

# UK NEQAS

International Quality Expertise

## UK NEQAS

# Benefits of an EQA Performance in the Last Decade

Shila Seaton

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# The United Kingdom National External Quality Assessment Service

- ▶ Mycology scheme introduced in 1986
- ▶ Need for an EQA with the increasing number of laboratories providing a service for isolation and identification
- ▶ Antifungal susceptibility scheme introduced in 2005 (pilot) for assessing susceptibilities against the most common antifungal agents.

# Benefits

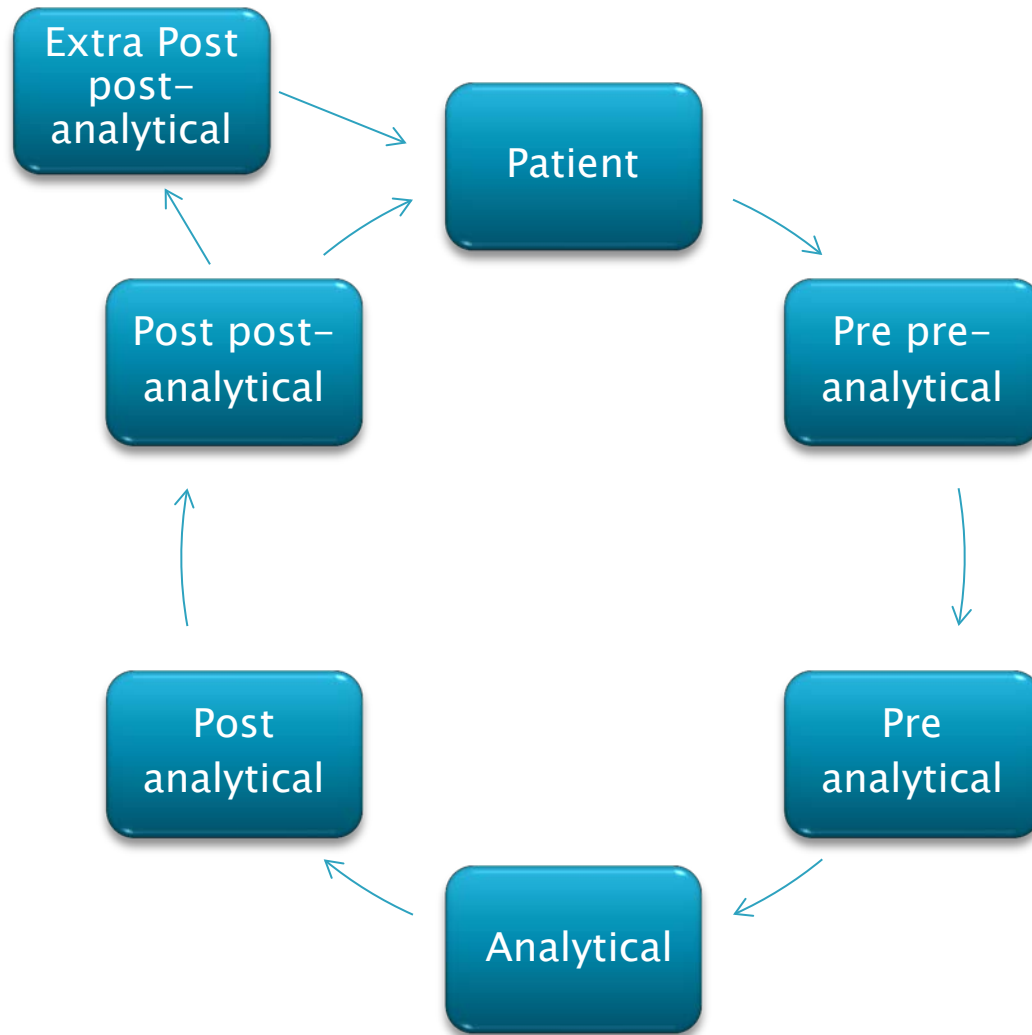
Mycology EQA scheme provides participants with the opportunities:

- ▶ To assess their performance with culture and identification for a variety of clinically significant fungi from superficial and deep infections.
- ▶ An educational aspect, allowing participants to gain experience with genera and species of fungi less commonly encountered in their laboratory.
- ▶ For inter laboratory assessment
- ▶ To learn from any failures, whilst correct results demonstrate that suitable methods and techniques are being employed.
- ▶ Highlight areas in need of improvement

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# Total Testing Process



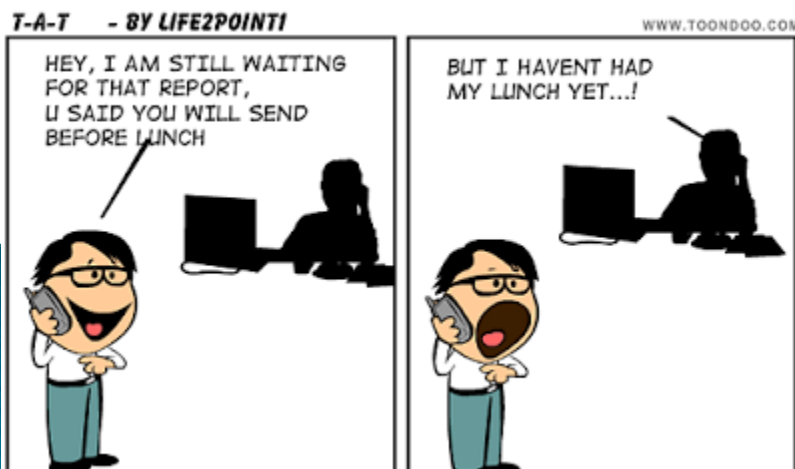
# Analytical errors



- ▶ Sample mix up
- ▶ Inappropriate tests carried out
- ▶ Diagnostic tests performed incorrectly
- ▶ Automation failure
- ▶ Mis-identification of the intended organism
- ▶ Report the contaminant(s)

# Post analytical errors

1. Post analytical data entry error—**transcription error**
2. Turn around times– **date results entered onto the web**
3. Clinician or other provider fails to retrieve test result –**non return**
4. Failure to communicate critical value
5. Provider misinterprets lab result
6. Misinterpretation of results
7. Oral miscommunication of results



# Performance



# 2004–2014

- ▶ 120 fungal isolates were dispatched as panels of four specimens, distributed three times per year.
- ▶ Specimens encompassed over 50 species of filamentous fungi and >15 species of yeasts.
- ▶ Isolates included the most common dermatophytes, non-dermatophytes, opportunistic moulds and emerging pathogens

# Results

- ▶ Data sets (ranging from 413 participants in 2002 to 389 in 2014), (UK labs from 151 in 2002 to 160 in 2014) of results entered by participants were analysed.
- ▶ Results showed a range of outcomes from good performance for fungal identification:
- ▶ Dependant on the genus and species of fungus distributed
- ▶ Significant mis-identifications of some fungi

# Dermatophytes

Organism ID	Year	Distribution number	Correct identity	Incorrect species	Incorrect genus	No. of participants
			( %)	(%)	(%)	
<i>Epidermophyton floccosum</i>	2008	2370	50	-	19	395
	2010	2588	86	-	12	372
	2012	3132	92	-	6.8	399
<i>Trichophyton rubrum</i>	2004	1765	81	9.6	3.1	324
	2007	2223	80	13.3	2.9	407
	2010	2656	74*	21.6	1.5	408
	2010	2703	84	11.1	3	405
	2013	3253	77**	12	2.2	401
	2014	3577	89.3	5.6	0.5	391
<i>Trichophyton mentagrophytes / interdigitale</i>	2004	1806	89	6.7	3.2	401
	2007	2133	54	32.5	5.9	422
	2012	3017	78	13.3	5.1	392
	2013	3309	91	5.9	2.5	407
	2014	3577	60*	29.9	2.9	388
<i>Trichophyton tonsurans</i>	2002	1581	69	29.2	2.2	368
	2005	1943	76	21	2	412
	2009	2414	70	25.7	3.1	416
	2012	3017	84	13.7	2.8	393

