

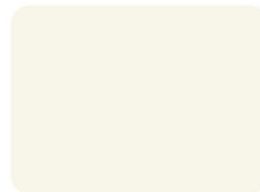
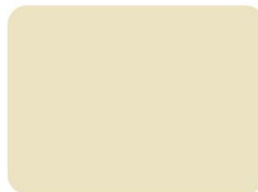
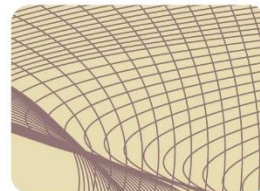
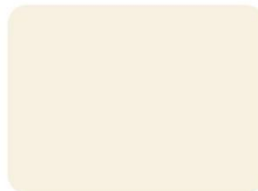
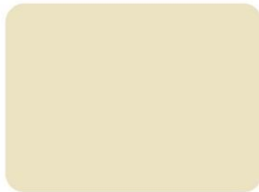
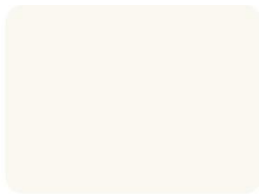
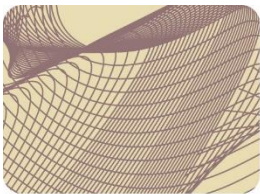


UK Health
Security
Agency

UK Standards for Microbiology Investigations

Review of users' comments received by Joint working group for syndromic algorithms

UK SMI S 11 red or painful eye



National Institute for Health and Care Excellence (NICE) has renewed accreditation of the process used by the **UK Health Security Agency** to produce **UK Standards for Microbiology Investigations (UK SMIs)**. The renewed accreditation is valid until **30 June 2026** and applies to guidance produced using the processes described in '**UK Standards for Microbiology Investigations Development Process**' (2021). The original accreditation term began on 1 July 2011.

This publication was created by UK Health Security Agency (UKHSA) in partnership with the partner organisations.

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

3 Scope of document

Comment number: 1

Date received: 29/06/2022

Laboratory or organisation name: National Health Service , Greater Glasgow and Clyde

1. Is this red and painful eye due to infections – not other causes?
2. "The document covers the investigation of red or painful eye covering common pathogens" Repetition of previous
3. Scope of document-producing characteristic syndromes associated with specific underlying conditions and associated orbital tissue. Is this needed? What syndromes what orbital disease?

Recommended action

1. Accept. This section has been re-worded.
2. Accept. Removed repetitive sentence.
3. Accept. Removed orbital tissue.

Comment number: 2

Date received: 14/06/2022

Laboratory or organisation name: UKHSA regional Bristol

1. 'This UK SMI describes the investigation of patients with red or painful eye. Such infection can occur in patients with a normal or impaired immune system...' What infection? also, most infections can occur in most people, regardless of immune status.

Recommended action

1. Accept. Sentence has been re-worded.

4 Background

Comment number: 3

Date received: 29/06/2022

Laboratory or organisation name: National Health Service , Greater Glasgow and Clyde

Not strictly an infection, is an inflammation

Recommended action

1. Accept. Infection changed to inflammation.

4. Red or painful eye

Comment number: 4

Date received: 29/06/2022

Laboratory or organisation name: Countess of Chester NHS Trust

1. 'Haemophilus influenzae' rather than 'Haemophilus influenza'

Recommended action

1. Accept. The typo has been corrected.

Comment number: 5

Date received: 08/06/2022

Laboratory or organisation name: UK Health Security Agency

Paragraph 5 - Typo: Haemophilus influenzae - missing the final 'e'

Recommended action

1. Accept. The typo has been corrected.

Comment number: 6

Date received: 27.05.2022

Laboratory or organisation name: Worcestershire Acute Hospitals NHS Trust

I have noticed a small typo. Under Section 4.1 on page 6 'Haemophilus influenza' should be Haemophilus influenzae.

Recommended action

1. Accept. The typo has been corrected.

Comment number: 7

Date received: 29.06.2022

Laboratory or organisation name: The Royal College of Ophthalmology

1. Addition of 'Infection and inflammation of the tear sac (dacryocystitis) may result in swelling, pain and discharge over the medial aspect of the eye and eyelids'

Recommended action

1. Accept. Sentence.

4.1 Conjunctivitis

Comment number: 8

Date received: 29.06.2022

Laboratory or organisation name: The Royal College of Ophthalmology

1. Conjunctivitis is the inflammation, caused by infection.
2. Addition to infective conjunctivitis 'Chlamydia can cause a prolonged conjunctivitis from passing the infection from genitalia to eye by hand contact. In very rare cases (for example with use of corticosteroid eye drops) fungal infection may occur.

