



Anaerobic Microbiology

and

NEQAS

A Participant's Experience

David Smith

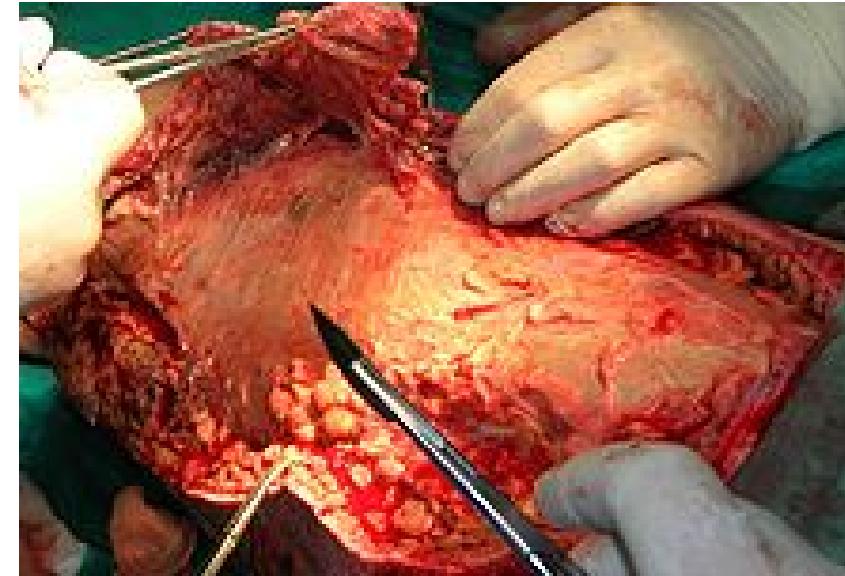
Senior Biomedical Scientist

Colchester Hospital University 
NHS Foundation Trust

Necrotising Fasciitis

March 2010

54 year old female
Presented with necrotising
fasciitis



http://commons.wikimedia.org/wiki/Main_Page

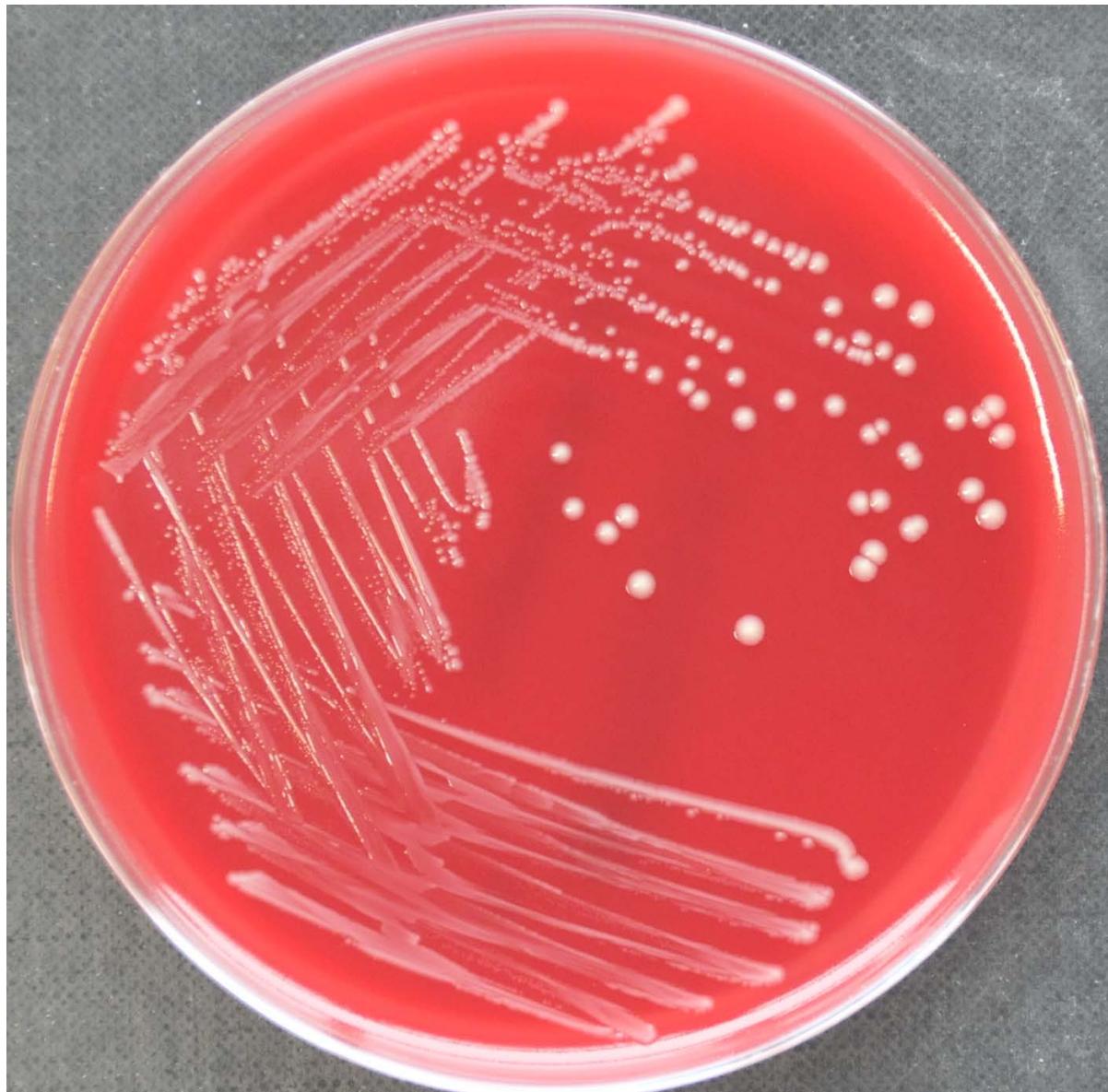
Infection started in the groin, ascending over the front of the abdomen