# *Trichophyton rubrum*

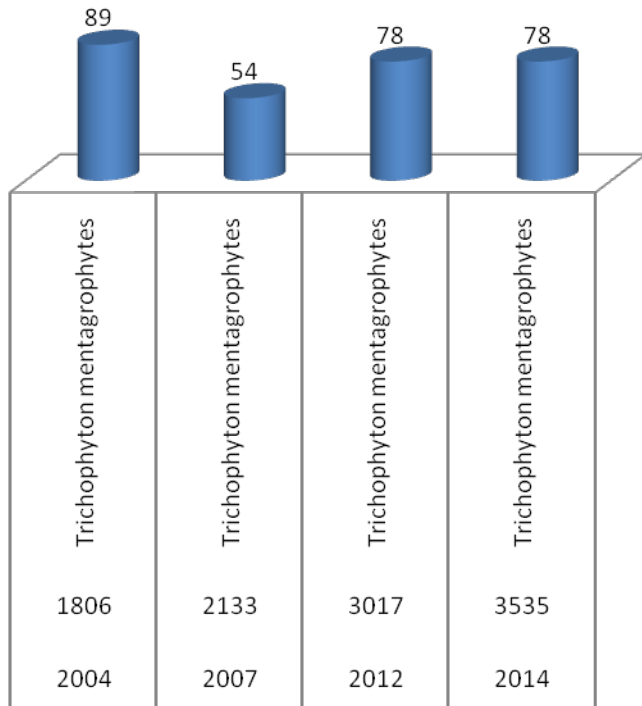
UK labs						
Organism ID	Year	Distribution number	Correct identity	Incorrect species	Incorrect genus	No. of participants
			( %)	(%)	(%)	
<i>Trichophyton rubrum</i>	2004	1765	85.7	8.6	1.7	175
	2007	2223	91.1	7.9	0	190
	2010	2656	74*	23.5	1.1	183
	2010	2703	93.9	4.4	0.6	181
	2011	2902	84	11.1	0.6	171
	2013	3253	86.1*	10.1	1.9	159
	2014	3577	97.5	2	0.5	151

# Variants

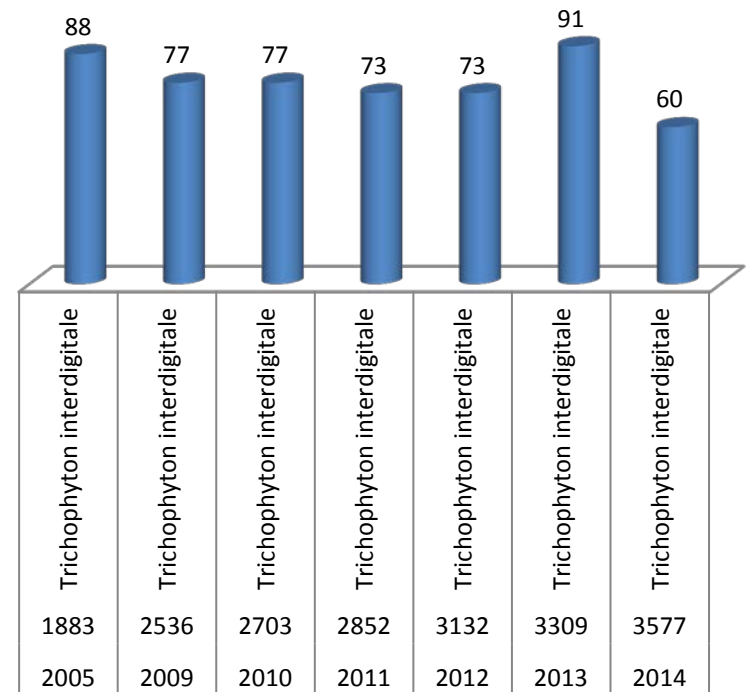
- ▶ A melanin producing *T. rubrum* strain was distributed in 2010 and characterisation of this variant proved difficult for some participants, resulting in only 74% of laboratories reporting the correct result
- ▶ Granular form of *T. rubrum* in 2013 resulted in 77% by all labs but 86% by UK labs.
- ▶ Nodular variant of *T. interdigitale* distributed in the most recent distribution resulting in 60% correct identification

