

MINIMUM TESTING ALGORITHM

GASTROENTERITIS: SPORADIC CASES

VSOP 2

Issued by Standards Unit, Evaluations and Standards Laboratory
Centre for Infections



UK Clinical Virology Network

*Association of Medical Microbiologists & Infectious Disease Specialists
Zoesodwrion Meddyg a Rheolwyr Infecsiyn
Association of Medical Microbiologists*



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STATUS OF NATIONAL STANDARD METHODS

National Standard Methods, which include standard operating procedures (SOPs), algorithms and guidance notes, promote high quality practices and help to assure the comparability of diagnostic information obtained in different laboratories. This in turn facilitates standardisation of surveillance underpinned by research, development and audit and promotes public health and patient confidence in their healthcare services. The methods are well referenced and represent a good minimum standard for clinical and public health microbiology. However, in using National Standard Methods, laboratories should take account of local requirements and may need to undertake additional investigations. The methods also provide a reference point for method development.

National Standard Methods are developed, reviewed and updated through an open and wide consultation process where the views of all participants are considered and the resulting documents reflect the majority agreement of contributors.

Representatives of several professional organisations, including those whose logos appear on the front cover, are members of the working groups which develop National Standard Methods. Inclusion of an organisation's logo on the front cover implies support for the objectives and process of preparing standard methods. The representatives participate in the development of the National Standard Methods but their views are not necessarily those of the entire organisation of which they are a member. The current list of participating organisations can be obtained by emailing standards@hpa.org.uk.

The performance of standard methods depends on the quality of reagents, equipment, commercial and in-house test procedures. Laboratories should ensure that these have been validated and shown to be fit for purpose. Internal and external quality assurance procedures should also be in place.

Whereas every care has been taken in the preparation of this publication, the Health Protection Agency or any supporting organisation cannot be responsible for the accuracy of any statement or representation made or the consequences arising from the use of or alteration to any information contained in it. These procedures are intended solely as a general resource for practising professionals in the field, operating in the UK, and specialist advice should be obtained where necessary. If you make any changes to this publication, it must be made clear where changes have been made to the original document. The Health Protection Agency (HPA) should at all times be acknowledged.

The HPA is an independent organisation dedicated to protecting people's health. It brings together the expertise formerly in a number of official organisations. More information about the HPA can be found at www.hpa.org.uk.

The HPA aims to be a fully Caldicott compliant organisation. It seeks to take every possible precaution to prevent unauthorised disclosure of patient details and to ensure that patient-related records are kept under secure conditions¹.

More details can be found on the website at www.evaluations-standards.org.uk. Contributions to the development of the documents can be made by contacting standards@hpa.org.uk.

Please note the references are now formatted using Reference Manager software. If you alter or delete text without Reference Manager installed on your computer, the references will not be updated automatically.

Suggested citation for this document:

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AMENDMENT PROCEDURE

Controlled document reference	VSOP 2
Controlled document title	Gastroenteritis: Sporadic cases

Each National Standard Method has an individual record of amendments. The current amendments are listed on this page. The amendment history is available from standards@hpa.org.uk.

On issue of revised or new pages each controlled document should be updated by the copyholder in the laboratory.

Amendment Number/ Date	Issue no. Discarded	Insert Issue no.	Page	Section(s) involved	Amendment
6/ 27.07.07	4.1	5	All	All	Document put in to standard format
			5	Flowchart	Up dated to reflect current practice