Debridement (anterior abdomen) resulted in extensive loss of skin, subcutaneous tissue and muscle

The Isolates



The Isolates



The Isolates



The Isolates



Bacteroides fragilis



Peptostreptococcus anaerobius



Actinomyces turicensis



What is NEQAS to a Microbiologist

- Allows an assessment of standards
- A teaching tool
- A catalyst for change



Reporting of Anaerobes: Pre August 2009

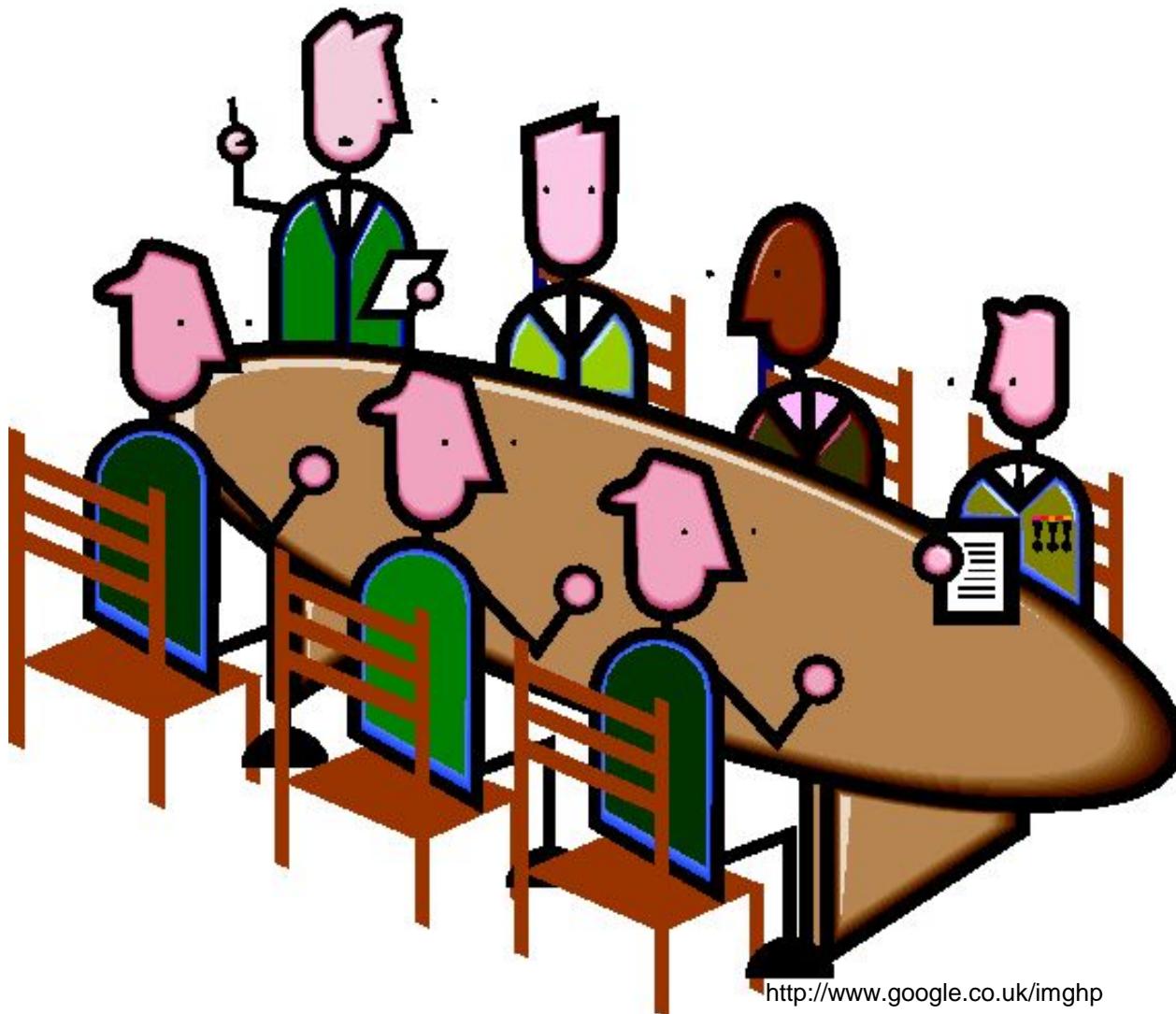
Mixed Non-Sporing Anaerobes

Clostridium species

Bacteroides fragilis

NEQAS RESULTS?

Identification and Reporting: The Decision





Practical Anaerobic Microbiology Course, Cardiff

Run By:

Prof. Mike Wren, UCH, London

Dr. John Brazier, Anaerobic Reference Laboratory,
Cardiff

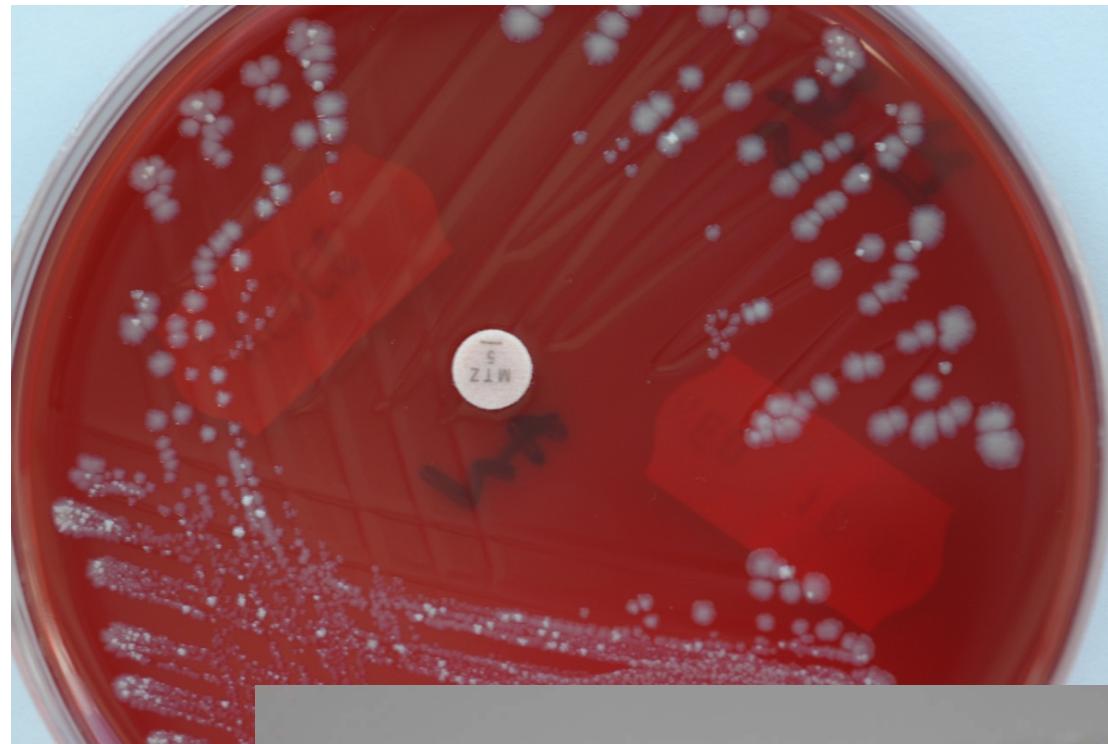
Dr. Val Hall, Anaerobic Reference Laboratory,
Cardiff