# *T. interdigitale/mentagrophytes*

***T. mentagrophytes*/ % correct ID**



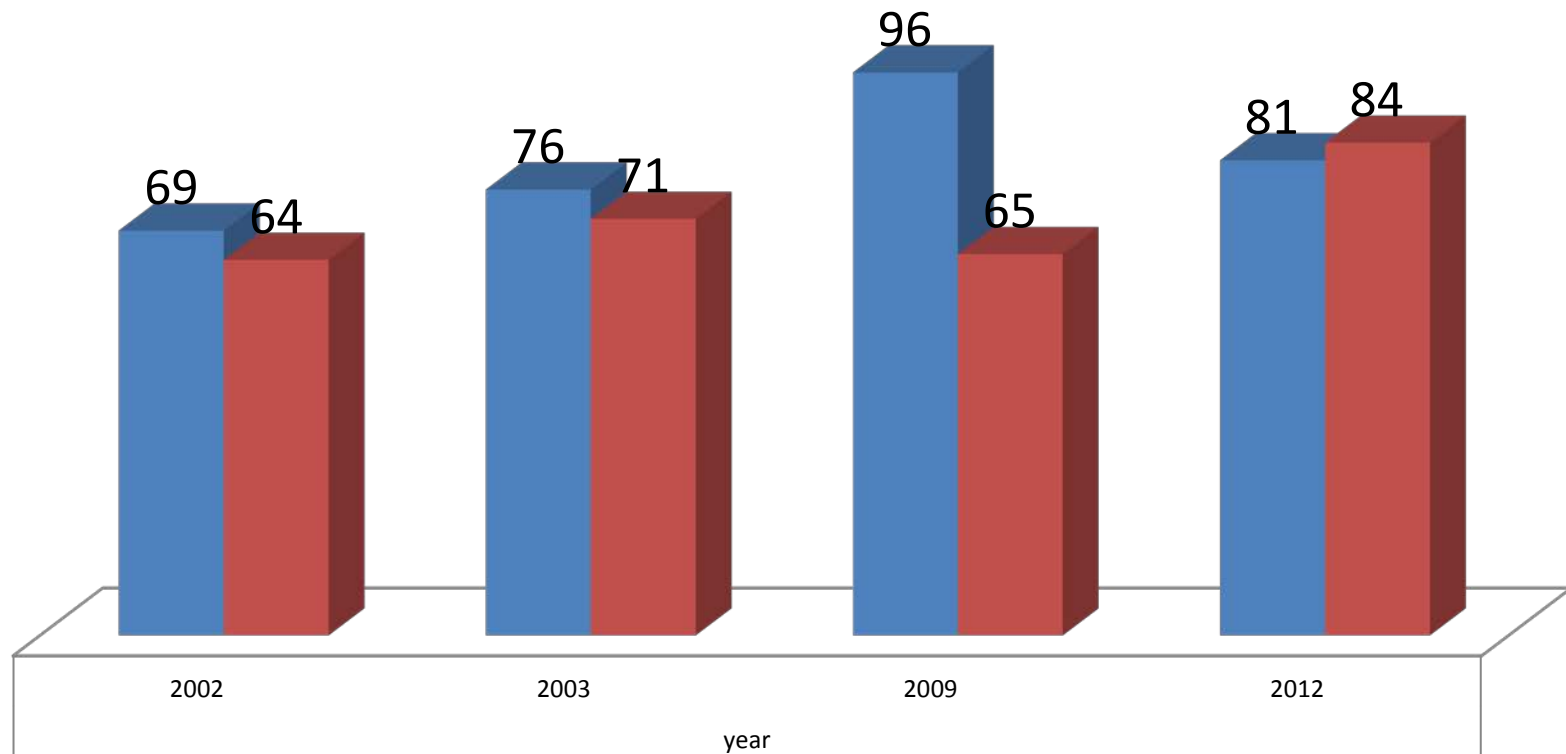
***T. interdigitale*/ %correct ID**



# *Trichophyton tonsurans*

## ***T. tonsurans*/ % correct ID**

■ *T. tonsurans* Genus ■ *T. tonsurans* Species



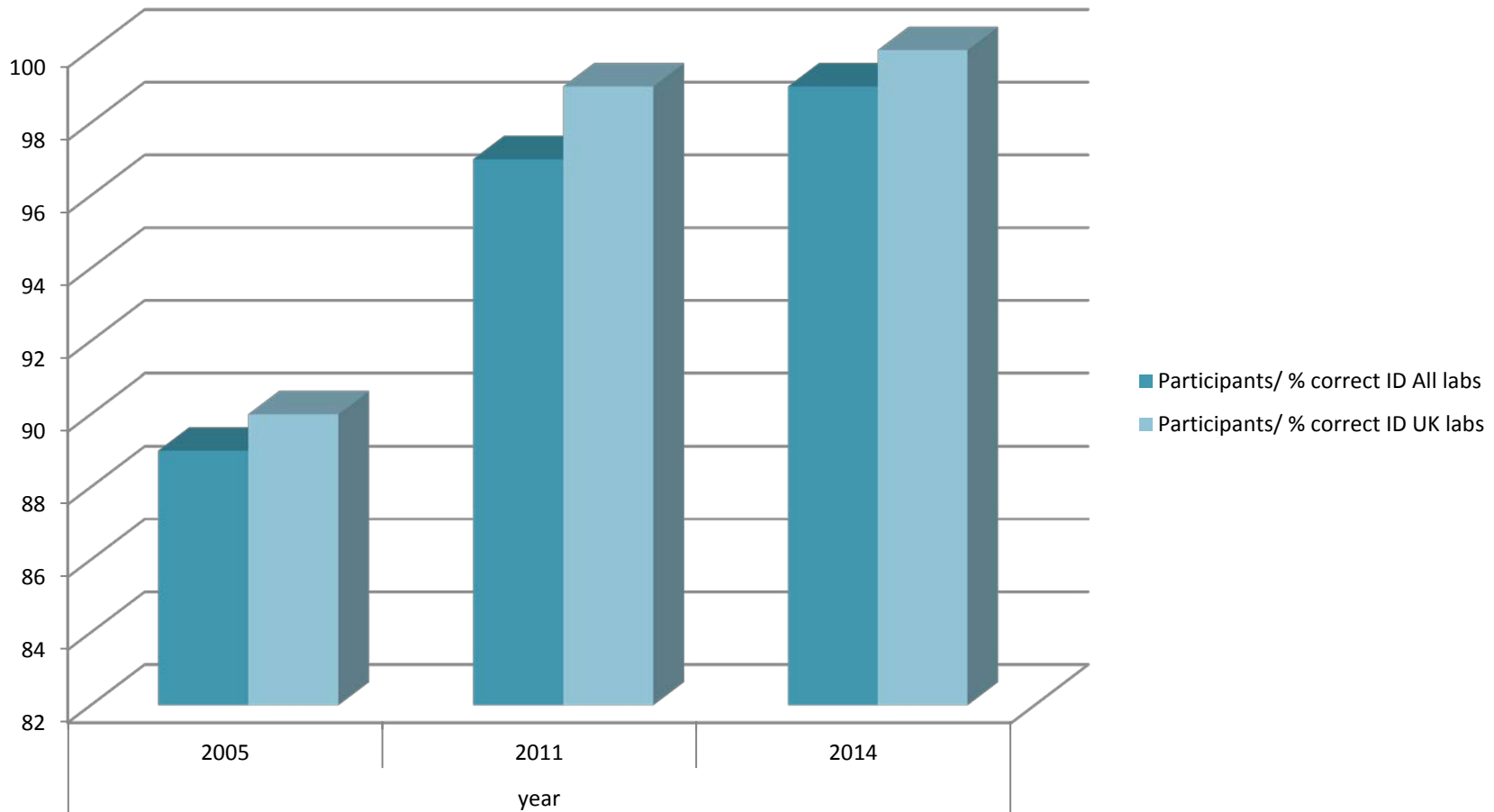


# *Microsporum* species

Organism ID	Year	Distribution number	Correct identity	Incorrect species	Incorrect genus	No. of participants
			( %)	(%)	(%)	
<i>Microsporum canis</i>	2002	1558	85	6.9	7.2	349
	2008	2275	87	5.4	5.2	405
	2011	2757	71	6.3	20.7	416
	2012	2957	82	6.3	20.7	416
<i>Microsporum gypseum</i>	2004	1806	83	8	7	400
	2009	2488	72	10.4	11.6	413
	2013	3253	93.4	2.8	2.5	393

# Non dermatophytes

# *Scopulariopsis brevicaulis*



# Opportunistic moulds

# Opportunistic moulds

- ▶ Aspergillus species cause a range of infections: superficial infections to deep seated infections
- ▶ Onychomycosis to invasive Aspergillus disease
- ▶ Why distribute Aspergillus species so frequently?
- ▶ Need to be able to differentiate between the species for appropriate diagnosis and antifungal treatment

Table 1. *Aspergillus* species distributed over the 10 year period

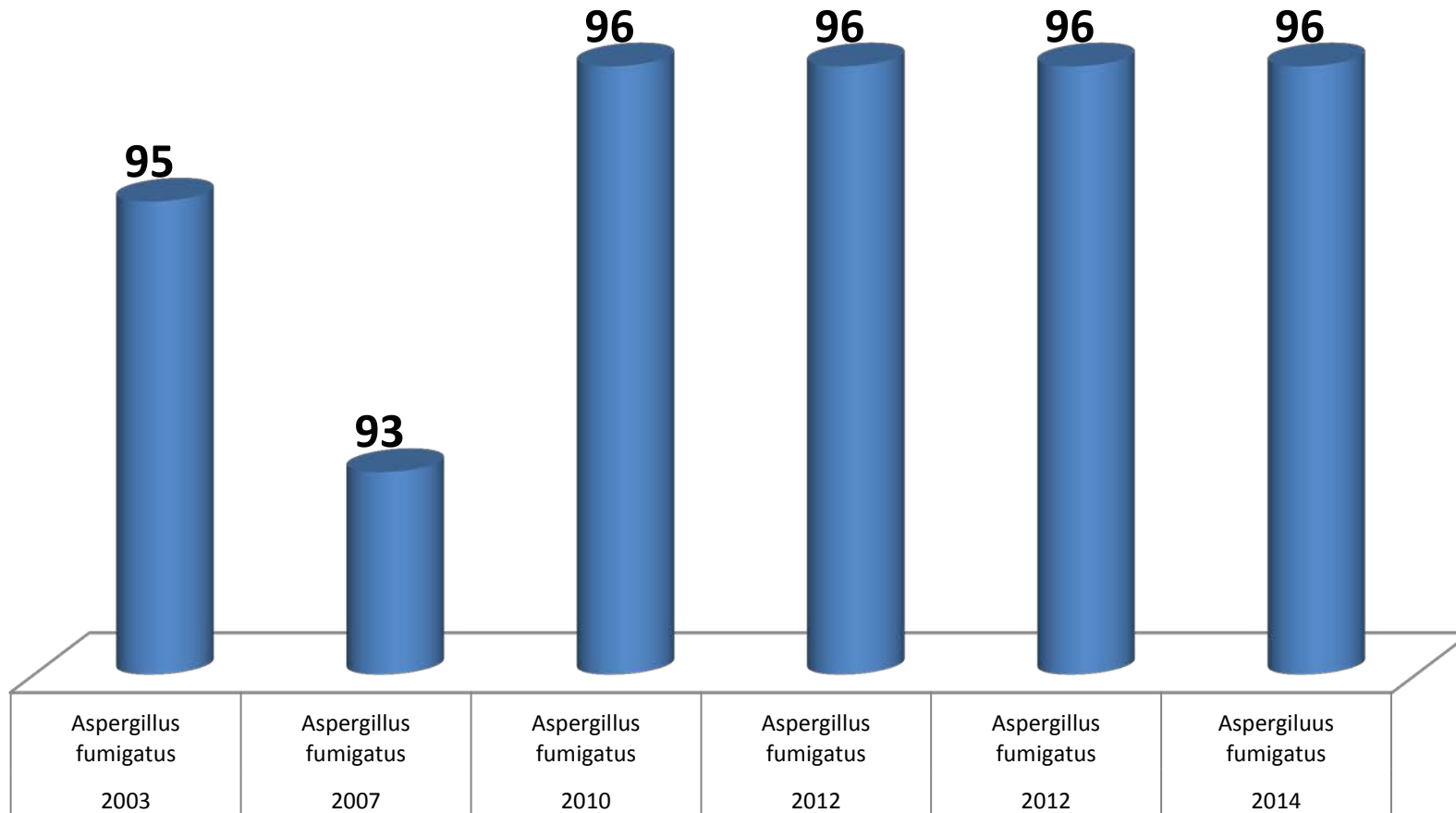
Intended organism <i>Aspergillus</i> species complex	Year of distribution	Distribution Number	Correct identity report (%)	Incorrect species (%)	Incorrect genus (%)	No. of participants
<i>Aspergillus fumigatus</i>	2003	1609	95	3.3	-	392
	2007	2133	93	4.7	1.3	429
	2010	2588	96	2.1	0.5	429
	2012	2957	96	2.2	1.0	410
	2012	3132	96	2.0	1.0	403
<i>Aspergillus flavus</i>	2003	1655	89	7.7	0.8	388
	2007	2185	87	10.4	-	402
	2011	2852	86	10	0.7	408
<i>Aspergillus terreus</i>	2002	1558	86	9.5	0.9	349
	2011	2757	92	3.1	0.9	422
<i>Aspergillus versicolor</i>	2002	1581	79	16	4	369
	2008	2275	76	16	8	406
	2009	2488	68	8	22*	412
	2012	3017	86	9	5	392
<i>Aspergillus niger</i>	2008	2370	99	0.2	0.2	415
	2013	3253	99	0.2	0.2	413