Recommended action

1. Accept.
2. Accept addition of sentence.

Comment number: 9

Date received: 29/06/2022

Laboratory or organisation name: Countess of Chester NHS Trust

1. Perhaps add 'Other than allergic conjunctivitis' to the sentence 'The following types of conjunctivitis can occur'
2. Infective conjunctivitis- Other viral causes.....I suggest adding Measles-conjunctivitis is a feature of the disease and there are at least half a million cases annually worldwide
3. 'Enteroviruses' rather than 'enterovirus'
4. Consider highlighting particular adenovirus syndromes such as pharyngoconjunctival fever and epidemic keratoconjunctivitis
5. Bacterial conjunctivitis- Penultimate paragraph suggests 'ophthalmia neonatorum' is gonococcal conjunctivitis. It is a blanket term for any neonatal conjunctivitis including chemical, chlamydial, gonococcal, etc.
6. Bacterial conjunctivitis- Consider adding leptospirosis - conjunctival injection is a feature

Recommended action

1. Reject. The conjunctivitis section has been restructured.
2. Accept. Measles added to the viral section
3. Accept. 'Enterovirus' changed to 'enteroviruses'
4. Accept. Addition of pharyngoconjunctival fever and herpetic keratoconjunctivitis
5. Accept. 'Ophthalmia neonatorum' added as a separate section
6. Reject. Leptospirosis is rare in the UK.

Comment number: 10

Date received: 29/06/2022

Laboratory or organisation name: National Health Service, Greater Glasgow and Clyde

1. Bacterial conjunctivitis-"A test of cure is recommended for all who have been treated for *N. gonorrhoeae* " Out of context?
2. Bacterial conjunctivitis--Infection with *Neisseria gonorrhoeae* should be considered if mucopurulent. In the context of babies this is in neonates called ophthalmia neonatorum. Very unusual or absent in children. Can be confusing to the reader

Recommended action

1. Accept. Sentence removed.
2. Accept. Ophthalmia neonatorum section created and sentence has been removed.

Comment number: 11

Date received: 08/06/2022

Laboratory or organisation name: UK Health Security Agency

1. I think this needs a timescale for the definition of neonate e.g. up to 7 days old when culturing for *Neisseria gonorrhoeae*

Recommended action

1. Accept. Section has been re-worded under ophthalmia neonatorum.

Comment number: 12

Date received: 14/06/2022

Laboratory or organisation name: UKHSA regional Bristol

1. No viral section specified, all lumped under main heading, yet bacterial causes get reams. Suggest expand viral causes. My experience is colleagues really want to be able to compare/contrast bacterial with viral, or you may wish to suggest they can present similarly.
2. No doubt *C. bovis* is an organism found in the context of blepharitis, but how commonly and is it pathogenic? Is there a reference?

Recommended action

1. Accept. Section created for viral conjunctivitis.
2. Accept. *C. bovis* is rare and therefore removed.

4.6 Keratitis

Comment number: 13

Date received: 29/06/2022

Laboratory or organisation name: Countess of Chester NHS Trust

1. Bacterial Keratitis- If *C.diphtheriae* is in the list then *Corynebacterium macginleyi* (which we see a lot more commonly in the UK) should be in there ahead of it

Recommended action

1. Accepted. Changed to *Corynebacterium* species.

Comment number: 14

Date received: 29/06/2022

Laboratory or organisation name: Countess of Chester NHS Trust

1. Herpes keratitis- If varicella zoster is being lumped in with herpes simplex then suggest calling this section 'Herpesvirus keratitis'.
2. VZV is a commoner abbreviation than HZV for varicella zoster virus and should be used and note that this is associated with zoster more than chickenpox

Recommended action

1. Accept. Section renamed to Viral keratitis with the addition of Herpesvirus keratitis.
2. Accept. HZV has been changed to VZV for the whole document.