Course Aims:

- To improve standards of anaerobic microbiology in clinical laboratories
- To promote an understanding and awareness of anaerobic bacteria in clinical material

Changes

- Media



- Identification Methods



Media

- Fastidious Anaerobe Agar (FAA) to replace Columbia Blood Agar



Columbia Blood Agar 48hrs



Fastidious Anaerobe Agar 48hrs

Bacteroides fragilis



Media

- FAA supplemented with Nalidixic Acid and Tween
- Good for –
 - Anaerobic Gram negative rods
 - Gram positive anaerobic cocci
 - Non sporing Gram positive bacilli
- Not so good for –
 - Clostridia



Media

- FAA supplemented with Neomycin
- Good for –
 - Clostridia
 - Most anaerobic Gram negative rods
- Not so good for –
 - Fusobacteria
 - Gram positive anaerobic cocci
 - Non sporing Gram positive bacilli



Identification Methods

- Changed from reliance solely on commercial kit ...
(Remel RapID ana II system)

To

- Simple tests (plus commercial kit, if required)
 - Colonial Appearance
 - Cellular Morphology
 - Smell
 - Mast Ring
 - UV Fluorescence (365nm)
 - Spot Indole
 - Lethicinase / Lipase production
 - Bile Tolerance

Standard Operating Procedure

6.13 Examination and Interpretation.

<u>Gram Negative Rods</u>	MTZ S/R	Bile Tolerance	UV Fluorescence	Mast ring							Spot Indole	Lethicinase / Lipase
				E	RP	CO	PG	K	VA			
<i>Bacteroides</i>	S	Tolerant	None	/	/	/	R	R	R	Neg	No	
<i>Porphyromonas</i>	S	Intolerant	Red	/	/	/	S	R	S	POS	No	
<i>Prevotella</i>	S	Intolerant	Red / None ¹	/	/	/	S ²	R	R	Neg ³	No	
<i>Fusobacterium necrophorum</i>	S	Intolerant	Green/Yellow	/	/	/	S	S	R	POS	Lipase	
<i>Fusobacterium nucleatum</i>	S	Intolerant	Green/Yellow	/	/	/	S	S	R	POS	No	
Other Fusobacteria	S	Variable	Green/Yellow	/	/	/	S	S	R	Variable	No	

/ Results of these not helpful in identification

¹ Those that form pigment tend to fluoresce

² Majority of species sensitive

³ Majority negative



The Results of Change

- More anaerobes grow
- It is easier to see anaerobic growth on new media
- More confidence in identification
- Increased confidence in BMS staff
- Targeted treatment
- More *Actinomyces* ...

More *Actinomyces* ...

Isolate	2005 - 2006	2007 - 2008	2009 - 2010	2011
Total <i>Actinomyces</i>	1	2	10	7
<i>Actinomyces</i> spp.	1	2	2	1
<i>A. europaeus</i>	-	-	1	1
<i>A. gerencseriae</i>	-	-	2	1
<i>A. meyeri</i>	-	-	1	-
<i>A. naeslundii</i>	-	-	1	-
<i>A. odontolyticus</i>	-	-	1	-
<i>A. turicensis</i>	-	-	1	1
<i>Scardovia</i> spp.	-	-	1	-
<i>B. dentium</i>	-	-	-	2
<i>V. cambriense</i>	-	-	-	1

Actinomyces gerencseriae

Subphrenic abscess (4 Days incubation)