# Less common *Aspergillus* species

Organism ID	Year	Distribution number	Correct identity	Incorrect species	Incorrect genus	No. of participants
			( %)	(%)	(%)	
<i>Aspergillus nidulans</i>	2006	2085	73	24.2	2.7	409
	2011	2902	79	19	1.9	411
<i>Aspergillus clavatus</i>	2004	1765	86	9.8	1.3	389
<i>Aspergillus glaucus</i>	2006	1986	66	26.8	2.5	406
	2010	2703	78	20	4.2	413
<i>Aspergillus candidus</i>	2010	2656	96	6.1	6.6	408
	2015	3535	94	4.3	2	397

# *Aspergillus fumigatus* species complex

*A. fumigatus* species complex/% correct ID





# Microscopy



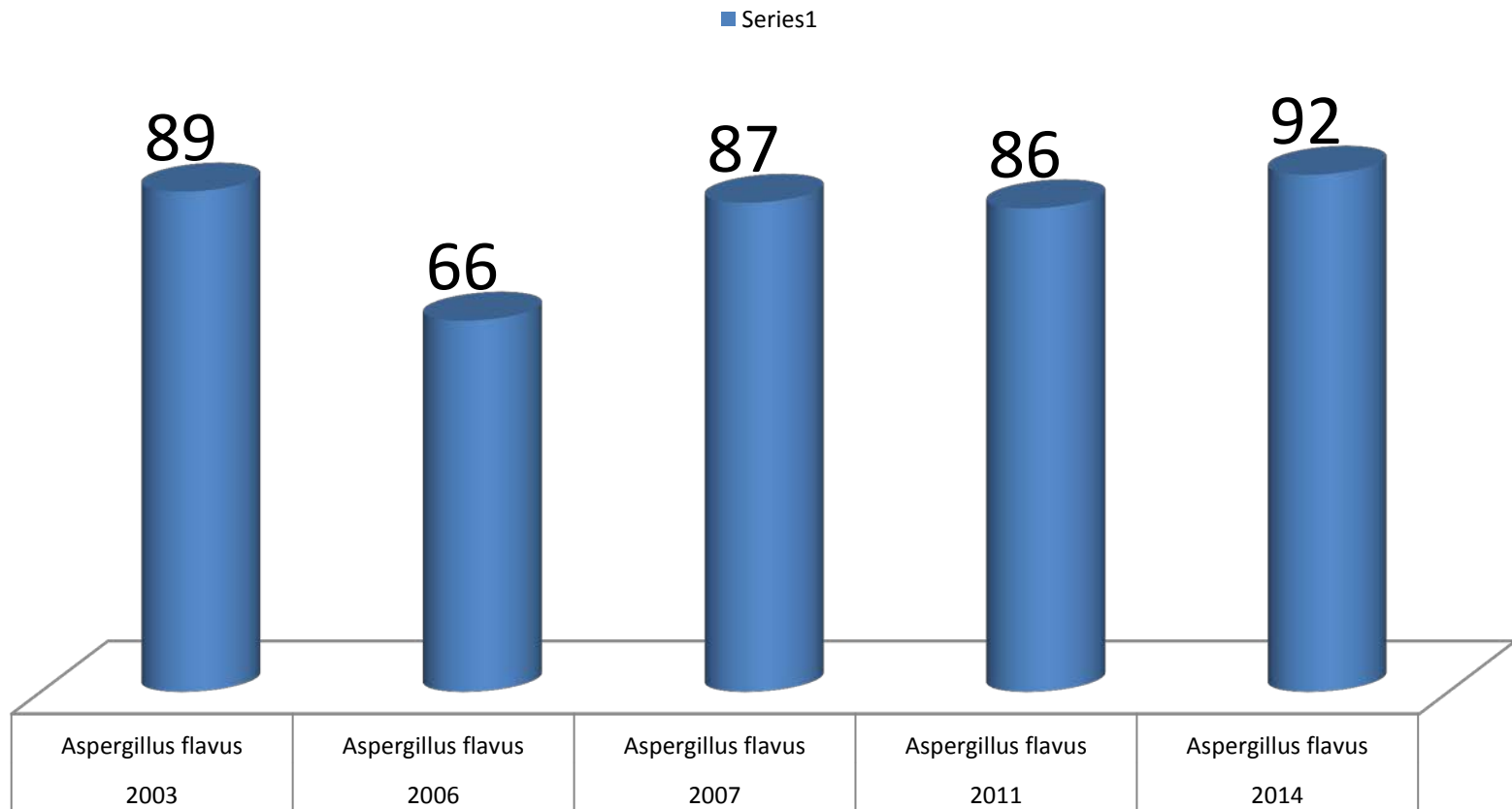
*Aspergillus flavus*  
species complex



*Aspergillus fumigatus*  
species complex

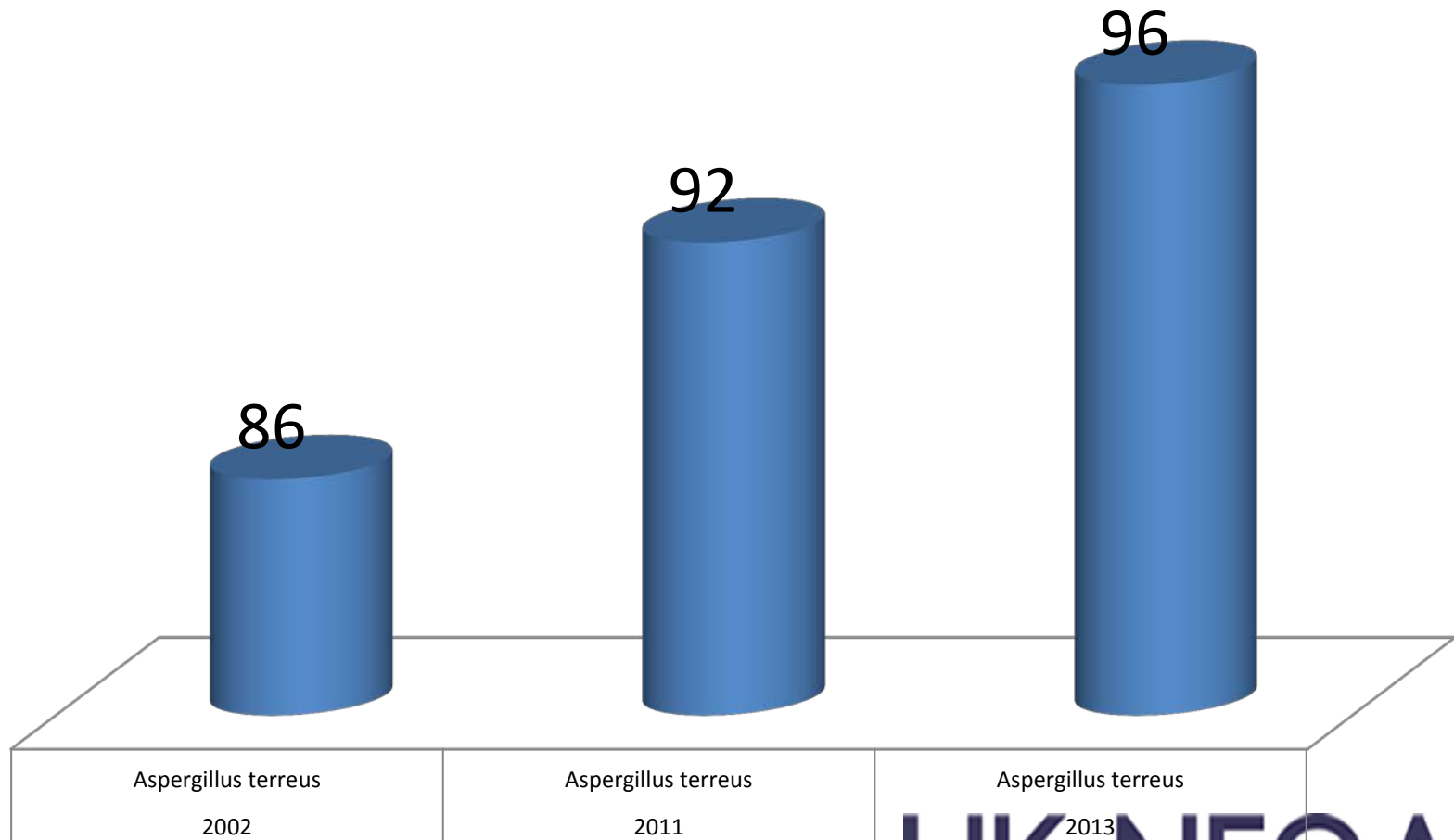
