

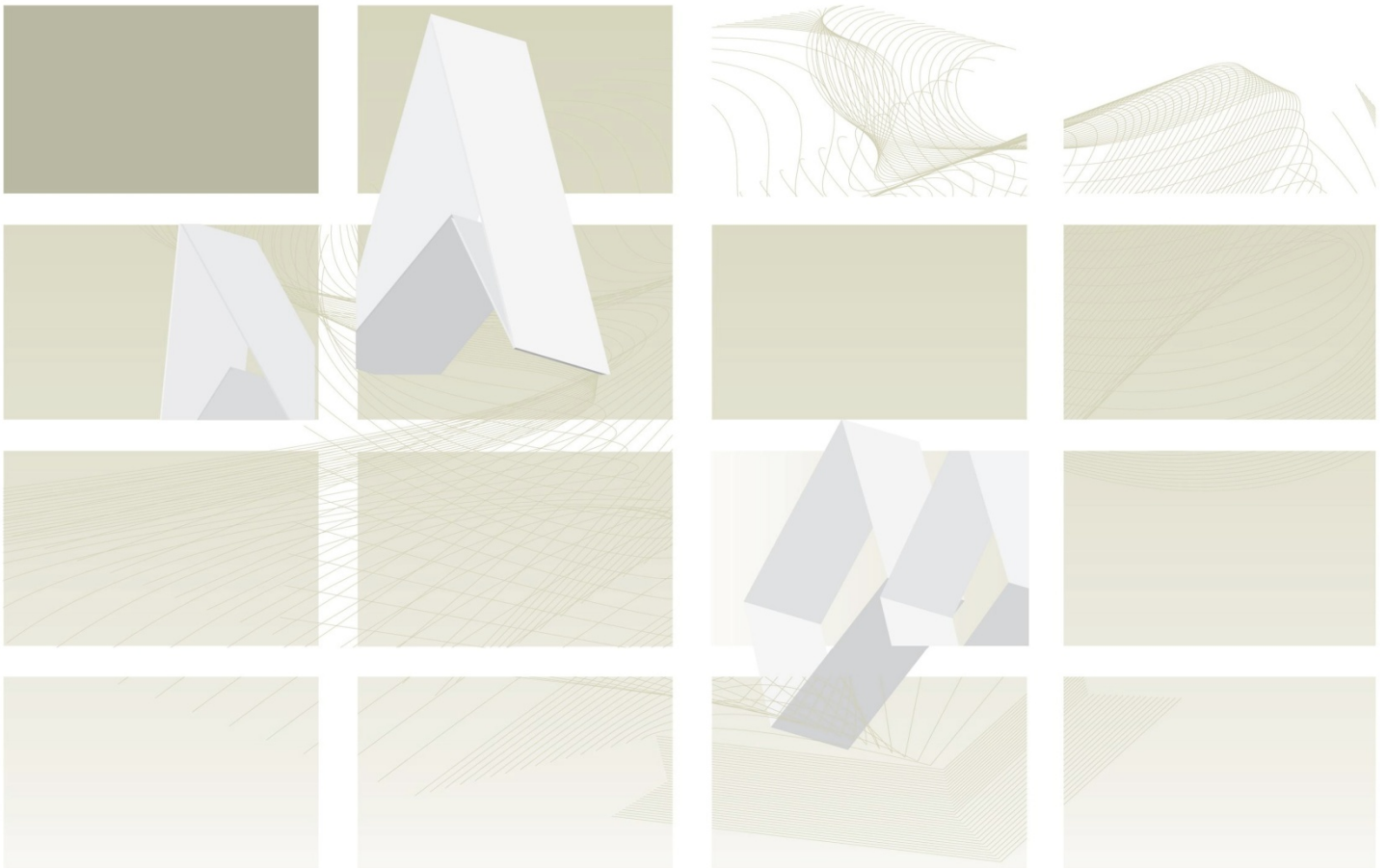


# UK Standards for Microbiology Investigations

**Review of Users' Comments** received by

Working Group for Microbiology Standards in Clinical  
Bacteriology

B 37 Investigation of Blood Cultures (for Organisms other than  
*Mycobacterium* species)



