

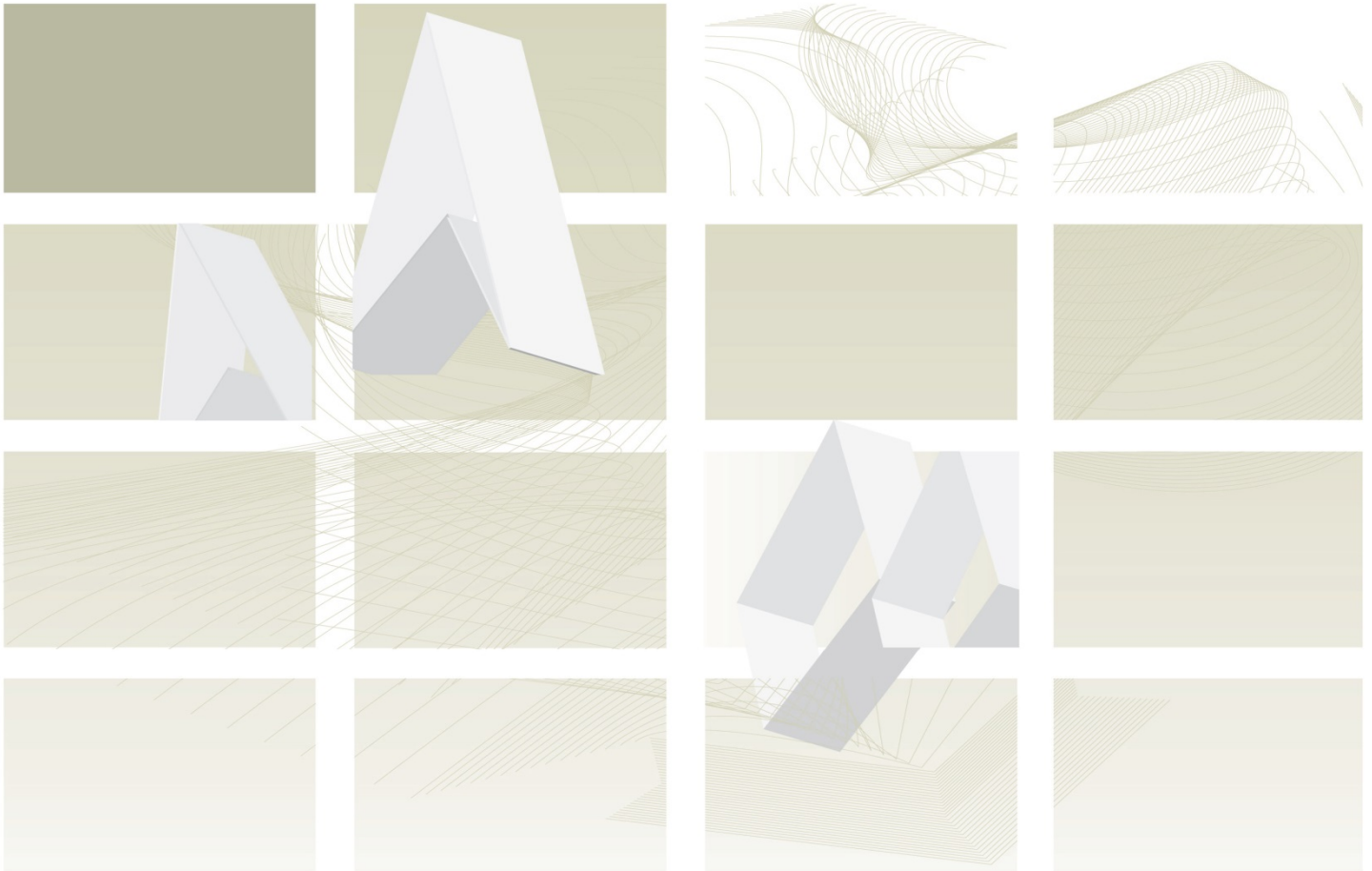


Protecting and improving the nation's health

UK Standards for Microbiology Investigations

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

B 42 Investigation of bone and soft tissue associated with
osteomyelitis



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

Issued by the Standards Unit, Microbiology Services, PHE

Page: 1 of 5

RUC | B 42 | Issue no: 1 | Issue date: 14.12.15

1st Consultation: 09/08/2013 – 01/11/2013

Version of document consulted on – B 42dl+

Proposal for changes

Comment number	1		
Date received	29/10/2013	Lab name	Oxford
Section	Several		
Comment			
Osteomyelitis heading secondary to contiguous focus osteomyelitis is unnecessarily confusing. Would change to device related osteomyelitis. Otherwise no comments.			
Financial barriers			
No.			
Health benefits			
No.			
Recommended action	ACCEPT Text updated.		

