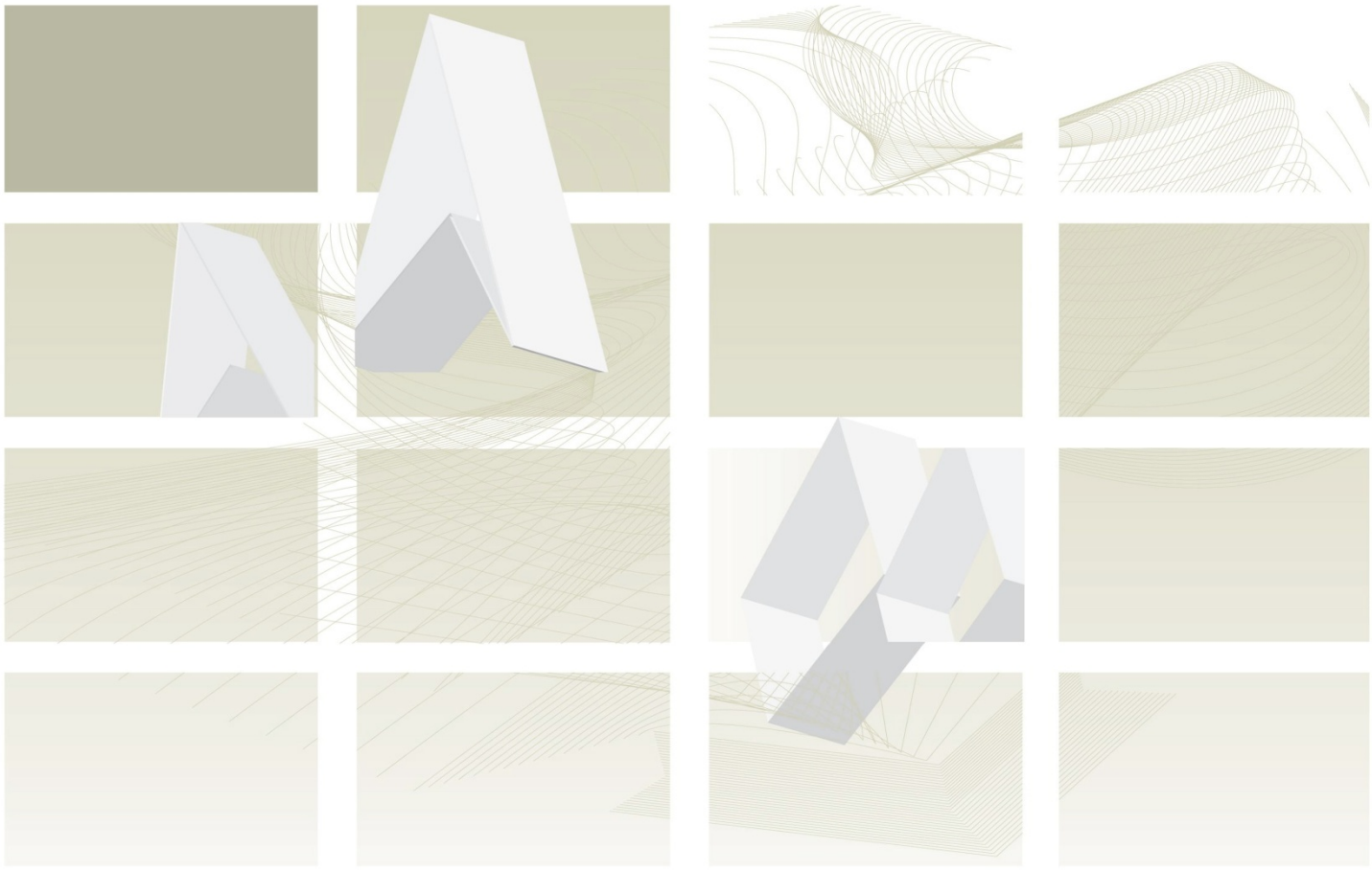
Public Health England

NHS

UK Standards for Microbiology Investigations

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

V 18 Complement Fixation Tests



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PROPOSAL FOR CHANGES

Comment Number	1		
Date Received	25/08/2009	**Lab Name**	Exeter
Section			
Comment			

I don't have the technical expertise to comment on the detail of the methodology but would make the following points:

a. Introduction: Background;

"The CFT is the commonest test used to demonstrate this increase in antibody levels against a wide range of viruses".

Many virologists regard the CFT as a totally flawed and outmoded test and its limitations need to be recognized. This was highlighted in a debate held at the UKCVN meeting in 2008. For agents such as HSV NAAT methods for direct viral detection in CSF, swabs etc are the routine method of choice.

"CFT may also be used to detect the presence of intrathecal antibody in CNS infection3".

The reference is from 1989 and I really think that this has been confined to the history books.

b. Section 2.1

"control blood contamination"

I don't know what this means.

c. Section 3.2

Ideally, serum should be aliquotted to two storage vials, one stored at +4°C for immediate use and the other frozen at –20°C or below.

This is fraught with problems of mislabelling and crossover of samples. I believe most labs now test from and store serum in the primary tube.

Recommended Action	a. **REJECT** Although an old method still has relevance in some laboratories and the reference is suitable for this document. b. **NONE** The group felt that the sentence was clear in that it referred to controlling the level of blood contamination in CSF samples. c. **REJECT** Working group believes that the recommendations made in V 18 is a good minimum standard for laboratories to achieve.