



UK Standards for Microbiology Investigations

Nagler Test





Issued by the Standards Unit, Microbiology Services, PHE

Bacteriology - Test Procedures | TP 22 | Issue no: 2.3 | Issue date: 14.03.14 | Page: 1 of 13

Acknowledgments

UK Standards for Microbiology Investigations (SMIs) are developed under the auspices of Public Health England (PHE) working in partnership with the National Health Service (NHS), Public Health Wales and with the professional organisations whose logos are displayed below and listed on the website http://www.hpa.org.uk/SMI/Partnerships. SMIs are developed, reviewed and revised by various working groups which are overseen by a steering committee (see http://www.hpa.org.uk/SMI/WorkingGroups).

The contributions of many individuals in clinical, specialist and reference labora pries who have provided information and comments during the development of the document are acknowledged. We are grateful to the Medical Editors in editing the medical content.

For further information please contact us at:

Standards Unit Microbiology Services Public Health England 61 Colindale Avenue London NW9 5EQ

E-mail: standards@phe.gov.uk

Website: http://www.hpa.org.uk/SMI

UK Standards for Microbiology Investigation, are produced in association with:



Contents

ACKN	IOWLEDGMENTS	2
CONT	ENTS	3
AMEN	IDMENT TABLE	4
UK S1	TANDARDS FOR MICROBIOLOGY INVESTIGATIONS: SCOPE AND PURPOSE	5
SCOP	E OF DOCUMENT	8
INTRO	DDUCTION	8
TECH	NICAL INFORMATION/LIMITATIONS	8
1	SAFETY CONSIDERATIONS	9
2	REAGENTS AND EQUIPMENT	9
3	QUALITY CONTROL ORGANISMS	9
4	PROCEDURE AND RESULTS	9
APPE	NDIX: NAGLER TEST	. 11
RFFF	RENCES	. 12



NICE has accredited the process used by Public Health England to produce Standards for Microbiology Investigations. Accreditation is valid for 5 years from July 2011. More information on accreditation can be viewed at www.nice.org.uk/accreditation.

For full details on our accreditation visit: www.nice.org.uk/accreditation.

Amendment Table

Each SMI method has an individual record of amendments. The current amendments are listed on this page. The amendment history is available from standards@phe.gov.uk.

New or revised documents should be controlled within the laboratory in accordance with the local quality management system.

Amendment No/Date.	5/14.03.14
Issue no. discarded.	2.2
Insert Issue no.	2.3
Section(s) involved	Amendment
	Document has been transferred to a sew template to reflect the Health Protection Agency's transition to Public Health England.
	Front page has been reuse ned.
Whole document.	Status page as been renamed as Scope and Purpose and up attend as appropriate.
	Profesions body ogos have been reviewed and update.
	Ctandard s fety and notification references have been reviewed and updated.
	Scientific content remains unchanged.

Amendment No/Paie.	4/21.10.11
Issue no. discar 'ad.	2.1
Insert Issue no.	2.2
Seci. n(s, involved	Amendment
Sect. 'n(s, involved ''hole do ument.	Amendment Document presented in a new format.

UK Standards for Microbiology Investigations*: Scope and Purpose

Users of SMIs

- SMIs are primarily intended as a general resource for practising professionals operating in the field of laboratory medicine and infection specialties in the UK.
- SMIs provide clinicians with information about the available test repertoire and the standard of laboratory services they should expect for the investiga, on of infection in their patients, as well as providing information that aids the electronic ordering of appropriate tests.
- SMIs provide commissioners of healthcare services with the appropriateness and standard of microbiology investigations they should be seeking as part of the clinical and public health care package for their population.

Background to SMIs

SMIs comprise a collection of recommended algorithms and procedures covering all stages of the investigative process in microbiology from an expansional procedures covering all syndrome) stage to the analytical (laboratory testing) and post analytical (result interpretation and reporting) stages.

Syndromic algorithms are supported by more attained occuments containing advice on the investigation of specific diseases and in actions. Guidance notes cover the clinical background, differential diagnosis, and appropriate investigation of particular clinical conditions. Quality guidance notes describe laboratory processes which underpin quality, for example are any alidation.