Comment number: 15

Date received: 29/06/2022

Laboratory or organisation name: Countess of Chester NHS Trust

1. Fungal Keratitis- Dermatophytes should not be italicized. Should they be there at all? Cited paper does mention *Microsporum* in a table among a myriad other fungi. It might be preferable to replace this sentence with a direct quote from the cited paper ref 26 ie 'Species of *Fusarium*, *Aspergillus*, *Curvularia* and other phaeohyphomycetes, *Scedosporium apiospermum* and *Paecilomyces* are the principal causes of filamentous fungal keratitis, but many other species have been implicated'

Recommended action

1. Accept. Dermatophytes remains in the document however the sentence has been replaced.

Comment number: 16

Date received: 29/06/2022

Laboratory or organisation name: National Health Service, Greater Glasgow and Clyde

1. Glaucoma filtering-bleb-associated endophthalmitis- This all comes under post operative endophthalmitis
2. Acanthamoeba keratitis- Not necessary to be prolonged

Recommended action

1. Accept. Glaucoma filtering-bleb-associated endophthalmitis grouped under post operative endophthalmitis in the algorithm 5.7.
2. Accept.

Comment number: 17

Date received: 29.06.2022

Laboratory or organisation name: The Royal College of Ophthalmology

1. Addition to bacterial keratitis 'Bacterial keratitis usually presents with corneal ulceration, corneal abscess formation, and inflammation of the anterior chamber sometimes manifesting as an hypopyon'
2. Addition to herpes keratitis 'Herpes Zoster Virus (HZV) keratitis can also occur associated with ophthalmic shingles'.
3. Addition to fungal keratitis 'Keratitis caused by yeast like infections, in particular *candida sp.* usually occurs in subjects with chronic ocular surface disease'

Recommended action

1. Accept
2. Accept
3. Accept

4.7 Retinitis

Comment number: 18

Date received: 31/05/2022

Laboratory or organisation name: Public Health Wales Toxoplasma Reference Unit

1. Toxoplasma pallidum should be Toxoplasma gondii

Recommended action

1. Accept. This has been updated.

Comment number: 19

Date received: 29/06/2022

Laboratory or organisation name: Countess of Chester NHS Trust

1. Remove 'caused by' - it is inflammation of the retina.
2. 'Toxoplasma pallidum' should be 'Toxoplasma gondii' (*Treponema pallidum* is in the line above)
3. Remove 'Herpes ZOSTER VIRUS (HZV)' - VZV is already there next to HSV

Recommended action

1. Accept. This has been updated.
2. Accept. This has been updated.
3. Accept. This has been updated.

Comment number: 20

Date received: 14/06/2022

Laboratory or organisation name: UKHSA regional Bristol

1. 'Retinitis- usually seen in immunocompromised.' For CMV yes, but acute retinal necrosis (HSV, VZV) commonly occurs in immunocompetent people, so the sentence shouldn't imply it is largely restricted to immunocompromised.
2. I'd prefer retinitis placed after uveitis, but I also like things folded neatly, so maybe a personality trait, not a scientific need

Recommended action

1. Accept. This has been updated.
2. Reject. Retinitis to remain in current section.

Comment number: 21

Date received: 29.06.2022

Laboratory or organisation name: The Royal College of Ophthalmology

1. Addition of 'HSV and HZV retinitis can occur in immunocompetent people. *Treponema pallidum* causes bacterial retinitis' and 'Toxoplasmosis is a globally common latent infection which can cause recrudescences of focal intense retinitis'.

Recommended action

1. Accept. Sentence added.

4.8 Endophthalmitis

Comment number: 22

Date received: 29.06.2022

Laboratory or organisation name: The Royal College of Ophthalmology

1. Addition of 'Intravenous drug users who use lemon juice to dissolve heroin are at risk of fungal endophthalmitis' to endogenous endophthalmitis.

Recommended action

1. Accept. This has been updated in endogenous endophthalmitis.

4.9 Uveitis

Comment number: 23

Date received: 31/05/2022

Laboratory or organisation name: Public Health Wales Toxoplasma Reference Unit

1. Suggest change to:
Ocular toxoplasmosis results from infection with the parasite *Toxoplasma gondii* following either congenital (transmitted from mother to child during pregnancy) or acquired (mainly by ingestion of undercooked or raw meat) infection. *Toxoplasma* eye infections cause significant inflammation and subsequent scarring which may cause temporary or permanent impairment of vision. *Toxoplasma* infection is life—long and recurrent episodes are common in patients suffering from ocular toxoplasmosis.

