

Anaerobic Microbiology and NEQAS

A Participant's Experience

David Smith

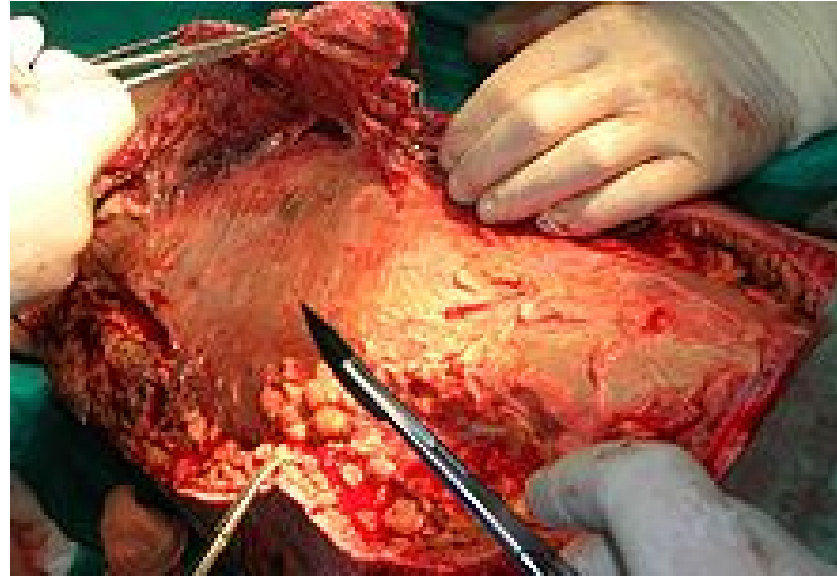
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Necrotising Fasciitis

