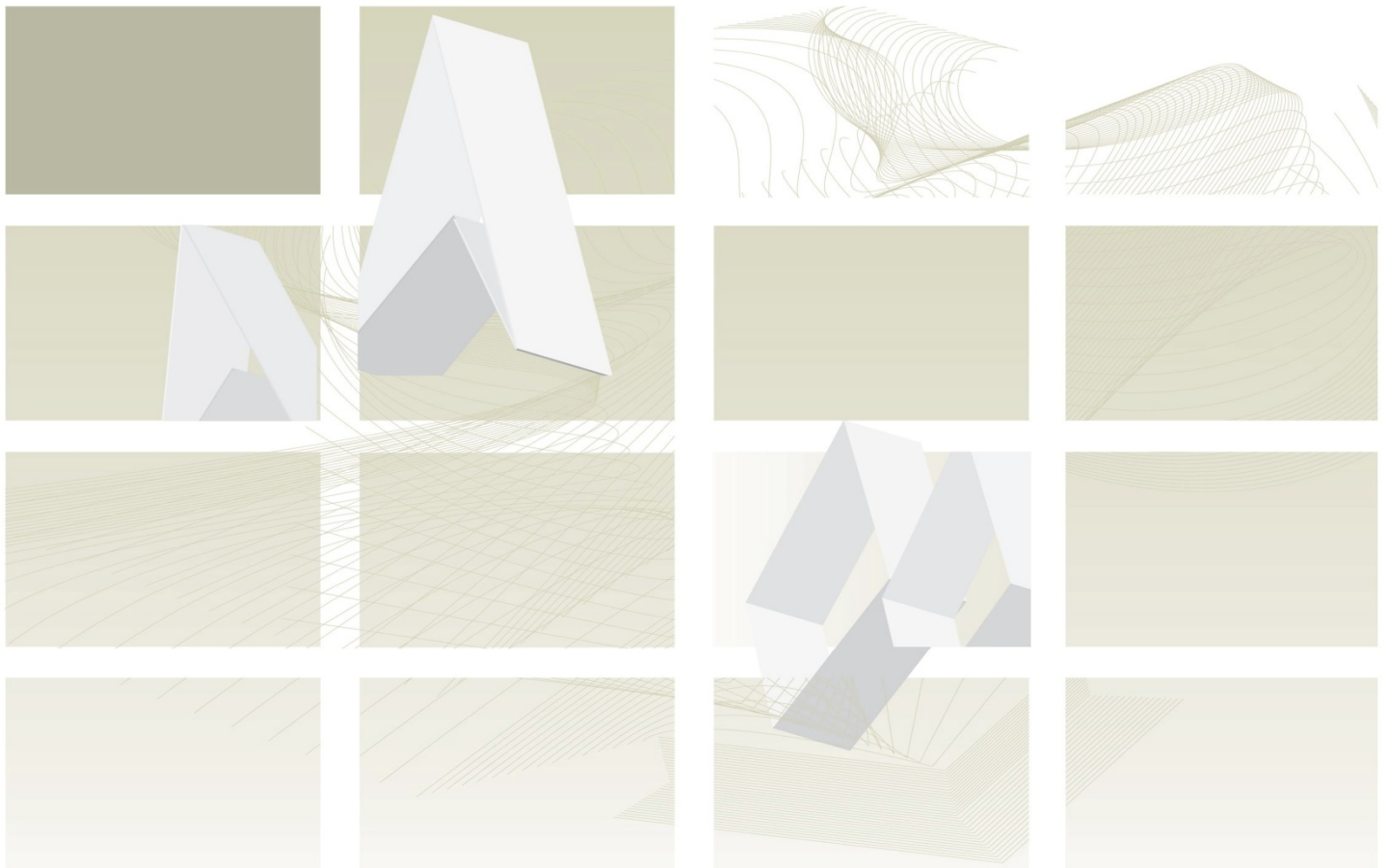




# UK Standards for Microbiology Investigations

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

## B 1 Investigation of Ear Infections and Associated Specimens



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

**Consultation 28.01.13 – 22.04.13**

**Version of document consulted on – B 1db+**

**PROPOSAL FOR CHANGES**

|   |                                  |                 |   |
|---|----------------------------------|-----------------|---|
| <b>Comment Number</b>   | 1                                |                 |   |
| <b>Date Received</b>  | 28/01/2013                       | <b>Lab Name</b> | PHE (formerly HPA)<br>Public Health<br>Laboratory<br>Birmingham |
| <b>Section</b>  | Scope of Document                |                 |   |
| <b>Comment</b>  |                                  |                 |   |
| Under scope, the document says This document describes the bacteriological investigation of ear swabs and associated specimens. However the document also describes mycological investigation so it should read: This document describes the bacteriological and mycological investigation of ear swabs and associated specimens. |                                  |                 |   |
| <b>Recommended Action</b>   | <b>ACCEPT</b><br>UK SMI amended. |                 |   |

|  |  |                 |                                    |
|--|--|-----------------|------------------------------------|
| <b>Comment Number</b>  | 2  |                 |                                    |
| <b>Date Received</b>   | 28/01/2013   | <b>Lab Name</b> | Royal Free NHS<br>Foundation Trust |
| <b>Section</b>   |  |                 |                                    |
| <b>Comment</b>   |  |                 |                                    |
| How far do you identify anaerobes-? species level or just indicated mixed anaerobes present. |  |                 |                                    |
| <b>Recommended Action</b>  | <b>ACCEPT</b><br>Mixed anaerobes level mostly unless perhaps in pure growth from post-operative samples. |                 |                                    |