Recommended action

1. Accept. This has been updated.

Comment number: 24

Date received: 29/06/2022

Laboratory or organisation name: Countess of Chester NHS Trust

1. VZV rather than HZV in first paragraph (you use VZV elsewhere in this section)
2. 'legal blindness' – does that mean registered blind?

Recommended action

1. Accept. This has been updated.
2. Accept. Removed 'legal'

Comment number: 25

Date received: 14/06/2022

Laboratory or organisation name: UKHSA regional Bristol

1. Why isn't syphilis listed as a cause of uveitis- it is the most common syphilitic eye disease. Even Monty Python sang about it in their medical love song (chorus- 'Gonococcal urethritis, streptococcal balanitis, Meningomyelitis, diplococcal cephalitis, Epididymitis, interstitial keratitis, Syphilitic choroiditis, and anterior uveitis.' A classic.

Recommended action

1. Accept. Syphilis has been listed.

Comment number: 26

Date received: 29.06.2022

Laboratory or organisation name: The Royal College of Ophthalmology

1. Addition of 'Most cases of uveitis are diagnosed by clinical features, multimodal ocular imaging, and ancillary serological tests'.

Recommended action

1. Reject. Section has been reworded.

Comment number: 27

Date received: 14.06.2022

Laboratory or organisation name: IBMS

1. Ensure Latin names are italicised (such as Bartonella, Toxoplasma gondii).

Recommended action

1. Accept. Latin names italicised.

Comment number: 28

Date received: 29.06.2022

Laboratory or organisation name: The Royal College of Ophthalmology

1. Addition of 'Panuveitis is when all parts of the eye are affected by inflammation which can occur in TB, endogenous endophthalmitis and toxoplasmosis. Toxoplasmosis results from infection with the parasite *Toxoplasma gondii* which infects a third of the world's population with particularly high 10nterobact in South America and other tropical countries. Ocular toxoplasmosis is usually unilateral and can cause significant inflammation and subsequent scarring. This may cause temporary or permanent impairment of vision. Ocular toxoplasmosis is usually acquired but can be congenital (transmitted from mother to child during pregnancy from a new primary infection). Infection is through ingestion of

undercooked, home-cured or raw meat, contaminated water, or transmission from contaminated soil on hands. Ocular toxoplasmosis is due to a rupture of tissue cysts which can occur months or years after the primary infection. Infection is life—long and asymptomatic in most people but those with immunosuppression are at risk of cerebral toxoplasmosis and severe bilateral ocular toxoplasmosis.

Recommended action

1. Accept addition of paragraph.

5.1 Presentation of red or painful eye algorithm

Comment number: 29

Date received: 14/06/2022

Laboratory or organisation name: UKHSA regional Bristol

1. The term visual loss is imprecise and could be taken to mean total visual loss or partial (blind spots or blurring).
How can pain be distinguished from mild pain? Do you mean severe pain, which is subjective anyway?
2. Title is red OR painful eye, but where is the option for painful but not red eye?

Recommended action

1. Accept. To add total/partial to the visual loss box. Removed 'mild pain' box and extend the arrow from pain to severe conjunctivitis.
2. Reject. Red eye or painful have been linked. The diagram focuses on the presentation of a diagnostic laboratory.

Comment number: 30

Date received: 29/06/2022

Laboratory or organisation name: National Health Service, Greater Glasgow and Clyde

1. Is acute glaucoma part of discussion / or within scope of document

Recommended action

1. Accept. This has been removed.

Comment number: 31

Date received: 29.06.2022

Laboratory or organisation name: The Royal College of Ophthalmology

1. Redraw this diagram and refer to 'The Oxford handbook of Ophthalmology'

Recommended action

1. Reject. The diagram cannot be replaced with microbial keratitis diagram from the Oxford handbook for Ophthalmology because the flowchart is clinical. We are producing this document for a diagnostic laboratory. Discussed at the UK SMI Joint Working Group.