# *Aspergillus flavus* species complex

**A. *Flavus* species complex /% correct Id**



# *Aspergillus terreus* species complex

*Aspergillus terreus* species complex /% correct ID



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# Phenotype –Microscopy

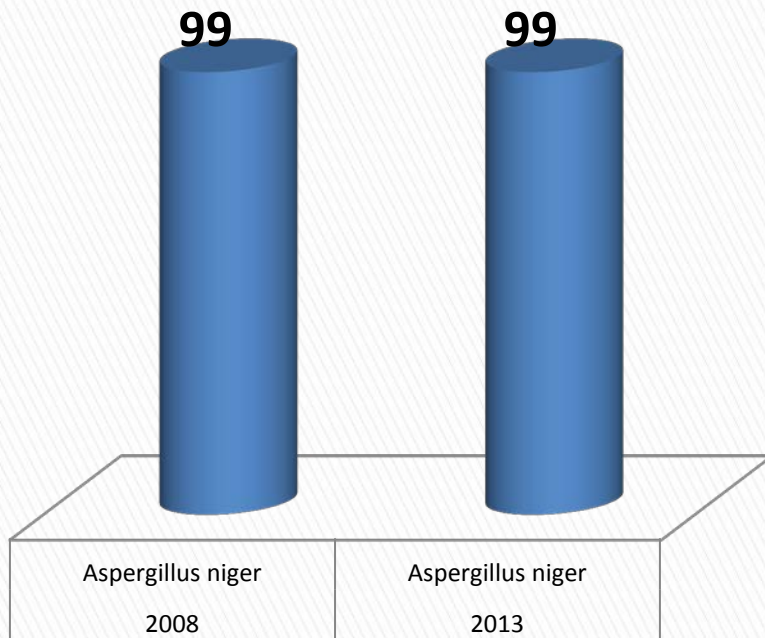


*Aspergillus terreus* species complex

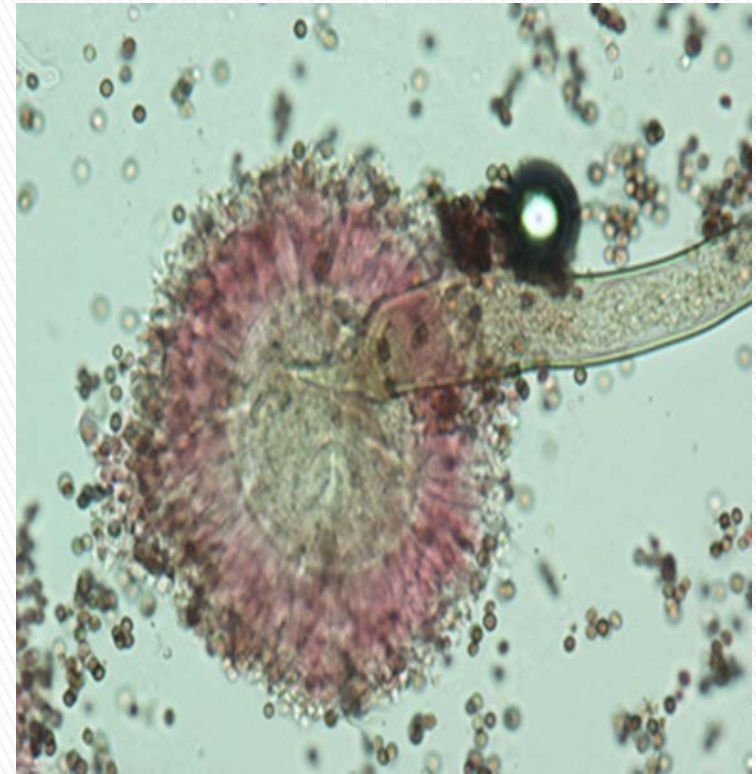


# *Aspergillus niger* species complex

*A. niger* species complex/%  
correct ID



Performance over 2  
distributions



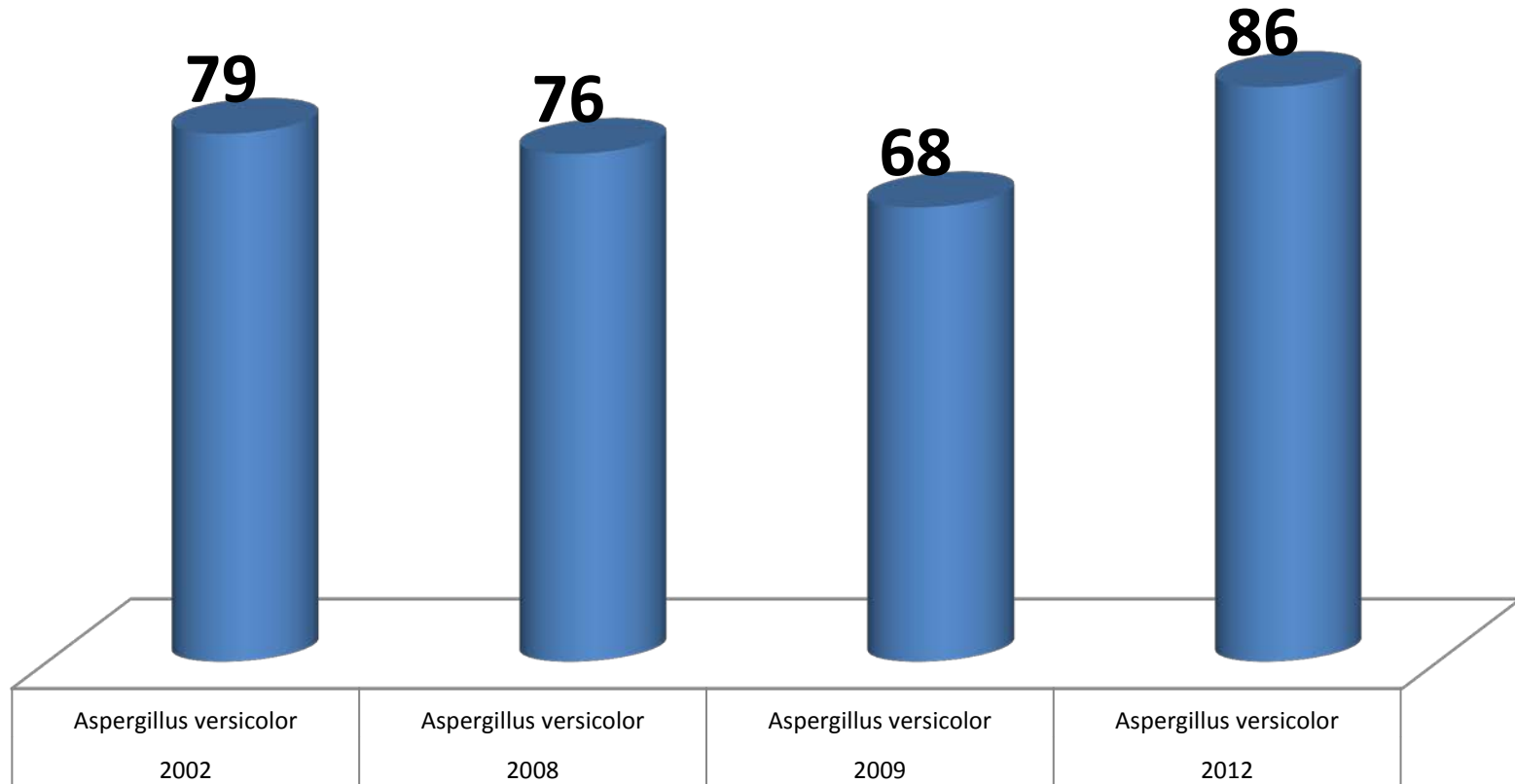
Microscopy: *A. niger*

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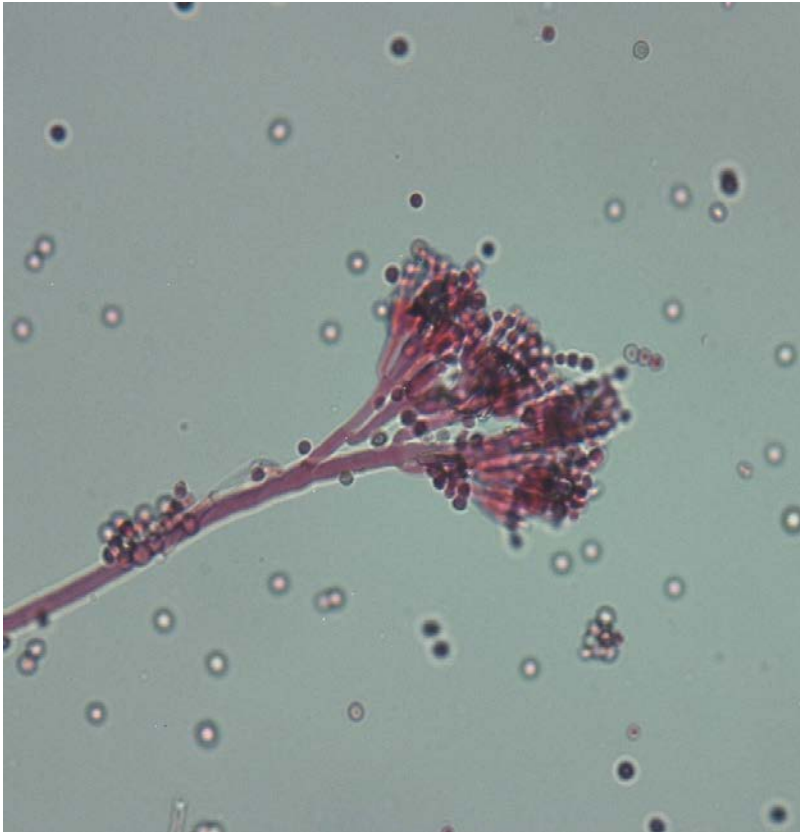
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# *Aspergillus versicolor* species complex