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

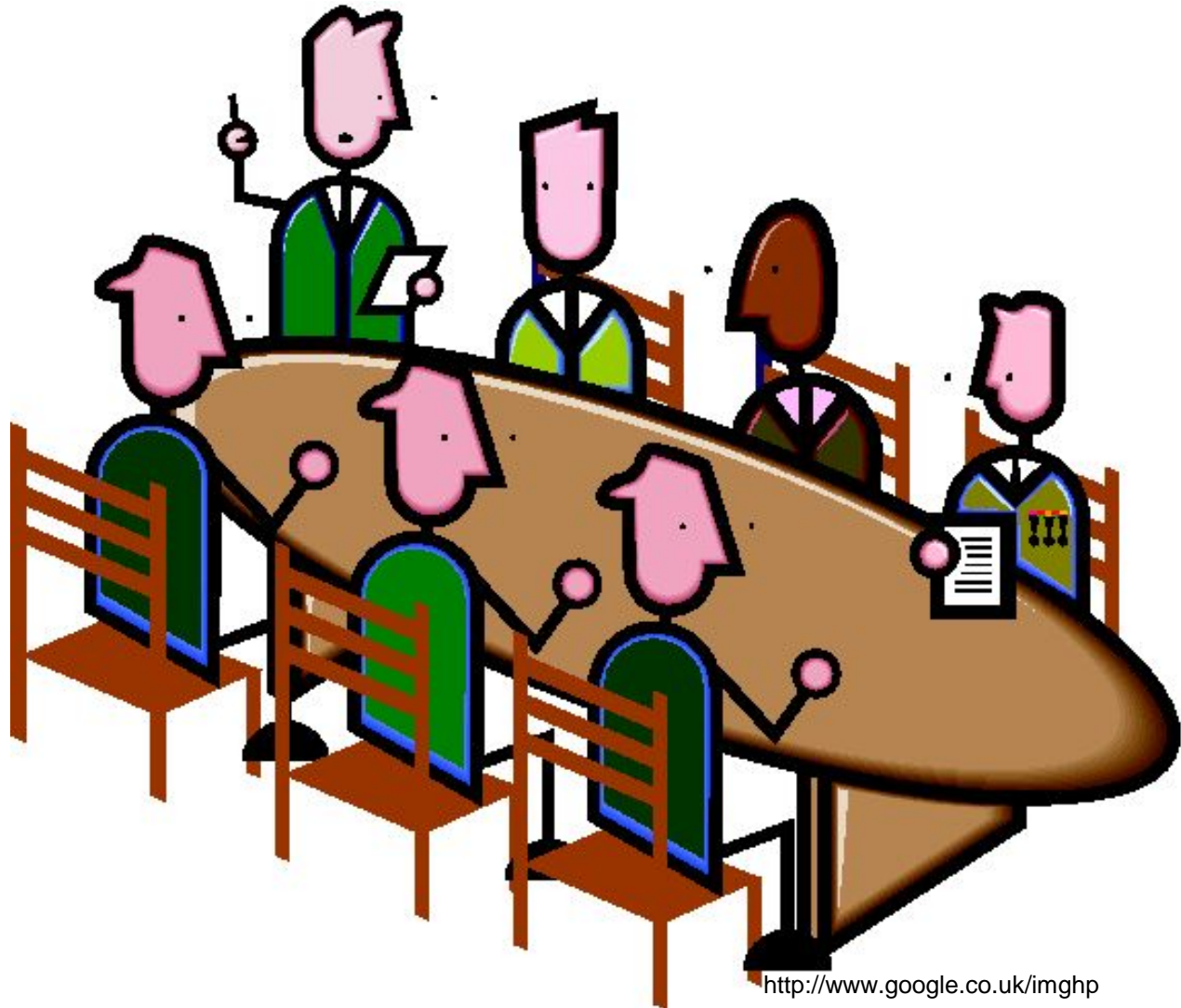
Mixed Non-Sporing Anaerobes

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

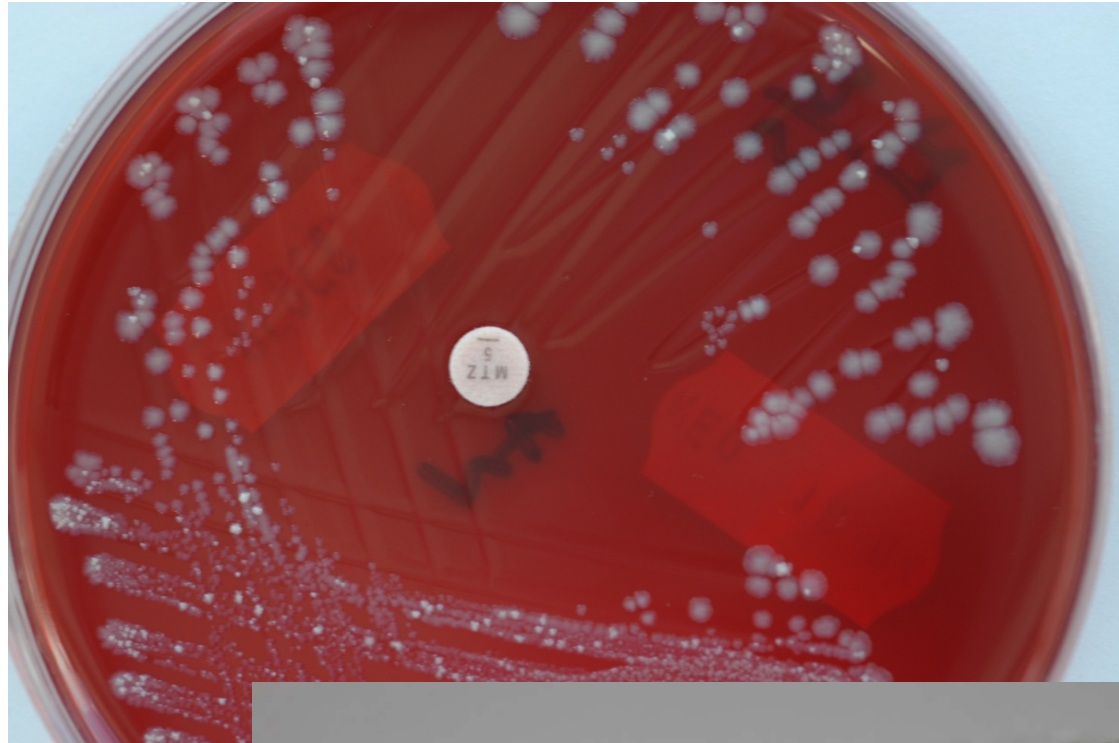
Dr. Val Hall, Anaerobic Reference Laboratory,
Cardiff