5.2 Conjunctivitis algorithm

Comment number: 32

Date received: 14/06/2022

Laboratory or organisation name: UKHSA regional Bristol

1. Conjunctivitis- are the primary pathogens a primary testing set? If so, I doubt that is done in many places, so is the intention to make that standard

Recommended action

1. Reject. The algorithm is based on the needs of a diagnostic laboratory.

Comment number: 33

Date received: 29/06/2022

Laboratory or organisation name: National Health Service, Greater Glasgow and Clyde

1. Conjunctivitis- algorithm notes- diagnostic samples may not be required. This is controversial as chlamydia and gonococci are picked up by swabs. Not always will there be a positive history of exposure

Recommended action

2. Accept. Sentence has been re-worded.

Blepharitis algorithm

Comment number: 34

Date received: 14.06.2022

Laboratory or organisation name: IBMS

3. Ensure Latin names are italicised (such as *Toxocara*, *Treponema pallidum*).

Recommended action

1. Accept. This algorithm has been removed and incorporated into the text.

Comment number: 35

Date received: 29.06.2022

Laboratory or organisation name: The Royal College of Ophthalmology

1. Addition of 'Blepharitis is a chronic condition associated with certain skin types and swabbing is rarely helpful in management which is centered on improving meibomian gland secretion'.

Recommended action

1. Accept. Sentence not included in the paragraph.

5.5 Microbial Keratitis

Comment number: 36

Date received: 29.06.2022

Laboratory or organisation name: The Royal College of Ophthalmology

1. Addition of 'Samples from the corneal ulcer should be collected either by scraping with a sharp instrument such as a needle or blade, or using a corneal impression membrane'
2. To replace with diagrams from The Oxford handbook of Ophthalmology

Recommended action

1. Accept. Sentence has been added.
2. Reject. The diagrams cannot be replaced as they have been produced for a diagnostic laboratory. The diagrams from The Oxford handbook of Ophthalmology are more clinical.

5.6 Retinitis

Comment number: 37

Date received: 29/06/2022

Laboratory or organisation name: Countess of Chester NHS Trust

1. 'In ocular toxoplasmosis negative results....' – is that negative serology?

Recommended action

1. Accept. This sentence has been updated.

Comment number: 38

Date received: 14/06/2022

Laboratory or organisation name: UKHSA regional Bristol

1. Please comment on relative utility of aqueous or vitreous samples- any benefit to either, or does it depend on whichever one is easiest to obtain?

Recommended action

1. Accept. Aqueous samples are easier to obtain. The wording aqueous or vitreous samples will remain because if the laboratory received a vitreous samples, then it can be processed and not rejected.

Comment number: 39

Date received: 14/06/2022

Laboratory or organisation name: UKHSA regional Bristol

1. Syphilis- for retinitis, testing eye fluid by PCR or doing serology on eye fluid is rarely done- most diagnoses are based on positive blood antibody and characteristic findings.

Recommended action

1. None.

Comment number: 40

Date received: 14.06.2022

Laboratory or organisation name: IBMS

1. Ensure Latin names are italicised (such as *Toxocara*, *Treponema pallidum*).

Recommended action

1. Accept. Latin names are italicised.

5.7 Endophthalmitis

Comment number: 41

Date received: 08/06/2022

Laboratory or organisation name: UK Health Security Agency

1. Flow chart – under endophthalmitis/glaucoma box – typo – should be Enterobacterales, not 14nterobacteriales

Recommended action

1. Accept. This has been corrected.

6.1 Specimen type

Comment number: 42

Date received: 31/05/2022

Laboratory or organisation name: Public Health Wales Toxoplasma Reference Unit

1. Change to: molecular testing for viruses and parasites (PCR), bacteria (16S sequencing) and fungi (18S sequencing) as appropriate.

Recommended action

1. Accept. Addition of parasites.

6.2 Specimen collection and handling

Comment number: 43

Date received: 29/06/2022

Laboratory or organisation name: National Health Service , Greater Glasgow and Clyde

1. There is confocal microscopy that can detect the organism without scrape

Recommended action

1. Accept. Added to paragraph.

Comment number: 44

Date received: 29.06.2022

Laboratory or organisation name: The Royal College of Ophthalmology

1. Addition of 'Samples are also collected in brain heart infusion broth and plated in the laboratory'.

Recommended action

1. Accept. Added to paragraph.

6.4 Relevant clinical history

Comment number: 45

Date received: 14.06.2022

Laboratory or organisation name: IBMS

1. It is suggested that trauma is included as relevant clinical history trauma.

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Recommended action

1. Accept. This has been added

7.1 Sample preparation for corneal scraping for parasites and fungi

Comment number: 46

Date received: 08/06/2022

Laboratory or organisation name: UK Health Security Agency

1. in KOH wet mount- needs description of acanthamoeba in the amoebic form, not just the cyst form. The cysts only form at the later stages of development