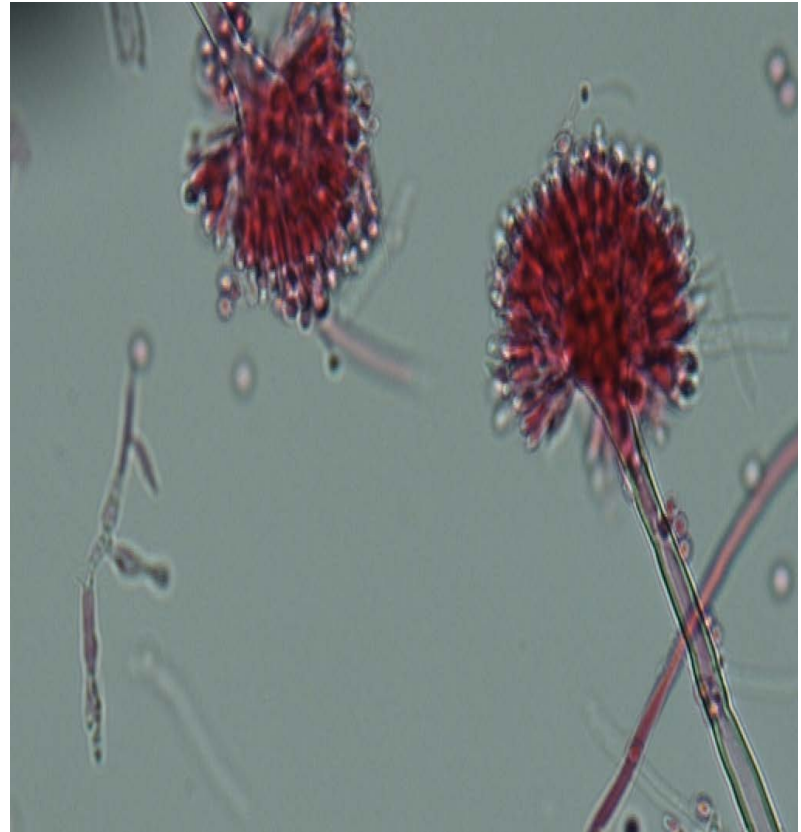
*A. versicolor* species complex/ % correct ID