Standardisation of the diagnosis roces, through the application of SMIs helps to assure the equivalence of investigation strategies in different laboratories across the UK and is essential for public health surveillance, research and development activities.

Equal Partner nip 'Vo. 4' ng

SMIs are developed in equal partnership with PHE, NHS, Royal College of Pathologists and perfect onal societies.

The list participating societies may be found at http://www.hpa.org.uk/SMI/Partnerships. Inclusion of a logo in an SMI indicates participation of the society in equal partnership and support for the objectives and partnerships. The views of nominees cannot be rigorously representative of the members of their nominating organisations nor the corporate views of their organisations. Nominees act as a conduit for two way reporting and dialogue. Representative views are sought through the consultation process.

SMIs are developed, reviewed and updated through a wide consultation process.

[#]Microbiology is used as a generic term to include the two GMC-recognised specialties of Medical Microbiology (which includes Bacteriology, Mycology and Parasitology) and Medical Virology.

Quality Assurance

NICE has accredited the process used by the SMI Working Groups to produce SMIs. The accreditation is applicable to all guidance produced since October 2009. The process for the development of SMIs is certified to ISO 9001:2008.

SMIs represent a good standard of practice to which all clinical and public health microbiology laboratories in the UK are expected to work. SMIs are NICE accredited and represent neither minimum standards of practice nor the highest level of complex laboratory investigation possible. In using SMIs, laboratories should take account of local requirements and undertake additional investigations where appropriate. SMIs help laboratories to meet accreditation requirements by promoting high quality practices which are auditable. SMIs also provide a reference point for met. October 1997.

The performance of SMIs depends on competent staff and approvalate quality reagents and equipment. Laboratories should ensure that all colored and in-house tests have been validated and shown to be fit for purpose. Laboratories should participate in external quality assessment schemes and undertake remainded in the remainder of SMIs depends on competent staff and approvalate quality and in-house tests have been validated and shown to be fit for purpose. Laboratories should participate in external quality assessment schemes and undertake remainded in the remaind

Patient and Public Involvement

The SMI Working Groups are committed to pat. Int and public involvement in the development of SMIs. By involving the public heard professionals, scientists and voluntary organisations the resulting SMI will be rober and meet the needs of the user. An opportunity is given to member of the public to contribute to consultations through our open access website.

Information Governance and Equality

PHE is a Caldicott compliant of a sauton. It seeks to take every possible precaution to prevent unauthorised casclosure of patient details and to ensure that patient-related records are kept under records.

The development CMIs resoject to PHE Equality objectives http://www.hpa_ig.uk/w_bc/...PAwebFile/HPAweb_C/1317133470313. The SMI Working Groups re complitted to achieving the equality objectives by effective consultation with months of the public, partners, stakeholders and specialist interest groups.

Legal Star ment

organisation, shall, to the greatest extent possible under any applicable law, exclude liability for all losses, costs, claims, damages or expenses arising out of or connected with the use of an SMI or any information contained therein. If alterations are made to an SMI, it must be made clear where and by whom such changes have been made.

The evidence base and microbial taxonomy for the SMI is as complete as possible at the time of issue. Any omissions and new material will be considered at the next review. These standards can only be superseded by revisions of the standard, legislative action, or by NICE accredited guidance.

SMIs are Crown copyright which should be acknowledged where appropriate.

Suggested Citation for this Document

Public Health England. (2014). Nagler Test. UK Standards for Microbiology Investigations. TP 22 Issue 2.3. http://www.hpa.org.uk/SMI/pdf.



Scope of Document

To determine the ability of microorganisms to produce the enzyme lecithinase this is shown by the appearance of egg yolk opacity. Commonly found in *Clostridium* perfringens, Bacillus cereus, Pseudomonas fluorescens and some others.

This SMI should be used in conjunction with other SMIs.

Introduction

Bacterial lecithinase breaks down lecithin (a normal component of egg you'). Insoluble diglycerides, resulting in an opaque halo surrounding the colony when yown on egg yolk agar¹. Although the test is mainly used for the differentiation of the 3 useful for the division of the genus Bacillus². Lipolytic organisms also produce in palescence on egg yolk agar which is often accompanied by a distinctive "bearly later" or iridescent film¹.