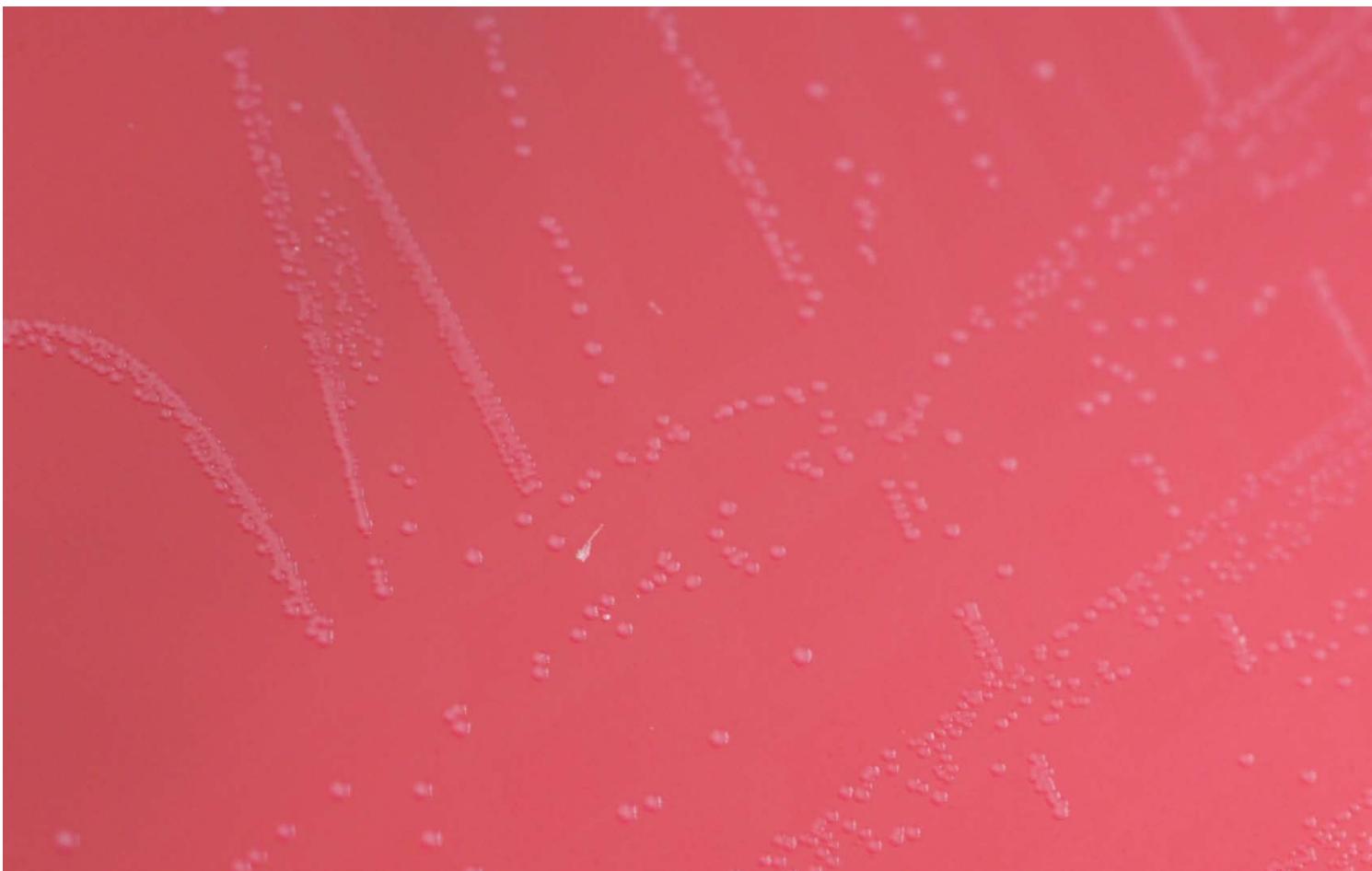
Actinomyces naeslundii

Hip abscess following THR (48 hours incubation)



Actinomyces turicensis

Necrotising fasciitis (72 hours incubation)





In Conclusion

- Involvement in NEQAS has had a direct impact on anaerobic culture and identification techniques
- More anaerobes are being grown
- Identification has improved
- Increased confidence in staff
- Improved quality of treatment