# Microscopy



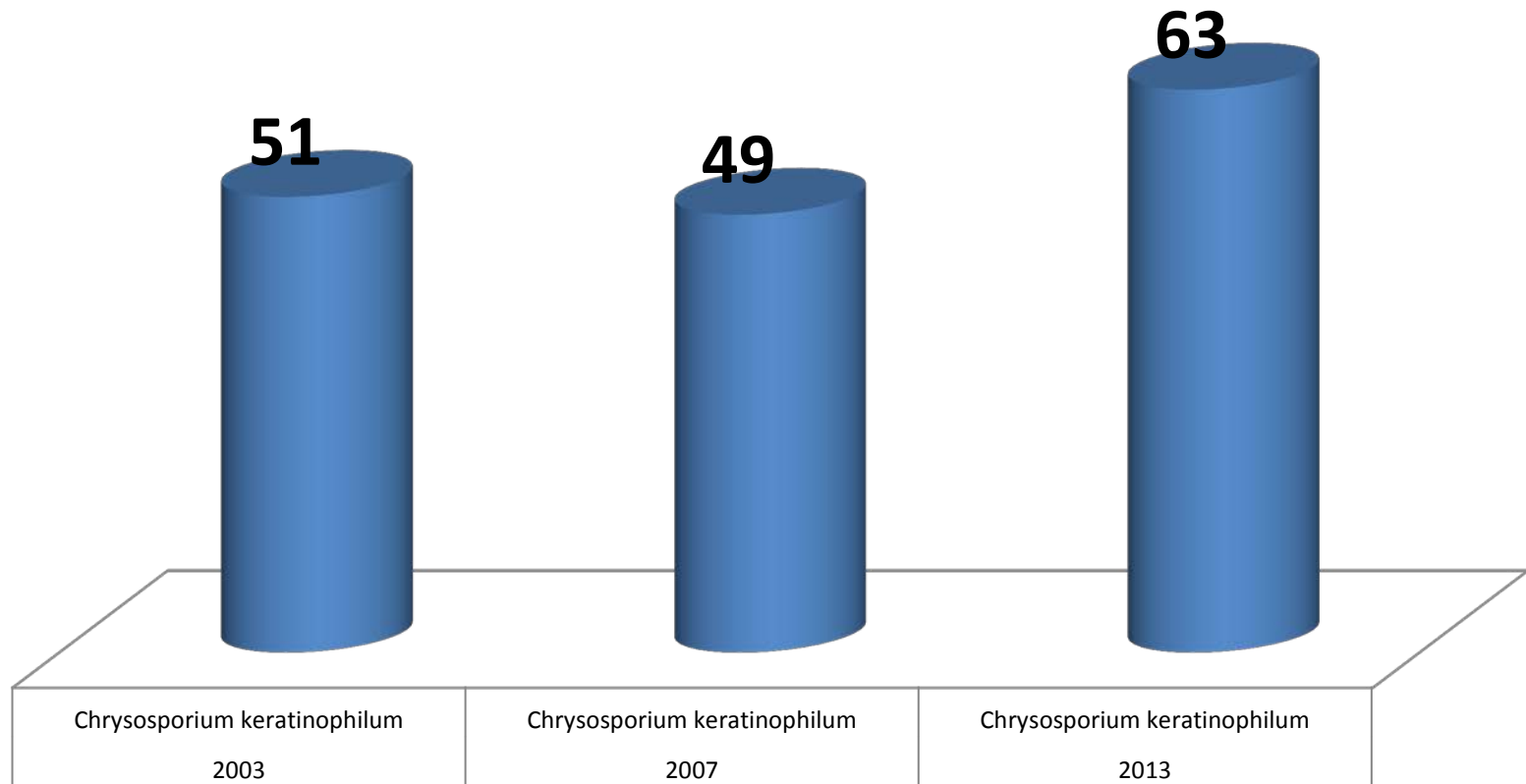
*Penicillium* spp



*Aspergillus versicolor*

# Saprophytic fungi

*Chrysosporium keratinophilum*/ % correct ID

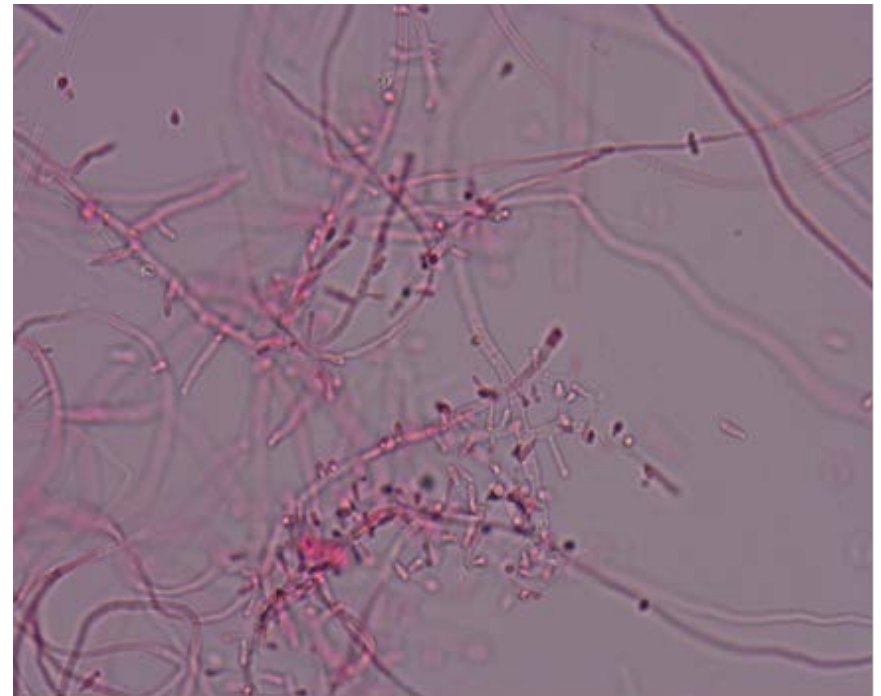




# Microscopy



*Chrysosporium  
keratinophilum*



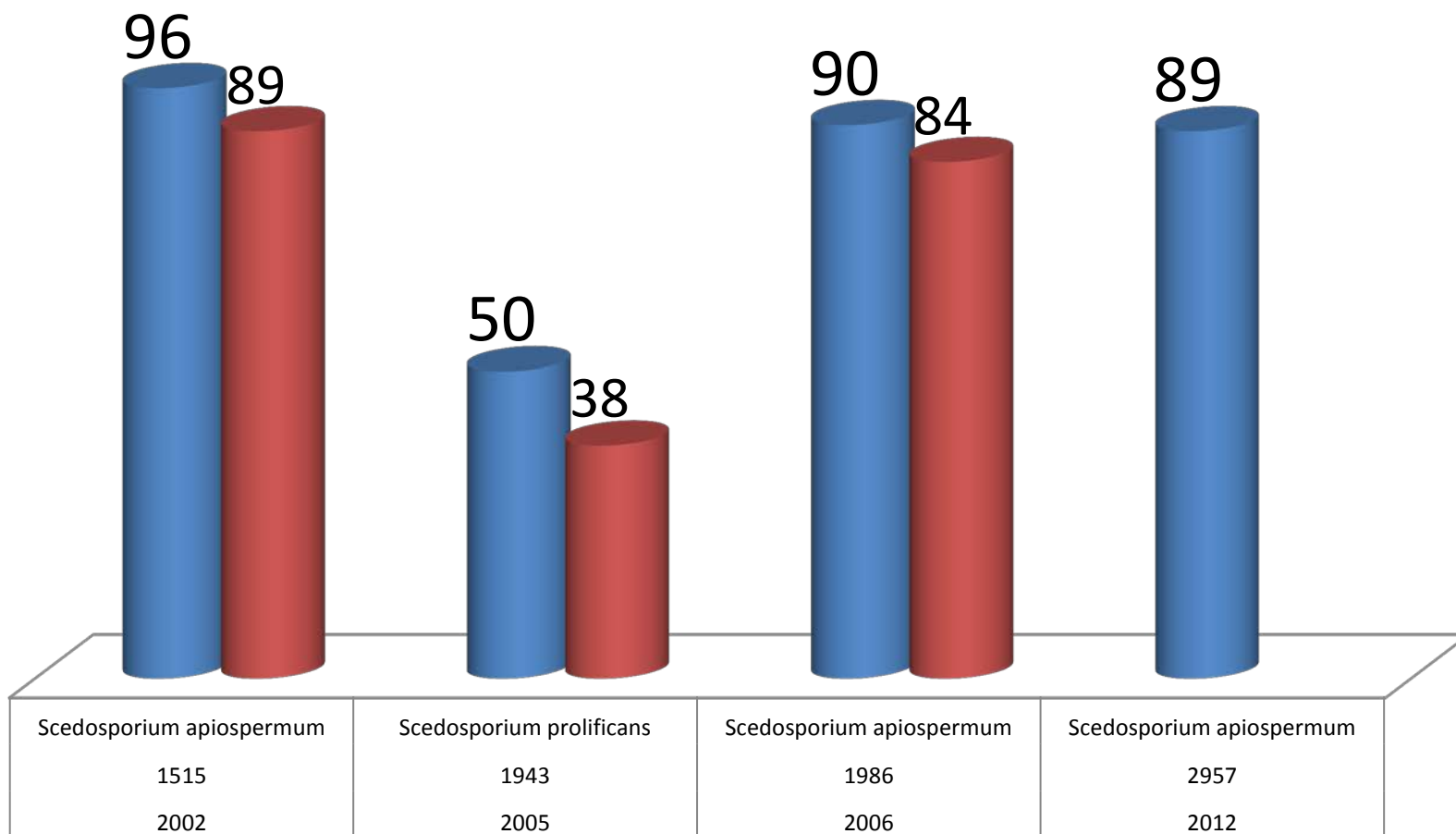
*Trichophyton tonsurans*

# *Scedosporium* & Lomentospora species

Significant mis-identification or insufficient identification, which could ultimately result in inappropriate antifungal treatment, is illustrated with a *Lomentospora* (*Scedosporium*) *prolificans* distributed in 2005

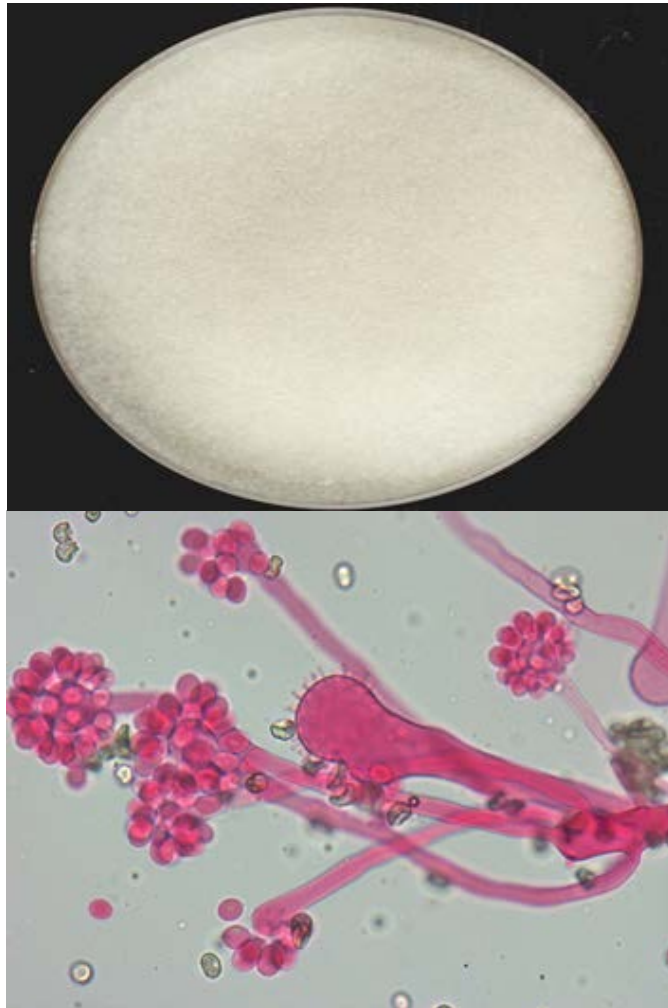
- ▶ 50% of participants reported to genus level only
- ▶ 34% incorrectly identified the isolate as *S. apiospermum*

