should be isolated and identified individually”.

7.4 Antimicrobial susceptibly testing

g. Group A Streps – not all are S.pyogenes – For consistency with other SMIs and PHE alerting Group A Strep is a better catch all.

h. Whilst mycobacteria is stated as a desired target organism. Neither of the defined media are likely to grow mycobacteria as these typically require >72hrs incubation on blood agar or other specialised agar media to grow. The suggested length of incubation in the SMI is up to 48hrs which would not provide an adequate incubation period.

Evidence

Not completed.

Financial barriers

Not completed.

Health benefits

Not completed.

Recommended action	a. **ACCEPT** Sentence changed to: “Sample needs to be logged and processed following local procedures in a manner that will allow the ODT Hub coordinator to link the results between donor and recipient(s)”. b. **ACCEPT** Word pellet changed to centrifuge and 6.3 changed to 6.1. c. **ACCEPT** Temperature changed to 28-30. d. **ACCEPT** Changed to Enterobacterales. e. **ACCEPT** Time of incubation for CLED was changed from 5 days to 16-24 hours. f. **ACCEPT** “organisms should be isolated and identified individually” has been removed. g. **ACCEPT** Changed to Group A streptococci and Pyogenic streptococci (other than Group A). h. **ACCEPT** Mycobacteria has been removed from document.

Respondents indicating they were happy with the contents of the document

Overall number of comments: 3			
Date received	16/07/2019	**Lab name/Professional body**	Freeman Hospital
Health benefits			
No.			
Date received	24/07/2019	**Lab name/Professional body**	Healthcare Infection Society
Health benefits			
Not completed.			
Date received	26/07/2019	**Lab name/Professional body**	Microbiology Laboratory, Western Health & Social Care Trust

Health benefits
No.