Public Health England

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UK Standards for Microbiology Investigations

Review of Users' Comments received by Working Group for Microbiology Standards in Clinical Bacteriology

B 9 Investigation of Throat Related Specimens

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

1st Consultation 14.05.14 – 02.06.14

Version of document consulted on – B 9dn+

PROPOSAL FOR CHANGES

Comment Number	1		
Date Received	15/05/2014	**Lab Name**	York Hospital
Section	4.5.1		
Comment			
a. Pharyngitis appears in both sections: Routine: Blood agar anaerobic incubation Add: Blood agar for *A. haemolyticum*. Could we get clarification please? b. By looking at the culture table, is it better to say for all swabs blood agar - incubate anaerobically for haemolytic strep (Table first section saying - all swabs Second section leaving as it is). My reason is pharyngitis and tonsillitis appears on both sections and creates confusion as to which section to follow.			
Financial Barriers			
No.			
Health Benefits			
No.			
Recommended Action	a. **NONE** The table in section 4.5.1 explains itself, the first section explains all standard media that should be plated under the clinical conditions mentioned as well as their incubation and the second section shows all supplementary media that should be plated in these conditions. The standard media for pharyngitis is blood agar incubated anaerobically at 35-37°C for 16-24hr and the supplementary media needed are Hoyle's tellurite agar incubated at 35-37°C in air for 16-48hr and blood agar incubated at 35-37°C in 5-10% CO_2 for 40-48hr. b. **NONE** Looking at the type of specimens mentioned under the scope of this document, it cannot be narrowed down only to all swabs as some specimens may be pharyngeal washings, pus aspirate or mouth gargle.		

Comment Number	2		
Date Received	27/05/2014	**Lab Name**	Golden Jubilee National Hospital

Section	Introduction page 10
Comment	
Sense check required for first sentence under *Fusobacterium necrophorum*.	
Evidence	
see p10 of draft B9 document.	
Financial Barriers	
No.	
Health Benefits	
No.	
Recommended Action	**ACCEPT** This sentence has been corrected to read correctly.

Comment Number	3		
Date Received	30/05/2014	**Lab Name**	Truro, Cornwall
Section	4.5.1		
Comment			
Page 19 - 4.5.1 Clinical details column, 5-7 days, how do you define persistent sore throat or Quinsy when testing for *F. necrophorum*.			
Recommended Action	**NONE** This was discussed and it was agreed by the Working Group that it should be left as it is and not changed.		

Comment Number	4		
Date Received	01/06/2014	**Professional Body**	Healthcare Infection Society
Section	Other causes of pharyngitis page 10 *Fusobacterium necrophorum* section		
Comment			
The first sentence of this paragraph appears to include the extra word 'antibiotic' or else some words are missing from the sentence.			
Financial Barriers			
No.			
Health Benefits			

No.	
Recommended Action	**ACCEPT** This sentence has been corrected to read correctly.

Comment Number	5		
Date Received	02/06/2014	**Professional Body**	UK CMN
Section	4.6.1 & 6		
Comment			
a. Section 4.6.1 Yeast level Footnote needed regarding ID in immunocompromised individuals (there is an earlier statement in the text). b. Section 6 New PHE guidelines on diphtheria just published: 'Public health control and management of diphtheria (in England and Wales). Interim guidelines. Diphtheria Guidelines Working Group, PHE, London, 2014.'			
Financial Barriers			
No.			
Health Benefits			
No.			
Recommended Action	a. **ACCEPT** The footnote regarding identification in immunocompromised individuals has been added. The statement has been phrased as "*Yeast and fungal isolates from patients who are immunocompromised usually require identification and susceptibility testing*". b. **ACCEPT** This new PHE guidelines on diphtheria has been added to section 6.		

2nd Consultation 18.08.14 – 22.09.14

Version of document consulted on – B 9 and P 3 merged di+

PROPOSAL FOR CHANGES

Comment Number	1		
Date Received	20/08/2014	**Lab Name**	Microbiology Aberystwyth
Section	Pharyngitis / Tonsillitis, Table 5.4.1 - *Fusobacterium necrophorum*		
Comment			

This section sounds a little dated now, and the word 'acute' could certainly be added to recurrent and persistent. Evidence suggests that diagnosing and treating *F. necrophorum* throat infections early (ie primary infection) will prevent the development of more serious disease, eg Lemierre's or peritonsillar abscess, as well as preventing recurrent or persistent infection (which the vast majority of F. necrophorum infections go on to become). In our own (as yet unpublished) studies, we achieved an isolation rate of 15-16% in all throat swabs - higher even than Group A Strep - and the commonest clinical information given was 'acute tonsillitis', with the second highest 'recurrent tonsillitis'.

Mention should be made of the commonest age range of patients with *F. necrophorum* (adolescents / young adults). In Viborg, Denmark (the leading centre for research into *F. necrophorum*), all patients between the age of 10 and 40 are screened. *F. necrophorum* has now been identified in asymptomatic patients using PCR, but the evidence suggests that it is carried in far lower numbers than in symptomatic patients - also, culture of F. necrophorum is very rare in asymptomatic individuals. Re Table 5.4.1, only the word 'persistent' is used but not 'recurrent' for circumstances under with we should look for *F. necrophorum*. Our All Wales SOP was unfortunately based on this table and not the accompanying background info. Luckily, my lab manager has added the 'recurrent' to our local Throat Swab SOP, but this is not the case for most labs in Wales. In my opinion (and most others who have worked in this field) not culturing in patients with recurrent sore throats will result in massive under-detection of *F. necrophorum* - ie large numbers of symptomatic patients being incorrectly told that their swabs are negative. I realise that there is a cost burden to laboratories, and also training is an issue (happy to help!), but are we not duty bound to come up with the right answer?!

Evidence

I sent these comments quickly (and off the top of my head!) as I didn't want to miss the deadline. I have quite a few references, and there is plenty of ongoing research in this field. Most agree though that we need to take *F. necrophorum* much more seriously. Discussion with the Anaerobe Reference Lab in Cardiff would also be beneficial.

Financial Barriers

Yes.

Health Benefits

If the criteria for culture of *F. necrophorum* were widened, then a significant number of patients suffering from (often debilitating) acute / recurrent / persistent sore throats would be correctly diagnosed by microbiology labs, leading to more effective antibiotics being issued where necessary (another area that needs to be looked at). Furthermore, this could prevent a small proportion of these patients from developing serious illness, eg peritonsillar abscess or Lemierre's disease. Overall, this could provide a cost benefit to the country, as a large number of work days are lost to sore throats annually, and fewer visits to GPs could result if recurrent / persistent infections are effectively treated. Furthermore, I believe that *F. necrophorum* plays an important role in the pathway to tonsillectomy - but more research is required in this area.

Recommended Action	**PARTIAL ACCEPT** This was discussed with the Working Group members and it was agreed that *F. necrophorum* is still not considered as

	significant when screening throat swabs routinely. Relevant information has been included in the introduction.

RESPONDENTS INDICATING THEY WERE HAPPY WITH THE CONTENTS OF THE DOCUMENT

Overall number of comments: 6			
Date Received	15/05/2014	**Lab Name**	Southampton City Clinical Commissioning Group
Date Received	15/05/2014	**Lab Name**	Nottingham NUH
Date Received	19/05/2014	**Lab Name**	Royal Oldham Hospital
Date Received	31/05/2014	**Lab Name**	Microbiology
Date Received	21/08/2014	**Lab Name**	Public Health wales
Date Received	19/09/2014	**Lab Name**	Truro Microbiology