|   |            |                 |  |
|---|------------|-----------------|--|
| <b>Comment Number</b>   | 3          |                 |  |
| <b>Date Received</b>  | 29/01/2013 | <b>Lab Name</b> | SRM Institute for<br>Medical Sciences,<br>Chennai, India |
| <b>Section</b>  | 1 and 2    |                 |  |
| <b>Comment</b>  |            |                 |  |
| Occasionally, from patients coming from endemic countries, a tuberculous granuloma of the middle ear should be considered as a possibility and appropriate mycobacterial cultures should be set up. |            |                 |  |

|                               |  |
|-------------------------------|--|
| <b>Evidence</b>               |  |
| Personal. We have had a case. |  |
| <b>Recommended Action</b>     | <b>ACCEPT</b><br>Foot note added to culture table 4.5.1. |

|  |             |                 |              |
|--|-------------|-----------------|--------------|
| <b>Comment Number</b>  | 4           |                 |              |
| <b>Date Received</b>   | 31/01/2013  | <b>Lab Name</b> | Microbiology |
| <b>Section</b>   | 2.5.3       |                 |              |
| <b>Comment</b>   |             |                 |              |
| In the chart it indicates <i>Streptococcus pneumoniae</i> as a target organism on Choc Bacitracin. I see it does have an asterix and indicates this could also be performed by the use of a Bacitracin disc, rather than plated Choc Bac. Just at odds with the precision of the rest of the documents. Otherwise excellent! |             |                 |              |
| <b>Recommended Action</b>  | <b>NONE</b> |                 |              |

|   |  |                 |     |
|---|--|-----------------|-----|
| <b>Comment Number</b>   | 5  |                 |     |
| <b>Date Received</b>  | 31/01/2013   | <b>Lab Name</b> | RIE |
| <b>Section</b>  | Clinical Features  |                 |     |
| <b>Comment</b>  |  |                 |     |
| Acute diffuse otitis externa might be worth including deep sea divers as a particular high risk group for pseudomonas infections. |  |                 |     |
| <b>Recommended Action</b>   | <b>NONE</b><br>It is not necessary to list all at risk groups. |                 |     |

|   |                    |                 |                                  |
|---|--------------------|-----------------|----------------------------------|
| <b>Comment Number</b>   | 6                  |                 |                                  |
| <b>Date Received</b>  | 13/02/2013         | <b>Lab Name</b> | Golden Jubilee National Hospital |
| <b>Section</b>  | Acute otitis media |                 |                                  |
| <b>Comment</b>  |                    |                 |                                  |
| The following statement appears to conflict with the paper cited (reference 5): Symptomatic relief is suggested as the initial form of treatment with antibiotic therapy prescribed only upon reoccurrence of infection. The role of antibiotic treatment at the first presentation of infection is a contentious issue as most infections are of viral origin <sup>5</sup> . |                    |                 |                                  |
| <b>Evidence</b>   |                    |                 |                                  |

Under 'Clinical diagnosis' on page S278 of Wald's paper (concerning OME and AOM in children) it states: Antibiotics are neither appropriate nor beneficial in children with OME [11]. In contrast, in children with AOM, the probability of bacterial infection is very high, thereby enhancing the likelihood of a benefit from antibiotics.

|                           |   |
|---------------------------|---|
| <b>Recommended Action</b> | <b>ACCEPT</b><br>Section removed as treatment options are not covered in UK SMIs. |
|---------------------------|---|

|   |  |                 |                           |
|---|--|-----------------|---------------------------|
| <b>Comment Number</b>   | 7  |                 |                           |
| <b>Date Received</b>  | 16/04/2013   | <b>Lab Name</b> | Sunderland Royal Hospital |
| <b>Section</b>  | 2.6.1  |                 |                           |
| <b>Comment</b>  |  |                 |                           |
| Pseudomonads should be identified to species level.   |  |                 |                           |
| <b>Evidence</b>   |  |                 |                           |
| If Pseudomonads are only reported to the level 'pseudomonad' then there is confusion amongst clinicians who often equate this result with Pseudomonas aeruginosa. |  |                 |                           |
| <b>Recommended Action</b>   | <b>NONE</b><br>The level given doesn't affect the treatment given. |                 |                           |

#### RESPONDENTS INDICATING THEY WERE HAPPY WITH THE CONTENTS OF THE DOCUMENT

|                                      |            |                 |  |
|--------------------------------------|------------|-----------------|--|
| <b>Overall number of comments: 7</b> |            |                 |  |
| <b>Date Received</b>                 | 29/01/2013 | <b>Lab Name</b> | R&D Department ThermoFisher Scientific                 |
| <b>Date Received</b>                 | 29/01/2013 | <b>Lab Name</b> | Guildford Nuffield Pathology (Microbiology)            |
| <b>Date Received</b>                 | 07/02/2013 | <b>Lab Name</b> | Past Laboratorio di Microbiologia Careggi Firenze      |
| <b>Date Received</b>                 | 09/02/2013 | <b>Lab Name</b> | Microbiology Department, Royal Bolton Hospital         |
| <b>Date Received</b>                 | 15/03/2013 | <b>Lab Name</b> | Microbiology, Newcastle Hospitals NHS Foundation Trust |

|                      |            |                 |                                 |
|----------------------|------------|-----------------|---------------------------------|
| <b>Date Received</b> | 15/03/2013 | <b>Lab Name</b> | Derriford Hospital,<br>Plymouth |
| <b>Date Received</b> | 05/04/2013 | <b>Lab Name</b> | Bristol                         |