



26 January 2015

Request for Comments on UK SMI bacteriology documents B 11, B14 & B17 Response from the Institute of Biomedical Science

The Institute of Biomedical Science (IBMS) is the UK professional body for biomedical science. It represents approximately 20,000 members employed mainly in NHS laboratories, NHS Blood and Transplant, Public Health services, private laboratories, research, industry and higher education. In its capacity as a standard setting organisation, and also an HCPC approved education provider, the Institute welcomes the opportunity to contribute to the consultation on the UK SMI bacteriology documents B 11, B14 & B17.

The comments below have been compiled from those made by the members of the IBMS' Specialist Advisory Panel for Medical Microbiology. It has been noted that while most comments detailed below relate to typographical errors that should be corrected at editing/proofing some scientific/clinical suggestions have been provided.

SMI B 17: Investigation of tissues and biopsies

1. Section 1.2 Specimen processing.

Paragraph starts, '*It is recommended that all Gram-negative coccobacilli from (TEXT MISSING HERE) should be processed....*' Additional text needs to be added to say what the specimen is from.

2. Appendix 1

Typo in chart under selective media – should say *Nocardiosis*, not *Norcardiosis*, and the bubble at the bottom that says '*7d Norcardia sp...*', also needs correcting.

SMI B11: Investigation of Skin and Superficial Soft Tissue Infections

1. *Mycoplasma phocacerebrale* should be considered as a potential cause of cellulitis and/or adding to the animal bite section. This organism has been documented as the cause of cellulitis from animal bites in handlers of marine animals. There is a potential to confuse such infections with *Erysipelothrix* resulting in potential treatment failures (see evidence paper).
2. Bacterial names need to be italicised throughout, not complete throughout the document.
3. Under Erythrasma; **3 line**

Erroneous text 'my'

4. B11 Line 4

Extra my in sentence "*plaques usually in the axillae and is often misdiagnosed as my mycotic infection 18.*"

5. Line in table. If a yeast is significant in a site surely it should be identified, especially if treatment is to be given as antifungal break points are species specific

SMI B 14: Investigation of abscesses and deep-seated wound infections

1. Dental abscess section.

Actinobacillus actinomycetemcomitans has been reclassified as *Aggregatibacter actinomycetemcomitans*. (See attached paper)

2. Bacterial names need to be italicised throughout. A few have been missed in the Renal abscess section.

3. Throat abscess section

'*Throat abscess are relatively common. Add text from reference*' –text from the reference must be added.

4. Page 11- Correction of nomenclature required

Penicillium marneffi is now *Talaromyces marneffi*

5. Specimen processing section 1.2

'It is recommended that all Gram-negative coccobacilli from (TEXT MISSING HERE) should be processed in a Class I or Class II microbiological safety cabinet until Hazard Group 3 pathogens (i.e Brucella) have been definitively excluded.' Same text is missing as in B17.

6. Under "Throat Abscess"; need to add text from reference.....this is obviously still pending.

7. Line 9 Confusion with regards the identification of yeast isolates. ?what is yeast to yeast level? Is this calling the organism a "yeast" rather than identifying it?

8. Fungi species level (except yeast to yeast level)

9. Typo Line 12 "*Paracoccoides brasiliensis or Brucella species is suspected, all specimens must be*"
Paracoccidioides brasiliensis

10. Typo Line 19 some of the sentence is missing "*It is recommended that all Gram-negative coccobacilli from *** should be processed in a*"

Other Issues for Clarification:

Under the specimen containers section it mentions that CE marked leak proof containers should be used, but there is no reference to M40 complaint swabs (B11 and B14 only) despite stating that samples on swabs were acceptable for investigation. The CLSI M40-A2 Quality Control of Microbiological Transport Systems was revised in June 2014 and is the expected standard for transport swabs.

Under the antimicrobial susceptibility testing each document make reference to BSAC or EUCAST which is fine for bacterial pathogens. However, for Candida and Moulds (which are mentioned in the text) only CLSI breakpoints apply.