Report of the meeting of the WG Microbiology Amsterdam 07-06-07

Participants

Present: E. Burg, A. Déom, W. Geilenkeuser, S. Heller, K. Horvath, V. James, I. Khaidukova, L. Maselli, E. Sarkany, K. Vernelen, C. Walton
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Agenda

1. Discussion of the results of the Questionnaire on post error contact 2006-07
2. Other points

Report of the meeting

Organisation of the schemes within the different organisations

The meeting started with an overview of the answers regarding the 2007 questionnaire on post-error contact that were send to the conveyor of the Working group.
The number of answers being rather limited, the participants who were present at the meeting discussed not only post error contact but also the schemes within their different organisations.

Instand (Germany)

Different schemes exist: a scheme for urologists (2/yr) and a scheme for the more sophisticated laboratories (3/yr).
Participation is not mandatory; there is no interference by NAB/NLB/MoH
Equipment and IVD are regulated by the ministry.

Centre for External Control (Russia)

Schemes exists from 1996
Participation is not mandatory. Participants send their results to the EQA-organizer. Samples are lyophilized and send out by regular mail.

Eqal asocicion de Guatemala

There about 200 laboratories of which about 65% send in their answers.
Participation is not mandatory; for public institutions, participation is recommended.
Reports from the organizer include commentaries.

AFSSAPS (France)

Participation is mandatory (number of laboratories: 4000). There is no direct post-error contact with laboratories.

However in certain domains of microbiology, errors are transferred to a commission of the Ministry of health. For some specific parameters (e.g. toxoplasma-serology, P. falciparum, HIV, HCV) false results are transferred anonymously to this commission, which decides on the "severity of falseness"; if a false result is considered to be very severe, the name of the laboratory in question is passed on to the Ministry of Health, which then will inspect the laboratory (as a whole); after this evaluation, laboratories have to correct; in very severe cases a laboratory can be closed for a certain time and needs to prove they have solved the problems before re-opening.

UK Neqas (United Kingdom)

Participation is mandatory in **an** EQA scheme for accreditation (this needn't necessarily be UK Neqas, any scheme of EQA will do).
Underperforming laboratories are contacted; there results are discussed anonymously in a panel; in a further phase, the name of the laboratory can be transferred and eventually a mixed meeting can be organized.

Qualicont (Hungary)

Participation is not mandatory but recommended. Evaluation of the results includes commentaries from experts. Laboratories that continuously perform badly can be contacted by the expert, but only in order to help the laboratory.

IPH (Belgium)

Schemes in microbiology include surveys in bacteriology, parasitology and infectious serology. Serology samples are lyophilized (except for HIV) and of single donor origin; parasitology samples can be faeces or bloodsmears; bacteriological samples are either lyophilized or simulated clinical samples. There are 3 surveys per year (bacteriology: 4-5 samples for identification, with 1-3 for antibiogram; parasitology: 2 samples; serology: number of samples depends on parameter and availability of samples).
Participation is mandatory to be licensed (licensing is mandatory in Belgium; accreditation is not mandatory; the number of accreditated laboratories is however increasing).
Incorrect results that could have a major clinical impact if they would occur with routine samples are transferred o the NLB; the NLB contacts the laboratories in order to ask for analysis of the problem, corrective and preventive measures. Laboratories are however not penalized as such for incorrect results (they are not closed); this allows for a good compliance by the laboratories.

Guidelines for post error contact

The replies to the questionnaire will be annexed to this report. The major conclusion from these replies is that since the legislation in each country is very different, it is not possible to draw up European or international "guidelines" for post error contact. Newly starting

organizations will need to examine first their national legislation (they can of course contact other organizations to obtain ideas).

Attitude towards replying of important antibiotics

The question was raised whether it could be considered mandatory for laboratories to reply "important" antibiotics for a given micro-organisms in EQA surveys. The major problem is however that each hospital/laboratory may use and test its own set of antibiotics. They can't be obliged to test and report certain antibiotics only for EQA.

Use of reference material

The issue of reference material was raised. It seems no organization uses reference material as such. Most organizations have however a control of their samples by a (group of) expert(s).

Courses on EQA

In most countries there are no courses in EQA.
UK Neqas organizes user's days to which anyone is allowed to participate. The persons in charge of these days will transfer the date of the 2007 User's day to all members of the Working group

EUCAST

Eucast developed clinical breakpoints, which are based on existing national breakpoint committees in Europe (France, Germany, Netherlands, Norway, Sweden and the UK).

Kris Vernelen, conveyor WG microbiology.

N.B. Abbreviations:

NAB: National Accreditation Body
NLB: National Licensing Body
MoH: Ministry of Health