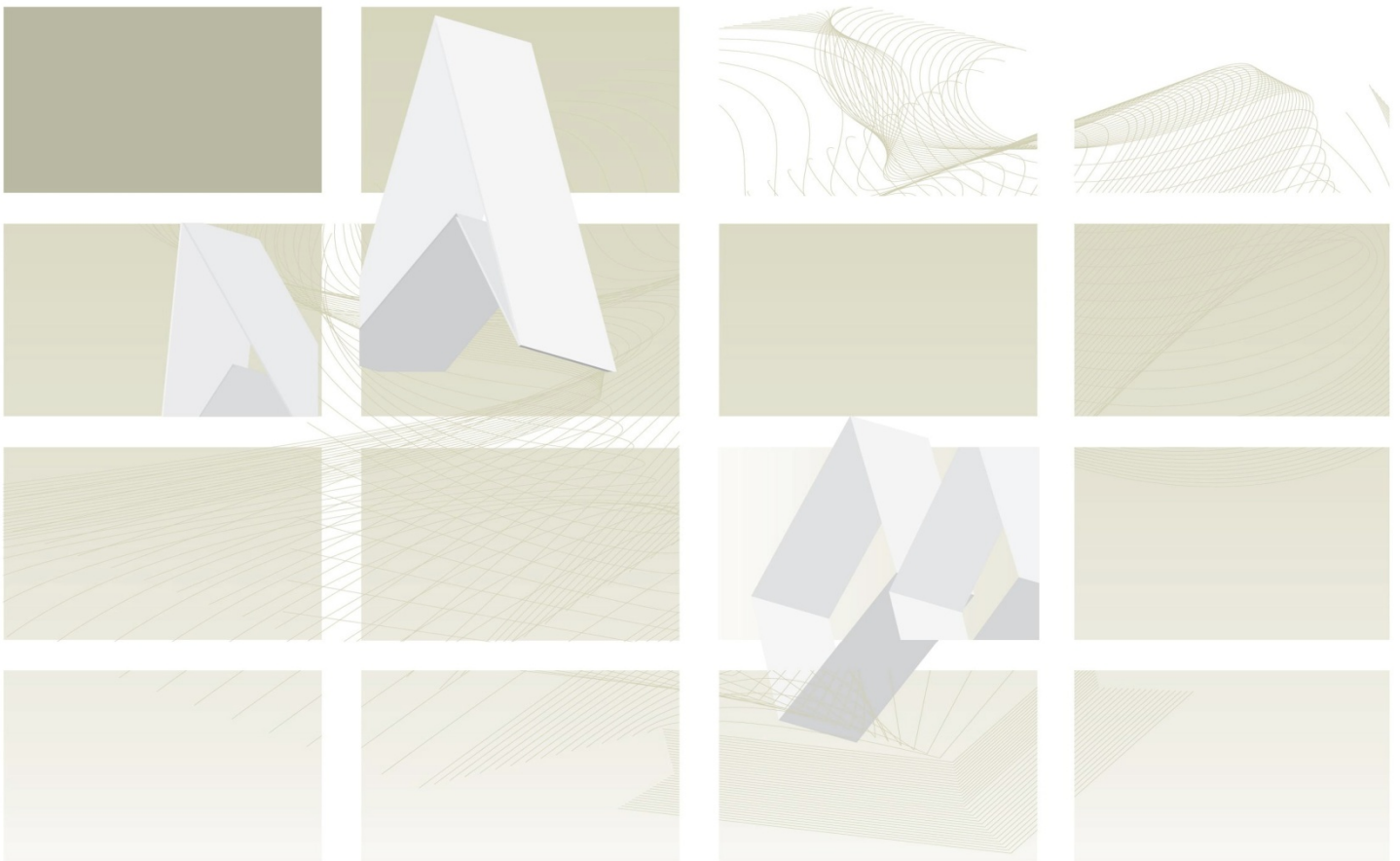




UK Standards for Microbiology Investigations

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

V 23 Isolation of Human Herpes Viruses (excluding Herpes
genitalis)



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

Issued by the Standards Unit, Microbiology Services, PHE

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PROPOSAL FOR CHANGES

Comment Number	1		
Date Received	23/02/2009	Lab Name	Royal Sussex County Hospital
Section	Title		
Comment			
The title of this document is not as relevant as the link. The link is Investigation of human herpes viruses but the title is Isolation of Human Herpes Viruses - pedantic maybe but is the former not better?			
Recommended Action	NONE The current title is sufficient.		

Comment Number	2		
Date Received	20/02/2009	Lab Name	Edinburgh Royal Infirmary
Section	All		
Comment			
We do still have culture so some of this SOP is relevant- but we only have a selected range of samples that go to culture and I am sure many labs don't have culture. I would think there needs to be some recognition that many of these investigations could be done by PCR.			
Also maybe we should approach the investigation for herpes viruses in different clinical situations and included both cell culture and PCR ie a very radical change to QSOP.			
Recommended Action	NONE A new document for the investigation of herpes viruses will be considered.		

Comment Number	3		
Date Received	06/02/2009	Lab Name	Cambridge Lab
Section	4.1		
Comment			
We have stopped viral culture for detection/isolation of herpes viruses, which were replaced by PCR. Positive PCR results, some requiring confirmation on repeat testing or samples, are routinely verified as final report. It would be impractical to regard a PCR result as provisional interim report and get it confirmed by culture. We all know many of PCR positives won't be confirmed by viral culture due to differences in sensitivity of two assays.			

Recommended Action	ACCEPT The SMI (formerly NSM) has been amended.
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Comment Number	4		
Date Received	04/02/2009	Lab Name	PHE (formerly HPA) South West Regional Laboratory
Section	Whole document		
Comment			
<p>a. This document is not worth revising; it is almost completely obsolete. Virus isolation by cell culture has all but gone as a means of primary viral diagnosis. Electron microscopy is now restricted to a small number of labs; while it has some value for rapid diagnosis of vesicular rashes and even congenital CMV infection, this is no longer relevant given the availability and accessibility of EM services. The type of herpesvirus investigations undertaken has also changed; we're still testing swabs and urines but there is now a much greater emphasis on testing blood, CSF, vitreous/aqueous fluid and tissue samples, on detection of EBV and HHV 6-8 as well as the more cultivable herpesviruses, and on quantitation as well as qualitative detection.</p> <p>b. New SOPs for molecular diagnosis of human herpesvirus infections are required, but these need to be more generic than, for example, the CMV Roche LightCycler SOP.</p>			
Recommended Action	<p>a. ACCEPT No further action will be taken on this document</p> <p>b. ACCEPT Creation of molecular PCR SOPs are beyond the scope of this group as molecular methods need constant review. All methods need to be evaluated and validated to meet local needs and local population requirements.</p>		