Recommended action

1. Reject. The view of the Joint Working Group is that this is not required.

7.4 Culture media, conditions & organisms

Comment number: 47

Date received: 08/06/2022

Laboratory or organisation name: UK Health Security Agency

1. There is a typo in the canaliculitis section- Actinomyces israelii, not israeli
2. There is a typo in endophthalmitis – Enterobacterales, not 16nterobacterales

Recommended action

1. Accept. This has been corrected.
2. Accept. This has been corrected.

Comment number: 48

Date received: 29/06/2022

Laboratory or organisation name: Countess of Chester NHS Trust

1. Suggest Corynebacterium spp rather than C.diphtheriae where that has been used
2. To italicize Chlamydia trachomatis

Recommended action

1. Accept.
2. Accept.

Comment number: 49

Date received: 08/06/2022

Laboratory or organisation name: UK Health Security Agency

1. Conjunctivitis - typo for Enterobacterales
2. Blepharitis - using sab + olive oil for Malassezia culture - this is a very rare request, but this has not been made plain in the table, so labs might be concerned that this is a routine expectation. I spoke with one of the medics in the Mycology reference Unit and they assured me that this is extremely rare.

Recommended action

1. Accept. Typo has been corrected.
2. Accept. Use sab + olive oil for Malassezia culture has been made clear.

Comment number: 50

Date received: 14.06.2022

Laboratory or organisation name: IBMS

1. Conjunctivitis - N.meningitidis (current PHE risk alert about this)
2. The table should be clearer, the viral causes of conjunctivitis should be generic not listed as though they only apply to neonates.
3. Blepharitis - cutibacterium - if this is a target pathogen it should have FAA in ANO2 for 5d. It is unusual to grow well on BA in CO2 at 48hrs.
4. SABs with oil if Malsassezia suspected, but will need normal SABs to recover the trichophyton - would it be better to just leave as Fungi
5. Keratitis - laser eye surgery - Nocardia / Mycobacteria.
6. Enterobacterales / Enterobacteriales - needs to be spelled consistently.
7. The panel queries the organism list and feel that it does not encompass all of the relevant organisms. The table indicates that GNR seen on Gram stain is an indication for CLED and Enterobacterales is the organism of concern. It is agreed that these are important but Pseudomonas aeruginosa is the main pathogen of concern in eye samples and it is missing from the expected organism list. It would be expected that under GNR that Pseudomonas is added to the list of expected organisms.
8. In addition to the table, it would be pertinent to also add: If Gram negative cocci seen in Gram film, All samples, GC selective agar e.g GC VCAT, 35 to 37, 5 to 10% CO2, 40 to 48hr, Greater than or equal to 40 hour, Neisseria gonorrhoeae, Moraxella catarrhalis. Chocolate agar, 35 to 37, 5 to 10% CO2.

Recommended action

1. Accept.
2. Accept. The table has been updated to separate the sections.
3. Accept. Included FAA media to Blepharitis
4. Reject. SABs with oil if Malsassezia suspected is made clear.
5. Accept. Keratitis - laser eye surgery - Nocardia / Mycobacteria added to section 4.
6. Accept. Spelling corrected.
7. Reject. This row has been removed.

8. Reject. This is not required as the GNR row was removed.

Comment number: 51

Date received: 29.06.2022

Laboratory or organisation name: The Royal College of Ophthalmology

1. Addition of corneal impression membrane to keratitis

Recommended action

1. Accept.

8.2 Reporting molecular results

Comment number: 52

Date received: 31/05/2022

Laboratory or organisation name: Public Health Wales Toxoplasma Reference Unit

1. Change to :

Report bacterial, fungal, parasite or viral DNA/RNA as 'detected' (state the organism)

Report bacterial, fungal, parasite or viral DNA/RNA as 'not detected'.

