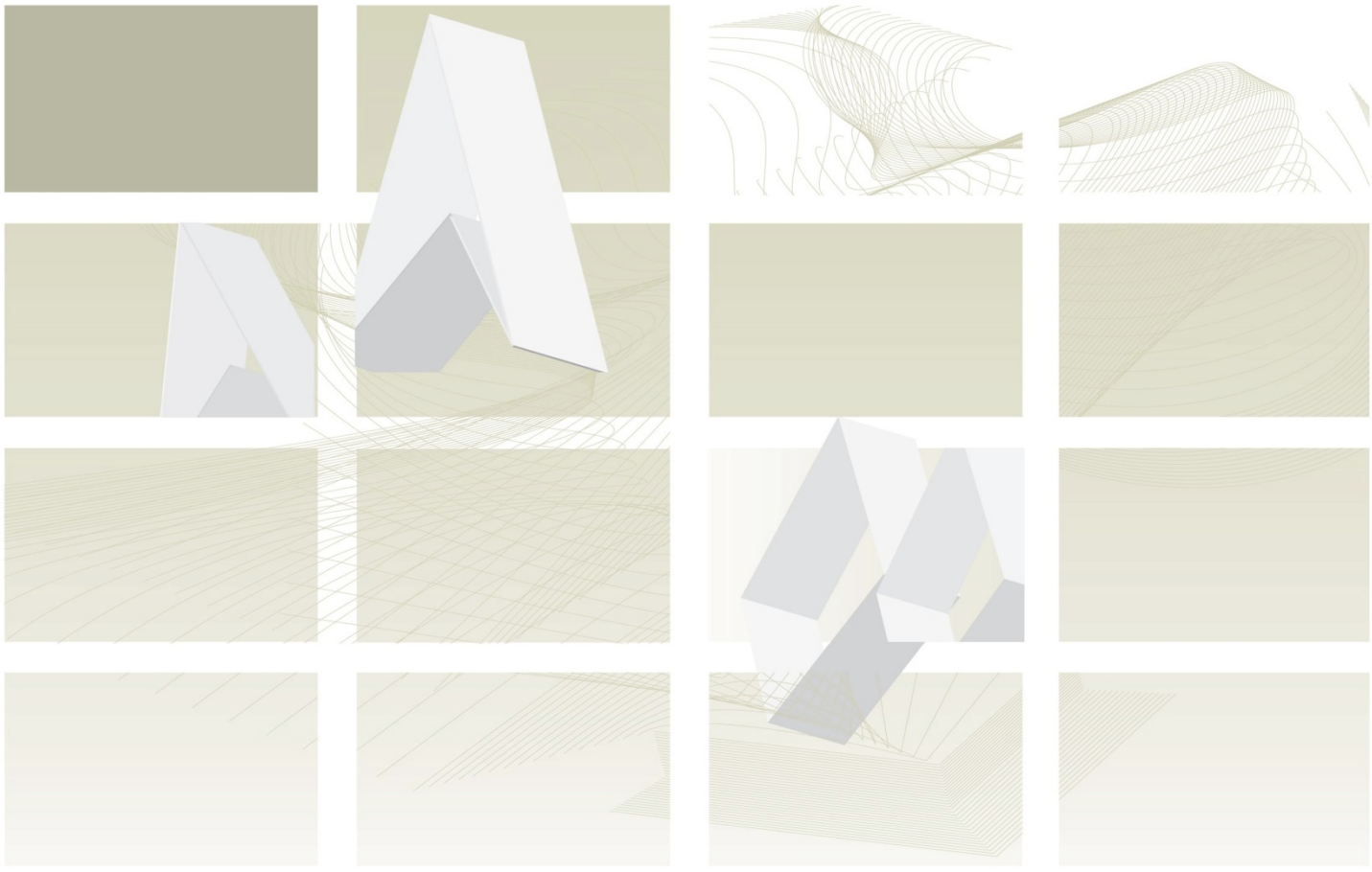
Public Health England

NHS

UK Standards for Microbiology Investigations

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

G 7 Investigation of Red Rash



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

PROPOSAL FOR CHANGES

Comment Number	1		
Date Received	03/11/2009	**Lab Name**	Pathology NSW
Section	13		
Comment			
It may be worth mentioning that in the diagnosis of secondary syphilis, the RPR may sometimes produce false negatives due to the prozone effect. This can be overcome by titrating the serum to a titre of 32 or higher.			
Recommended Action	**ACCEPT** The SMI (formerly NSM) has been amended to add this relevant information in the paragraph.		

Comment Number	2		
Date Received	03/11/2009	**Lab Name**	RSIL, MS (formerly CFI)
Section			
Comment			
a. Suggest adding throat swab SOP to list at end as culture of T/S for GAS is recommended in the text. b. Also Scarlet Fever is a statutorily notifiable infection so shouldn't that be mentioned too?			
Recommended Action	a. **ACCEPT** The SMI (formerly NSM) has been amended to add a hyperlink for B 9 - Investigation of Throat Swabs. b. **ACCEPT** The SMI (formerly NSM) has been amended to mention this information.		

Comment Number	3		
Date Received	14/10/2009	**Lab Name**	Imperial College
Section	Section 13 syphilis		
Comment			
I would like to suggest the following additions to the description which you might wish to include. The rash should be described as non-irritating. After the popular phase, a rupial phase may develop, sometimes seen in prolonged disease or in AIDS patients. The rash may			

be relapsing, lasts about six to eight weeks. I have seen patients misdiagnosed as an unusual second attack of measles. You may see a description in the current Oxford Textbook of Medicine. I realise this is only a guidance note but not a textbook so you may feel my comments are too detailed. If so I will not be offended if you disregard them. Incidentally dark grounds take about 5 minutes to perform, whereas PCR on acute lesions takes at least half a day and as they may well be batched probably done once a week at best. PCR has become popular in the UK, unlike abroad as most venereologists or their staff cannot perform dark ground examinations and microbiologist may well regard this as an outpatient procedure. [Yet another example of falling standards?] Just a mild comment suggesting further information which may be provided on the above standards.

