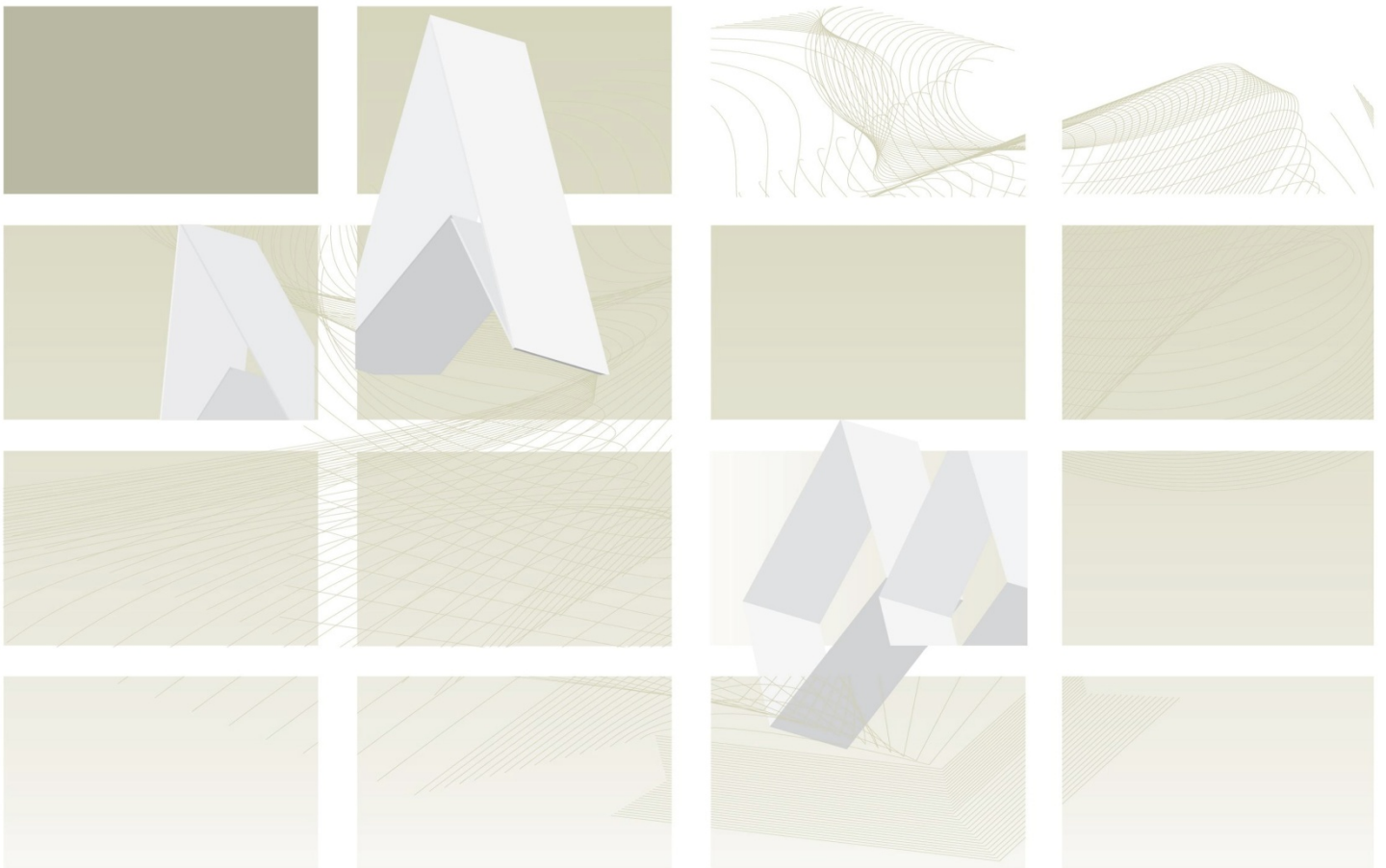




UK Standards for Microbiology Investigations

Review of Users' Comments received by
Working Group for Microbiology Standards in Clinical
Virology/Serology

V 43 Investigation of Viral Encephalitis



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

PROPOSAL FOR CHANGES

Comment Number	1		
Date Received	20/10/2008	Lab Name	Birmingham Heartlands Hospital
Section			
Comment			
<p>a. I think there needs to be some more details made with respect to the investigations of rarer pathogens such as parechovirus, HHV6/7, FluA/B, mumps. These investigations are not routinely done in most places either because they are not considered common enough/important, or because of cost issues, or non-availability of these tests in most labs. Unless the text provides with evidence that it is worth the time, effort, expense to look into these rarer pathogens it would be unreasonable to expect that it would get included in routine test panels. A better elaboration of the clinical context would be helpful.</p> <p>b. I guess that the MVE and the SLE in travel associated cases imply Murray Valley Encephalitis and St. Louis Encephalitis- this should be clarified in the notes. A map or a table including the countries/regions with travel related viral infections would be helpful to avoid unnecessary investigations/queries.</p> <p>c. The comment “Virus cannot be ruled out by a negative PCR” is a very important comment although we do write it in a different way: The presence of viral genome at levels below the sensitivity of the assay cannot be excluded. I think the previous one as mentioned in this draft SOP is a better comment.</p> <p>d. Having a clinical case definition for subacute, post infectious and chronic encephalitis would be helpful.</p> <p>e. Tests for intra-thecal antibody should accompany one with serum antibody.</p>			
Recommended Action	<p>a. REJECT Further details are provided in the guidance note G 4 (formerly QSOP48).</p> <p>b. REJECT Extended notes regarding this are all provided in G 4 (formerly QSOP 48).</p> <p>c. NONE</p> <p>d. REJECT Further details are provided in the guidance note G 4 (formerly QSOP48).</p> <p>e. ACCEPT Document amended.</p>		

Comment Number	2		
Date Received	16/06/2008	Lab Name	PHE (formerly HPA) Cambridge
Section			
Comment			
Good table.			
Recommended Action	NONE		

Comment Number	3		
Date Received	27/03/2007	Lab Name	Dept Microbiology, Derriford, Plymouth
Section			
Comment			
Could you supply a reference for the requirement to take a repeat sample after 14 days treatment with acyclovir?			
Recommended Action	NONE Reference supplied.		