The Nagler test is principally used for the differentiation of *Cr. stridium perfringens* from other members of the genus *Clostridium* by routralisation of lecithinase C by a specific antitoxin. *Clostridium baratii, Clostridium absorum, Clostridium bifermentans, Clostridium sordelli and Clostridium novyi* also profuce lecithinase. *Clostridium baratii and Clostridium absorum* may produce a sand cross saction with the antitoxin if a heavy inoculum of the organism is used *C. se delli and C. bifermentans* produce enzymes that are also closely related to conserve alpha toxin (leathinase) and can produce a partial cross-reaction¹.

Technical Information _imitations

New batches of antitox is should be ested before use.

C. baratii and C. abconun, may noduce a partial cross reaction with the antitoxin, if a heavy inoculum on the conancian is used.

1 Safety Considerations³⁻¹⁹

Refer to current guidance on the safe handling of all organisms and reagents documented in this SMI.

All work likely to generate aerosols must be performed in a microbiological safety cabinet.

The above guidance should be supplemented with local COSHH and risk assessments.

Note: Dangerous Pathogens and Toxins

Part 7 of the Anti-Terrorism, Crime and Security Act 2001 (and subsequent amendments) requires holders of hazardous pathogens (and toxing in the U in listed in Schedule 5 of the Act, to be registered with the Home Office. The term 'hower' means retaining the organism for control purposes/future study; I does not apply if the organism is identified from a diagnostic specimen or QA samples and is not retained further than is necessary for diagnostic purposes. Clostridium perfring ans is now included on Schedule 5.

Failure to comply with the legislation may result in prosecution.

Those unaware of this legislation and who need to register, can do so by e-mail to Pathogens@homeoffice.gsi.gov.uk or by post to a thogens Notifications, 5th Floor, 2 Marsham Street, London SW1P 4DF or hy fax to 08. 1336 9057. Any enquiries may be addressed to the duty officer on 020 135 3001

2 Reagents and Equipment

Egg Yolk Agar

Clostridium perfringens ype / anti. xin.

Bacteriological straight w. /loop preferably nichrome) or disposable alternative.

3 Quality Cor trol Organisms

Positive Contro.

Closic diuri, perfringens NCTC 8359

Megative Control

Clo, *ridiur difficile NCTC 11204

Note: These strains are not validated by NCTC to give this result.

4 Procedure and Results

4.1 Nagler/Lecithinase Procedure

- Inoculate half the egg yolk agar plate with 60µl antitoxin. Spread with a 'hockey stick' spreader or 10µl loop
- Allow to absorb and dry

- Mark which side of the plate has been inoculated with the antitoxin
- Streak the test organism in a straight line from the antitoxin-free half, across to the antitoxin side of the plate
- Inoculate the control organisms in the same manner on the same plate
- Incubate anaerobically at 35-37°C for 24-48hr
- Examine the plate for an opalscent halo around the inoculum and inhibition by antitoxin