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

Issued by the Standards Unit, Microbiology Services, PHE

RUC | B 37 | Issue no: 1 | Issue date: 04.11.14

Page: 1 of 4

Consultation: 23/08/2013 – 20/09/2013

Version of document consulted on: dd+

**PROPOSAL FOR CHANGES**

<b>Comment Number</b>	1		
<b>Date Received</b>	06/09/2013	<b>Lab Name</b>	Intensive Care Society
<b>Section</b>			
<b>Comment</b>			
<p>Not sure that it would interest most ICU docs, and is mostly relevant to Micro/ID folks. Just like the ICM docs we were discussing on Tuesday, I suspect that most of the better labs in the country will already be able to achieve the standards – which all seem very reasonable. The smaller ones may not, but it might help with investment/rationalisation decisions etc...</p> <p>It is a shame that rapid diagnostics/PCR has not been embraced yet, but perhaps we are (realistically) still a few years away from this.</p> <p>I have no major comments or concerns.</p>			
<b>Recommended Action</b>	<p><b>ACCEPT</b></p> <p>The comment regarding rapid diagnostics/PCR will be added as a change request for the next review of B 37 in 2016.</p> <p>The following text has been added to the scope for clarity.</p> <p>‘Rapid diagnostic tests on positive blood cultures are available, and should be considered for use following validation. Direct molecular techniques on clinical specimens are not covered in this SMI.’</p> <p>A proposal for a syndromic algorithm for the management of sepsis which would include both culture and rapid/molecular methods will be submitted to the Steering Committee for consideration in March 2014.</p>		

<b>Comment Number</b>	2		
<b>Date Received</b>	17/09/2013	<b>Lab Name</b>	Golden Jubilee National Hospital
<b>Section</b>	Deliberate or accidental release of infection and reporting of notifiable organisms		
<b>Comment</b>			
Under these sections it would be useful to have contact details for other countries of the UK as well as for England.			
<b>Financial Barriers</b>			

No	
<b>Recommended Action</b>	<b>PARTIAL ACCEPT</b> Where available reference laboratory contact details, and links to notification guidance for the Devolved Nations have been included.

<b>Comment Number</b>	<b>3</b>		
<b>Date Received</b>	19/09/2013	<b>Lab Name</b>	Registrar, Royal College of Physicians
<b>Section</b>	Section 1.2		
<b>Comment</b>			
<p>Our experts have one minor comment on section 1.2 (page 26): Drawing blood before or as soon as possible after a fever spike is optimal, except in endocarditis where timing is less important.</p> <p>While this statement is correct, their experience is that clinicians interpret it as 'only take blood cultures when there is a fever spike', which is potentially harmful. It is better to have cultures taken at a 'non-optimal' time than not taken at all.</p>			
<b>Health Benefits</b>			
No			
<b>Recommended Action</b>	<b>ACCEPT</b> Text in Section 2.2 updated: 'Although blood can be sampled at any time, drawing blood at or as soon as possible after a fever spike is optimal, except in endocarditis where timing is less important.'		

### PROPOSALS FOR CHANGE: POINTS TO CONSIDER

#### Summary Table 3 – Post-Analytical Standards

Gram stain results should be communicated immediately, within a 2 hour period of availability. Your thoughts on this turnaround time would be appreciated.

<b>Comment Number</b>	<b>4</b>		
<b>Date Received</b>	17/09/2013	<b>Lab Name</b>	Golden Jubilee National Hospital
<b>Comment</b>			
Two hours appears long, but appreciate high-volume labs may need this time frame.			
<b>Recommended Action</b>	<b>NONE</b> This will be revisited at the next review of B 37 in 2016.		

## RESPONDENTS INDICATING THEY WERE HAPPY WITH THE CONTENTS OF THE DOCUMENT

<b>Overall number of comments: 3</b>			
<b>Date Received</b>	28/08/2013	<b>Lab Name</b>	Newcastle upon Tyne Hospital NHS Foundation Trust
<b>Date Received</b>	02/09/2013	<b>Lab Name</b>	R&D, Department of Microbiology, Leeds General Infirmary
<b>Date Received</b>	06/09/2013	<b>Lab Name</b>	Department of Microbiology, Ninewells Hospital and Medical School, Dundee