Recommended action

1. Accept. Parasite has been added to both sentences.

9. Reporting of antimicrobial susceptibility testing

Comment number: 53

Date received: 29.06.2022

Laboratory or organisation name: The Royal College of Ophthalmology

1. Addition of 'In cases of microbial keratitis, as there are no reference Ophthalmic breakpoint concentrations, the minimum inhibitory concentrations to the standard topical antimicrobials should be included in the microbiology report'

Recommended action

1. None. This section has been reworded.

Acanthamoeba supplementary

Comment number: 54

Date received: 08/06/2022

Laboratory or organisation name: UK Health Security Agency

1. Worth adding to incubate the control culture separately from the Test culture to prevent possible migration of control acanthamoeba onto the test plate and causing a false positive culture result

Recommended action

1. Accept.

Appendix A

Comment number: 55

Date received: 08/06/2022

Laboratory or organisation name: UK Health Security Agency

2. Doesn't state that bacteria-coated agar plate is for acanthamoeba culture only

Recommended action

1. Accept. Title amended.

Comment number: 56

Date received: 08/06/2022

Laboratory or organisation name: UK Health Security Agency

1. The appendix states to spread the E coli suspension over the surface of the agar plate with a swab. A better approach is to add excess suspension, swirl it over the agar surface then pipette off the excess - this prevents marks made by the swab from possibly being mis-interpreted as tracks caused by acanthamoeba

Recommended action

1. Accept.

General Comments

Comment number: 57

Date received: 23/06/2022

Laboratory or organisation name: Keith Shuttleworth and Associates Ltd

1. Very simple and clear to understand

Recommended action

1. NA

Financial barriers

Respondents were asked: 'Are there any potential organisational and financial barriers in applying the recommendations or conflict of interest?'

Comment number: 58

Date received: 31/05/2022

Laboratory or organisation name: Public Health Wales Toxoplasma Reference Unit

No

Comment number: 59

Date received: 08/06/2022

Laboratory or organisation name: UK Health Security Agency

No

Comment number: 60

Date received: 14/06/2022

Laboratory or organisation name: UKHSA regional Bristol

No

Comment number: 61

Date received: 23/06/2022

Laboratory or organisation name: Keith Shuttleworth and Associates Ltd

None to my knowledge

Comment number: 62

Date received: 29/06/2022

Laboratory or organisation name: National Health Service , Greater Glasgow and Clyde

No

Comment number: 63

Date received: 29/06/2022

Laboratory or organisation name: Countess of Chester NHS Trust

No

Health benefits

Respondents were asked: 'Are you aware of any health benefits, side effects and risks that might affect the development of this UK SMI?'

Comment number: 64

Date received: 31/05/2022

Laboratory or organisation name: Public Health Wales Toxoplasma Reference Unit

No

Comment number: 65

Date received: 08/06/2022

Laboratory or organisation name: UK Health Security Agency

No

Comment number: 66

Date received: 14/06/2022

Laboratory or organisation name: UKHSA regional Bristol

These are designed to be beneficial to health

Comment number: 67

Date received: 23/06/2022

Laboratory or organisation name: Keith Shuttleworth and Associates Ltd

None to my knowledge

Comment number: 68

Date received: 29/06/2022

Laboratory or organisation name: National Health Service , Greater Glasgow and Clyde

No

Comment number: 69

Date received: 29/06/2022

Laboratory or organisation name: Countess of Chester NHS Trust

No

Interested parties

Respondents were asked: 'Are you aware of any interested parties we should consider consulting with on the development of this document?'

Comment number: 70

Date received: 31/05/2022

Laboratory or organisation name: Public Health Wales Toxoplasma Reference Unit

No

Comment number: 71

Date received: 08/06/2022

Laboratory or organisation name: UK Health Security Agency

You may want to speak with the UKHSA Mycology reference Unit for further information about the Sab + olive oil element of the SMI.

Comment number: 72

Date received: 14/06/2022

Laboratory or organisation name: UKHSA regional Bristol

Royal College Ophthalmologists; Royal College Optometrists

Comment number: 73

Date received: 23/06/2022

Laboratory or organisation name: Keith Shuttleworth and Associates Ltd

None to my knowledge

Comment number: 74

Date received: 29/06/2022

Laboratory or organisation name: Countess of Chester NHS Trust

Royal College of Ophthalmologists

Respondents indicating they were happy with the contents of the document

Overall number of comments: none			
Date received		Lab name/Professional body (delete as applicable)	
Health benefits			