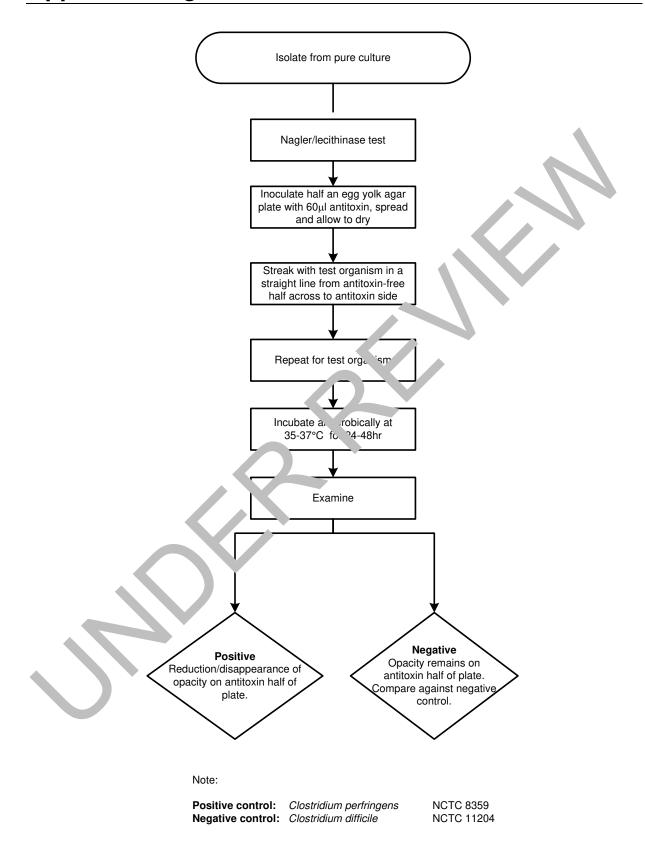
Positive Result

Disappearance or marked reduction of the opacity on the antitoxin half of ι 'e, 'a ι ' (denoting neutralisation of the lecithinase).

Negative Result

No disappearance of the opacity on the antitoxin half of the plate. Compare negative plate with uninoculated plate, because lecithinase can diffuse brough out the agar and make interpretation difficult.

Appendix: Nagler Test



The flowchart is for guidance only

References

- 1. Collee JG, Fraser AG, Marmion BP, editors. Mackie & McCartney Practical Medical Microbiology. 14th ed. Edinburgh: Churchill Livingstone; 1996. p. 531
- 2. Barrow GI, Feltham RKA, editors. Cowan and Steel's Manual for the Identification of Medical Bacteria. 3rd ed. Cambridge: Cambridge University Press; 1993. p. 36-7
- 3. European Parliament. UK Standards for Microbiology Investigations (SMIs) use the term "CE marked leak proof container" to describe containers bearing the CE marking used for the collection and transport of clinical specimens. The requirements for specimen containers are given in the EU in vitro Diagnostic Medical Devices Directive (98/79/EC Annex 1 B 2.1) which states: "The consignation must allow easy handling and, where necessary, reduce as far as possible contamination of, and leakage from, the device during use and, in the case of specimen receptacles, the risk of contamination of the specimen. The manufacturing processes must be appropriate for the separation of the specimen.
- 4. Official Journal of the European Communities. Directive 98/79/EC of the European Furliament and of the Council of 27 October 1998 on *in vitro* diagnostic medical device 7-12 19°5. p. 1-37.
- 5. Health and Safety Executive. Safe use of pneumatic air tube transport systems for pathology specimens. 9/99.
- 6. Department for transport. Transport of Infectious Subjancer, 2011 Revision 5. 2011.
- 7. World Health Organization. Guidance on regule for the Transport of Infectious Substances 2013-2014. 2012.
- 8. Home Office. Anti-terrorism, Crime and Securit Act. 2001 (as amended).
- 9. Advisory Committee on Dangerour Pal ogens. The Approved List of Biological Agents. Health and Safety Executive. 2013. p. 1-32
- 10. Advisory Committee on Dragerous 'athogens. Infections at work: Controlling the risks. Her Majesty's Stationery Office. 20° J.
- 11. Advisory Committee and Davierous Pathogens. Biological agents: Managing the risks in laboratories and Jealth and Safety Executive. 2005.
- 13. Cen. 's fo. Disease Control and Prevention. Guidelines for Safe Work Practices in Human and Animal Tedical Diagnostic Laboratories. MMWR Surveill Summ 2012;61:1-102.
- 14. r alth r id Safety Executive. Control of Substances Hazardous to Health Regulations. The Control of Substances Hazardous to Health Regulations 2002. 5th ed. HSE Books; 2002.
- 15. Health and Safety Executive. Five Steps to Risk Assessment: A Step by Step Guide to a Safer and Healthier Workplace. HSE Books. 2002.
- 16. Health and Safety Executive. A Guide to Risk Assessment Requirements: Common Provisions in Health and Safety Law. HSE Books. 2002.
- 17. Health Services Advisory Committee. Safe Working and the Prevention of Infection in Clinical Laboratories and Similar Facilities. HSE Books. 2003.

- 18. British Standards Institution (BSI). BS EN12469 Biotechnology performance criteria for microbiological safety cabinets. 2000.
- 19. British Standards Institution (BSI). BS 5726:2005 Microbiological safety cabinets. Information to be supplied by the purchaser and to the vendor and to the installer, and siting and use of cabinets. Recommendations and guidance. 24-3-2005. p. 1-14

