

Dear colleagues,

I am writing to clarify the situation regarding the processing of microbiology specimens at West Suffolk Hospital, as there appears to be some confusion about what testing is available.

Back in April we were instructed by NHS England and NHS Improvement and the relevant pathology associations to provide a limited repertoire of microbiology tests. This was to allow prioritisation of Covid-19 specimens. As it happened, due to a reduction in the number of tests taking place at that time, we were able to process most specimens.

However, as a result of a recent rise in the number of specimens being received, and the ever-increasing number of Covid-19 tests being processed, the laboratory no longer has the capacity to continue processing all specimens.

By way of clarification, please see **below** a revised version of the information, including some changes which we have made locally in response to specific concerns from colleagues, including genital specimens and urine samples from pregnant patients and those in whom urological malignancy is suspected.

I would ask that wherever possible you give empirical treatment for suspected infections, guided by local and national guidance (eg NICE, PHE and the Suffolk CCGs antibiotic formulary). If this treatment fails, please send us the appropriate specimens, but make it clear on the request form that it is a case of treatment failure.

It is crucial that the relevant clinical information is provided with testing requests to allow us to identify those specimens that require processing. Samples without appropriate clinical information on the request form will be rejected. We are of course happy to discuss cases with you where this would be helpful, either to identify the appropriate empirical treatment or agreeing that sampling is indicated.

I would emphasise that this is not something which we have implemented lightly, as we realise that it will in some cases influence your management of patients. This significant change to normal practice is being made out of necessity, and in line with national guidance. I apologise also that the turnaround time for results may be longer than you are used to.

Thank you for your co-operation and understanding in these challenging times.

Rebecca Tilley,

WSFT.

SAMPLE TYPE	CHANGES TO ROUTINE PROCESSING FOR PRIMARY CARE SAMPLES
URINE	<p>Urines (from non-pregnant patients) that are macroscopically clear should not be sent routinely and will be rejected without processing. Urines from pregnant patients will be processed.</p> <p>We will continue to process samples from pre-operative renal stone and pre-operative bladder tumour patients, as well as those in whom urological malignancy is suspected (please specify this on the request form).</p> <p>Dipstick testing of samples where there is an indwelling catheter or where the patient does not have UTI symptoms is not recommended.</p> <p>Please refer to the various NICE urinary tract guidelines: https://www.nice.org.uk/guidance/conditions-and-diseases/urological-conditions/urinary-tract-infection/products?ProductType=Guidance&Status=Published</p>
WOUND SWABS	Please try and reduce the numbers sent for processing. Consider prioritising those who have not responded to empirical treatment.
GENITAL SWABS	All genital swabs will be processed. Chlamydia testing will continue.
FAECES	Routine culture of non-bloody faecal samples will <i>not</i> be performed. C. difficile testing will continue where this is clinically indicated.
HELICOBACTER PYLORI FAECAL ANTIGEN TESTING	<i>Not</i> currently available
SPUTUM	Only purulent samples will be processed. Mycobacterial culture to continue as normal.
SEROLOGY	Continues with the exception of atypical respiratory serology.
MYCOLOGY (e.g. skin scrapings, nails and hair for dermatophyte culture)	<i>Not</i> currently available