2nd Consultation: 15/09/2014 – 13/10/2014

Version of document consulted on – B 42dq+

Proposal for changes

Comment number	1		
Date received	22/09/2014	Lab name	Bone Infection Unit, Oxford
Section	Introduction		
Comment			
Introduction Misspelling of Cierny-Mader several times. A few minor edits needed in the wording to represent Waldvogel classification properly and to make the document read properly.			
Recommended action	ACCEPT Document updated.		

Comments received outside of consultations

Comment number	1		
Date received	01/07/2013	Lab name	MSTAG
Section	<ul style="list-style-type: none"> a. Introduction b. 2.5.3 c. 2.5.3. note d. 2.5.3 e. General note f. References g. Introduction 		
Comment			
<ul style="list-style-type: none"> a. Could there be more detail on <i>Salmonella</i> and discitis? b. General comments - a lot of asterisks and notes. c. May require incubation for a further 3 days-when? d. Anaerobic plates-would not necessarily look at ANO₂ plates daily. e. Sabouraud incubation time 2-5d but examine at 40h and up to 8 weeks - inconsistent. f. Is it not recommended that tissue samples that are suspected to contain fungi are NOT homogenised-see B17? g. Waldvogel classification-has this now been superseded by Cierny classification? 			
Recommended action	<ul style="list-style-type: none"> a. PARTIAL ACCEPT Text added to the introduction on <i>Salmonella</i> species. b. NONE Notes are required for clarification of points made within the table. This is the standard format. c. ACCEPT <i>'If infection with Nocardia species is suspected, samples may require incubation for a further 3 days.'</i> d. ACCEPT Table updated in line with other UK SMIs to state reading at ≥40hr. e. ACCEPT Following discussion at the working group meeting the incubation has been amended to 14d, read daily. A footnote regarding extended incubation has been added. f. ACCEPT 		

	<p>Text added to section 4.3.1.</p> <p>g. PARTIAL ACCEPT</p> <p>Both classifications are currently in use. Text has been added to the introduction regarding classification and the limitations of both. For the purpose of this document the etiological Waldvogel classification has been used.</p>
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Comment number	2		
Date received	02/08/2013	Lab name	BIA
Section	<ul style="list-style-type: none"> a. Section 1.2.2 b. Table 2.5.3: Mycetoma c. Section 3.3 d. Section 3.3 / 2.7 e. Section 2.6.1 		
Comment			
<ul style="list-style-type: none"> a. Surely, can we endorse delays in the processing of samples up to 48hrs (merely stating that this is undesirable?). We may need to consider describing situations where delays are acceptable; in most it would constitute bad practice. b. You state that cultures need to be incubated for up to 5 days, but read for up to 8 weeks – looks like an inconsistency that needs to be ironed out. c. The bulk of section 3.3 refers to selection of antibiotics to be tested, and should therefore be moved to section 2.7. d. The following sentence is included in 2.7. Antibiotics can only be used if reported. Therefore, the sentence, 'Prudent use of antimicrobials according to local and national protocols is recommended.' should be in section 3.3. I really think that we need to consider advising that antibiotics should be reported selectively. This is a policy matter and would apply across numerous specimen types. e. Should we explicitly state that multiple organisms detected (particularly in contiguous focus cases) should be identified (and susceptibility performed) individually as default, ie not reported as 'mixed faecal flora' as sometimes happens? 			
Evidence			
<ul style="list-style-type: none"> a. Clearly some form of support for this is needed. Aside from particular organisms that would be less likely to survive if stored, I suspect that it would be in the form of professional advice. I have no doubt that you have reviewed the relevant publications. If none is available, we'll need to consider whether an opinion on this can be given. 			
Recommended action	<ul style="list-style-type: none"> a. ACCEPT This has been removed from the document. 		

	<p>b. ACCEPT</p> <p>Table updated. Extended incubation may be required (for up to 8 weeks) for certain species of fungi such as <i>Cryptococcus</i> species or <i>Histoplasma</i> species.</p> <p>Morris AJ, Byrne TC, Madden JF, Reller LB. Duration of incubation of fungal cultures. J Clin Microbiol 1996;34:1583-5.</p> <p>Bosshard PP. Incubation of fungal cultures: how long is long enough? Mycoses 2011;54:e539-e545</p> <p>c. ACCEPT</p> <p>Text moved to Section 2.7.</p> <p>d. ACCEPT</p> <p>Currently this sentence is part of the template and is included in section 2.7. Text moved to section 3.3. Selective reporting is currently under discussion and will be assessed for this document at the next full review.</p> <p>e. NONE</p> <p>This was discussed and group felt that the minimum level of identification section of the document was appropriate in its current form.</p>
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Respondents indicating they were happy with the contents of the document

Overall number of comments: 1			
Date received	29/09/2014	Lab name	PHW