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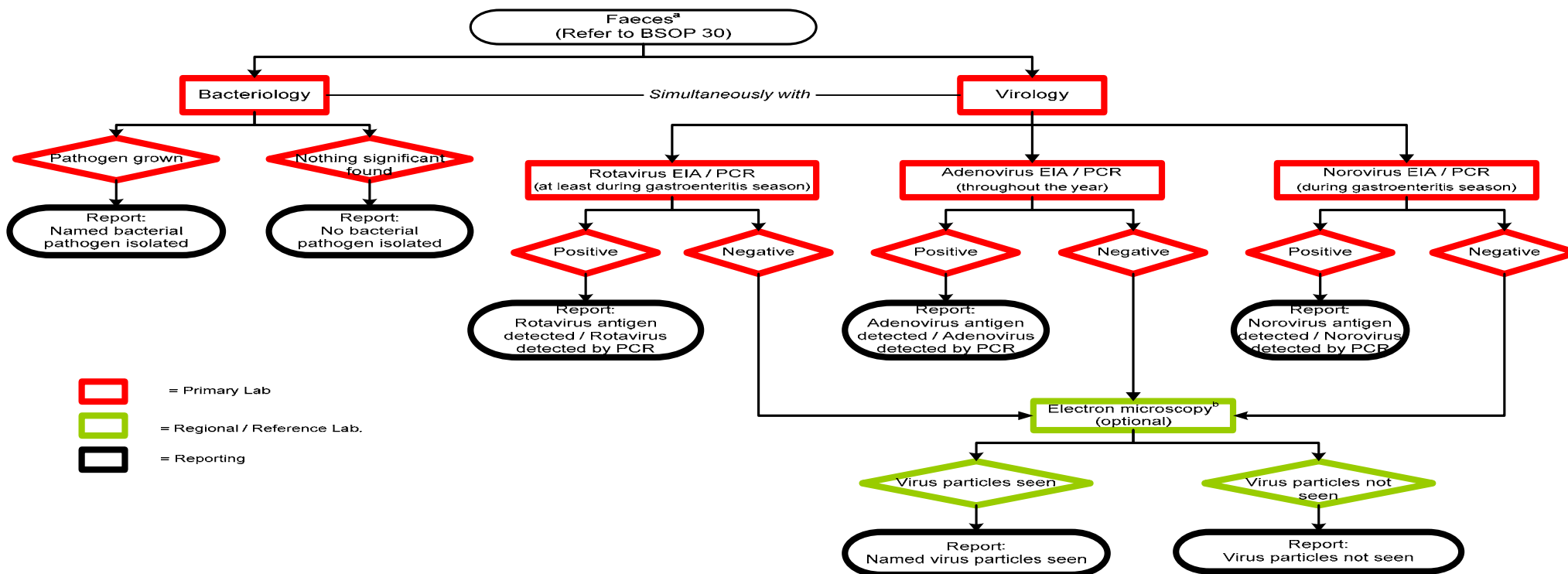
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a. Except when specifically requested, only faecal samples collected from children <5 years, the elderly >60 years, food handlers and immuno-compromised patients should be tested for viruses. Faecal samples from patients who have been hospitalised for longer than 3 days should not have rotavirus EIA performed on them except under the following circumstances:

- those in-patients suffering diarrhoea within three days of admission
- adults with nosocomial diarrhoea only if one of the following are applicable:
 - aged 65 or more with pre-existing disease causing permanently altered organ function
 - patients who are immunocompromised should have rotavirus and adenovirus EIA, Norovirus PCR and EM
 - patients with neutropenia
 - suspected nosocomial outbreak
- suspected non-diarrhoeal manifestations of enteric infections

b. For cost reasons EM work may be restricted to 10- 20% of all suitable specimens received from the locality of the EM unit, but this should be sufficient to satisfy the requirements of epidemiological surveillance. In certain circumstances additional PCRs may also be used (eg Astrovirus PCR)

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ACKNOWLEDGMENT AND CONTACTS

This National Standard Method was initiated and developed by the National Standard Working Group for Clinical Virology (http://www.hpa-standardmethods.org.uk/kwg_virology.asp). The contributions of many individuals in clinical virology laboratories and specialist organisations who have provided information and comment during the development of this document, and final editing by the Medical Editor are acknowledged.

The National Standard Methods are issued by Standards Unit, Evaluations and Standards Laboratory, Centre for Infections, Health Protection Agency London.

For further information please contact us at:

Standards Unit
Evaluations and Standards Laboratory
Centre for Infections
Health Protection Agency
Colindale, London
NW9 5EQ
e-mail:standards@hpa.org.uk

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REFERENCES

1. Department of Health NHS Executive: The Caldicott Committee. Report on the review of patient-identifiable information. London. December 1997.

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