Recommended Action	**ACCEPT** The SMI (formerly NSM) has been amended to include as a reference, the BASHH guidelines for the management of syphilis which describes the main feature and the diagnosis of syphilis. Dark ground examination is recommended although needs to be undertaken by experienced staff.

Comment Number	4		
Date Received	14/03/2007	**Lab Name**	Microbiology Dept, Wishaw General Hospital
Section			
Comment			
This is a thorough and extremely informative SOP on investigation of rash. One obvious omission is rash associated with meningococcal disease. Whilst this differential diagnosis is clinically based rather than laboratory, a short reference to the syndrome, along with perhaps a cross reference to the relevant SOP/s for septicaemia/ meningitis would complete an otherwise excellent reference document on investigation of rash.			
Recommended Action	**REJECT** The SMI (formerly NSM) has been amended to cover meningococcal disease under other area.		

Comment Number	5		
Date Received	14/03/2007	**Lab Name**	Dundee
Section			
Comment			
This seems internally contradictory. For example throat swabs are noted as 90% sensitive by PCR then oral fluid samples are indicated as the favoured sample. The section could do with a clear list from CoI of the preferred samples and tests at each stage of the illness. The detail on culture of measles is inadequate. Preferred cell lines			

are not stated. The utility of widely available cell lines such as Hep2 and PLC is not stated. Details of which red cells do and do not haemadsorb should be given. The age range of confirmed cases of measles in UK in recent years would be a useful fact to include, there is a widespread belief that measles need not be considered in the first year of life, but there have been many cases confirmed in infants in recent years. Appearance of positive NPA samples done by IF would be useful, ie where in the cell is fluorescence typically seen.	
Recommended Action	**REJECT** The details on culture of measles will not be added to the document but could be found in the various cited references.