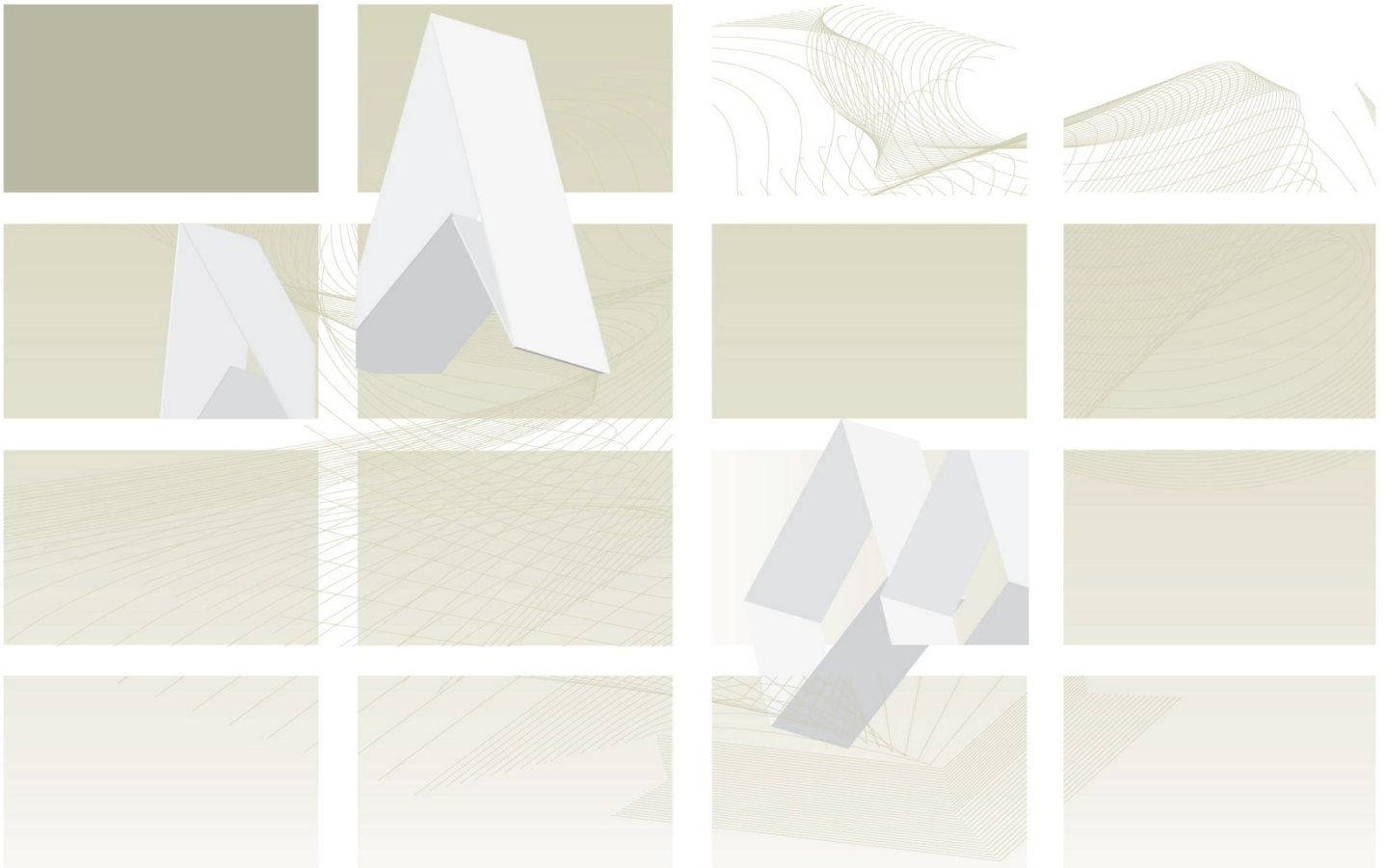




UK Standards for Microbiology Investigations

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

Comment Number	1		
Date Received	28/01/2013	Lab Name	PHE (formerly HPA) Public Health Laboratory Birmingham
Section	Scope of Document		
Comment			
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.			
Recommended Action	ACCEPT UK SMI amended.		

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

Comment Number	3		
Date Received	29/01/2013	Lab Name	SRM Institute for Medical Sciences, Chennai, India
Section	1 and 2		
Comment			
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.			

Evidence	
Personal. We have had a case.	
Recommended Action	ACCEPT Foot note added to culture table 4.5.1.

Comment Number	4	Lab Name	Microbiology
Date Received	31/01/2013	Section	2.5.3
Comment			
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!			
Recommended Action	NONE		

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

Comment Number	6	Lab Name	Golden Jubilee National Hospital
Date Received	13/02/2013	Section	Acute otitis media
Comment			
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 ⁵ .			
Evidence			

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.

Recommended Action	ACCEPT Section removed as treatment options are not covered in UK SMIs.
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Comment Number	7		
Date Received	16/04/2013	Lab Name	Sunderland Royal Hospital
Section	2.6.1		
Comment			
Pseudomonads should be identified to species level.			
Evidence			
If Pseudomonads are only reported to the level 'pseudomonad' then there is confusion amongst clinicians who often equate this result with Pseudomonas aeruginosa.			
Recommended Action	NONE The level given doesn't affect the treatment given.		

RESPONDENTS INDICATING THEY WERE HAPPY WITH THE CONTENTS OF THE DOCUMENT

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

Date Received	15/03/2013	Lab Name	Derriford Hospital, Plymouth
Date Received	05/04/2013	Lab Name	Bristol