## *Scedosporium* species/ % correct ID

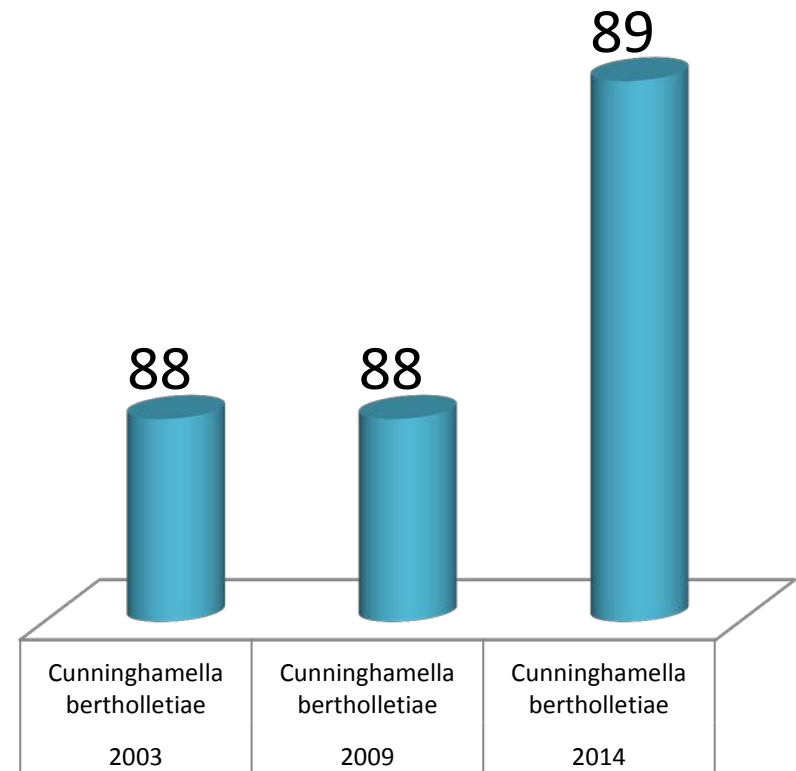


# Mucoraceous moulds

# Mucoraceous moulds



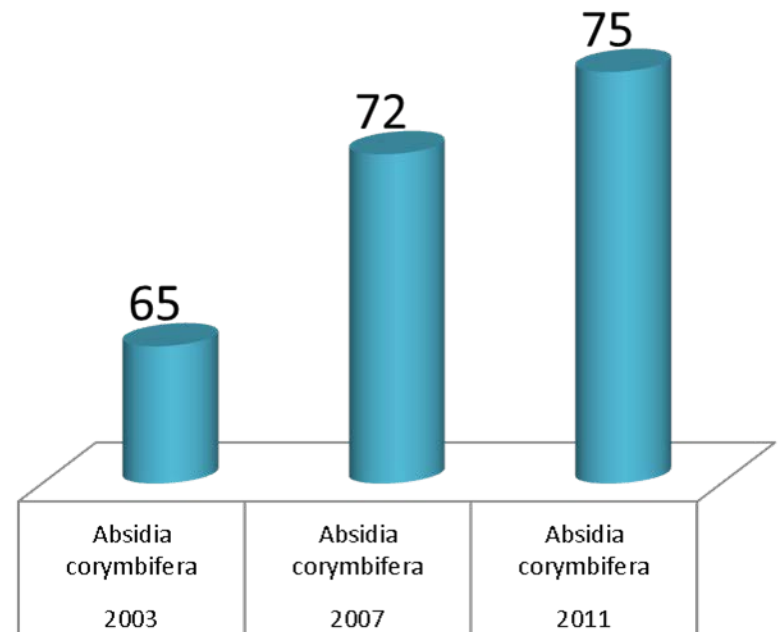
*Cunninghamella bertholletiae*/%  
correct ID



# Mucoraceous moulds



*Lichtheimia corymbifera*/%  
correct ID



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# Emerging Pathogens

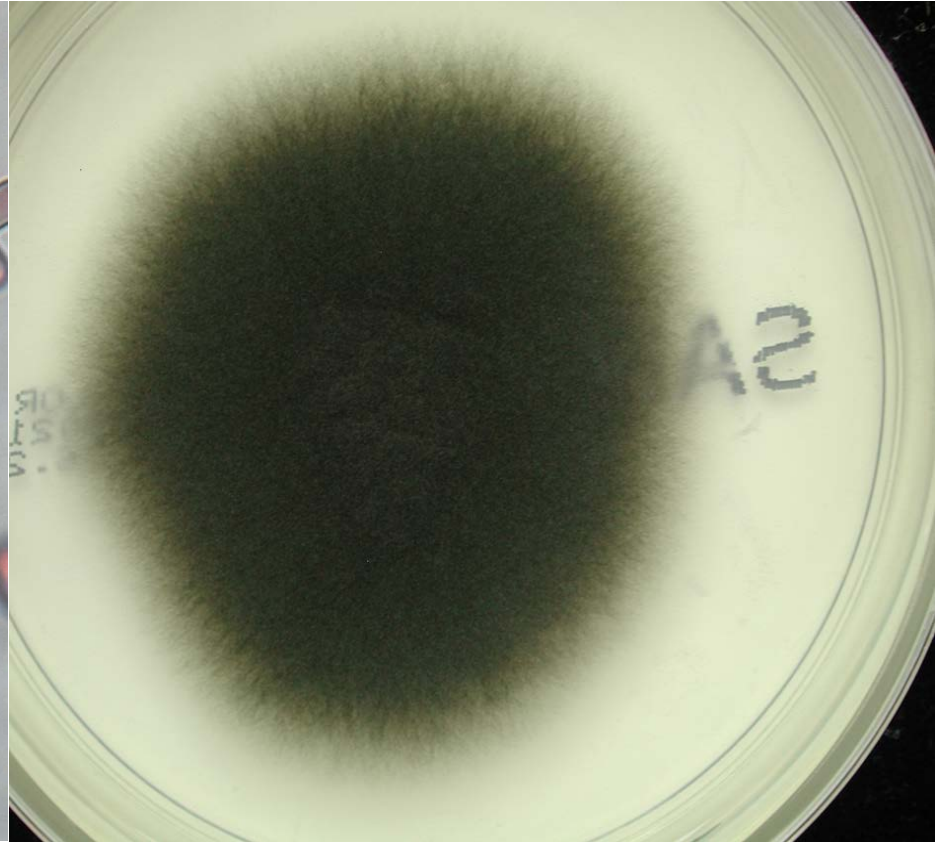
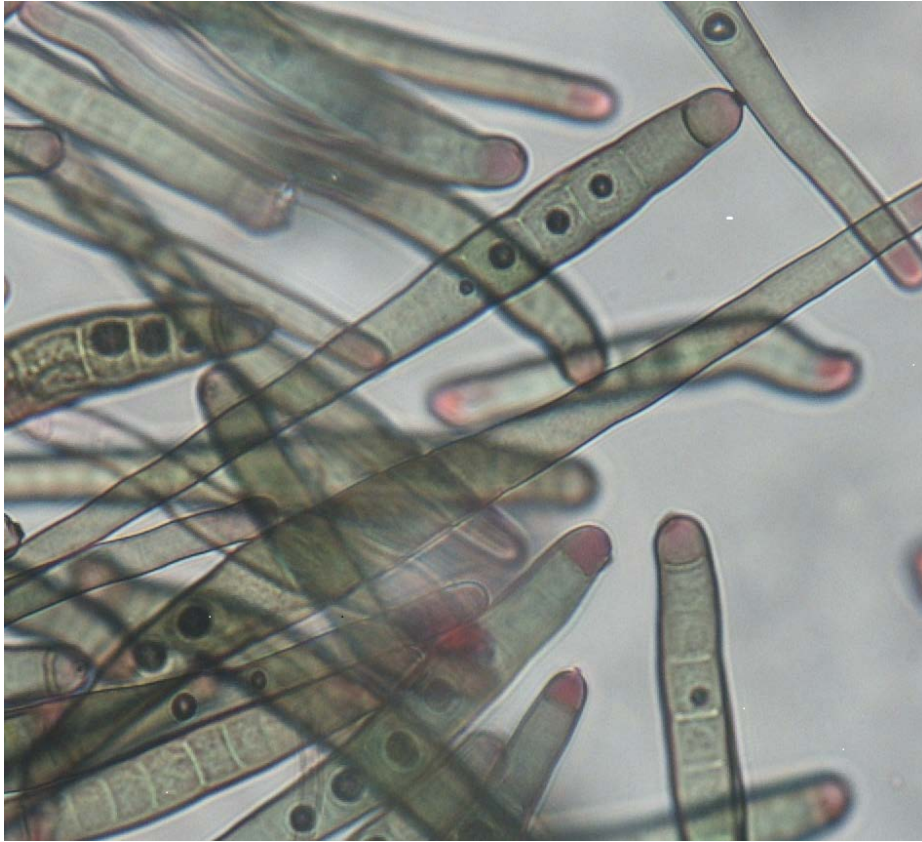


# Emerging pathogens: *Exserohilum rostratum*

- ▶ Major outbreak of meningitis in the USA which started in September 2012 following the use of contaminated methylprednisolone acetate injections to treat back and joint pain in immunocompetant individuals.
- ▶ 751 cases had been reported from a potential 14,000 ( October 2013).
- ▶ The outbreak encompassed 20 States, causing 384 cases of meningitis with 64 deaths.



# *Exserohilum rostratum*



- ▶ 2014: distribution: 3483
- ▶ *E. rostratum*: correct ID: UK labs **92.6%**
- ▶ All labs 91.7 %

# Report analysis

- ▶ With each return of results there were always several transcription errors
- ▶ Mis identification of the intended pathogen
  - incorrect species
  - incorrect genus
- ▶ Non return of results



# Future data capture on reports

- ▶ Request method used to identify fungal pathogen
- ▶ Report on the clinical significance of the fungal isolate

# Conclusions

- ▶ Overall, participants of this scheme have demonstrated a marked improvement in the identification of many fungal pathogens and maintained an expertise in identifying more common isolates.
- ▶ Analysis of participants results has highlighted that identification of some fungi remains challenging.

# Conclusions

- ▶ It is important to maintain competence in identifying fungi by phenotypic methods to support clinical management of patients, even with new technologies available
- ▶ EQA is an important tool in providing evidence of competence and participation in an EQA programme remains an important tool for assessing the performance of clinical diagnostic laboratories

# Acknowledgements

- ▶ Dr Liz Johnson and her team at the Mycology Reference Laboratory in Bristol for all their invaluable contributions to and for the scheme.
- ▶ The team at UK NEQAS in preparation and distribution of the specimens, results analysis and report production.



# Thank you for listening