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

Colchester Hospital University



NHS Foundation Trust

Microbiology

Version no. 1.3

Identification of Anaerobes

Document Type: SOP

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B0073

6.13 Examination and Interpretation.

				Mast ring							
<u>Gram Negative Rods</u>	MTZ S/R	Bile Tolerance	UV Fluorescence	E	RP	CO	PG	K	VA	Spot Indole	Lethicinas / Lipase
<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 grown
- 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 Actinomyces	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)



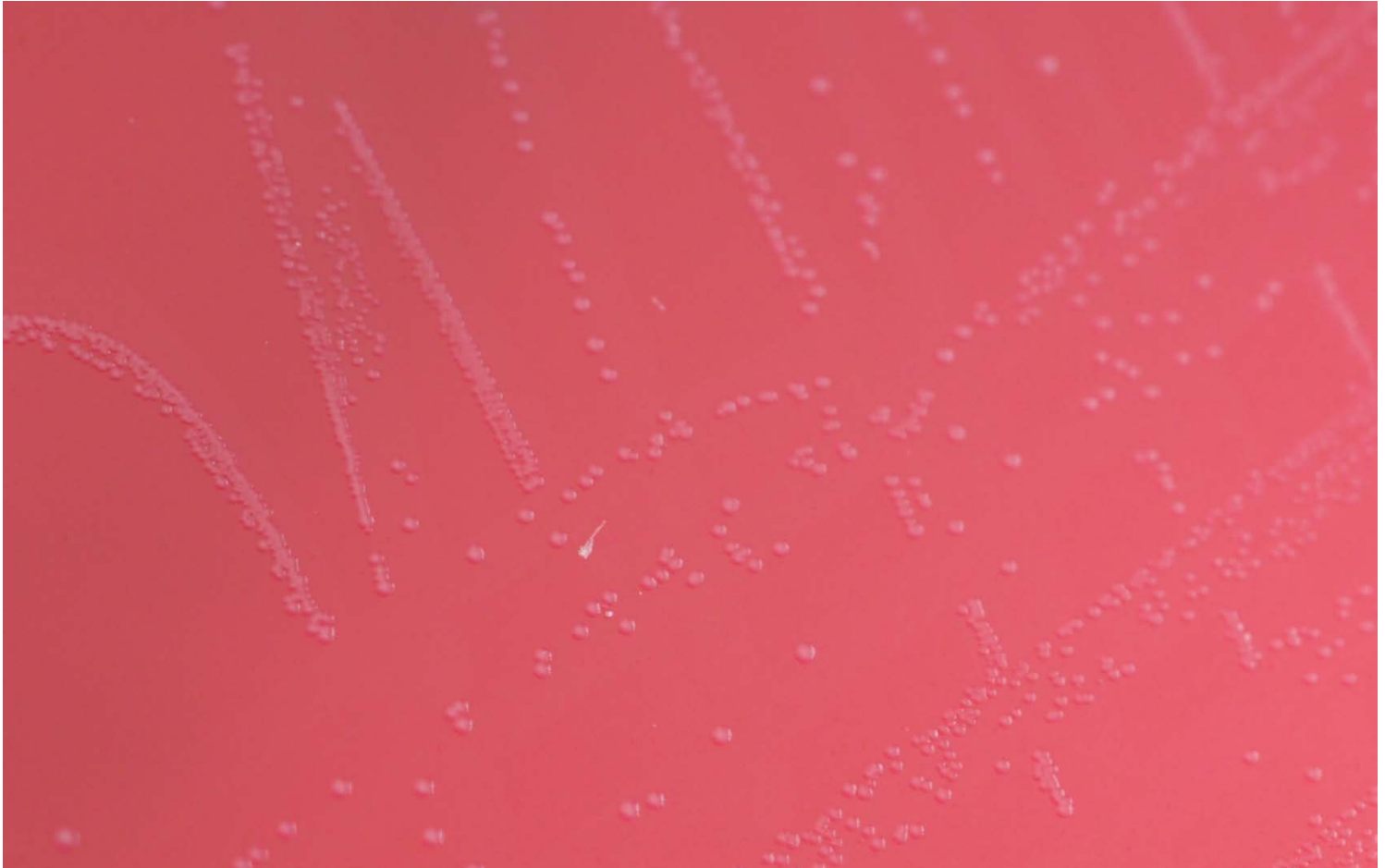
Actinomyces naeslundii

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