PROGRAM Standard Operating Procedure – Laboratory Services		
Title: MIC34200 – CSF Culture	Policy Number:	
Program Name: Laboratory Services		
Applicable Domain: Lab, DI and Pharmacy Services		
Additional Domain(s):		
Effective Date:	Next Review Date:	
Issuing Authority:	Date Approved:	
Director of Health Services		
Accreditation Canada Applicable Standard:		

GUIDING PRINCIPLE:

Bacterial meningitis is the result of infection of the meninges (lining around the brain). Specimens include central nervous system shunt fluid, external ventricular drainage fluid and cerebro-spinal fluid (CSF). The examination of CSF from patients suspected of having meningitis is always considered a STAT procedure.

PURPOSE/RATIONALE:

To determine the presence or absence of bacterial pathogens in CSF specimens.

SCOPE/APPLICABILITY:

This procedure applies to Medical Laboratory Technologists processing specimens for CSF culture.

Special	Refer to Policy 17-02-V1: Specimens Containing Suspected	
Precautions	Risk Group 3 Pathogens	
Туре	CSF collected into clean, sterile, leak-proof tube	
	Central nervous system shunt fluid	
Source	Fluid from Ommaya reservoirs	
Source	External ventricular drainage fluid	
	CSF from lumbar puncture	
	• Generally, 1 to 3 mL of CSF is required for the bacterial	
Maluma	culture	
Volume	• If viral, fungal, or mycobacterial testing is required, then	
	at least 3 to 4 mL should be sent for referral	
Stability	Transport to the laboratory immediately	

SAMPLE INFORMATION:

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Storage Requirements	If a delay in processing is anticipated, hold specimens at		
Requirements	room temperature, do NOT refrigerate		
Criteria for rejection	 Insufficient volume for tests requested: contact the physician to prioritize requests Leaking specimens should be processed, but alert the physician of the possibility of contamination Improperly collected, labeled, transported, or handled specimens should be processed. SCM40110-Waiver of Responsibility form needs to be filled out by the responsible nurse 		

REAGENTS and/or MEDIA:

- Blood agar (BA), Chocolate agar (CHO), MacConkey agar (MAC) and Thioglycollate broth (THIO)
- Identification reagents: catalase, oxidase, Staph latex test, Strep latex test, etc.

SUPPLIES:

- Sterile red top vacutainer tube
- Disposable inoculation needles
- Alcohol pads
- Ringed cytology microscope slides
- Wooden sticks

EQUIPMENT:

- Biosafety cabinet
- 35° ambient air and 35° CO₂ incubators
- Vitek 2 and supplies

SPECIAL SAFETY PRECAUTIONS:

Containment Level 2 facilities, equipment, and operational practices for work involving infectious or potential infectious materials or cultures.

- Ensure that appropriate hand hygiene practices be used.
- Lab gown must be worn when performing activities with potential pathogens.
- Gloves must be worn when direct skin contact with infected materials is unavoidable.
- Eye protection must be used when there is a known or potential risk of exposure of splashes.
- All procedures that may produce aerosols, or involve high concentrations or large volumes should be conducted in a biological safety cabinet (BSC).
- The use of needles, syringes and other sharp objects should be strictly limited.

All patient specimens are assumed to be potentially infectious. Routine Practices must be followed. Since viable micro-organisms are used, all cultures must be handled with appropriate precautions. All equipment in contact with cultures should be decontaminated by appropriate methods.

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QUALITY CONTROL:

• Refer to Test Manual for reagent quality control procedures

PROCEDURE INSTRUCTIONS:

Step	Action		
Proce	Processing specimens for CSF culture		
1	>1 mL received	 Centrifuge specimen at 3500 rpm for 10 minutes Transfer supernatant to labeled red top tube 	
	<1 mL received	Do not centrifuge	
2	 In the biosafety cabinet, using a sterile pipette: Place 1 to 2 drops of sediment or mixed CSF onto BA, CHO, and MAC Streak for isolated growth using a disposable inoculation needle Prepare smear by placing 1 to 2 drops of CSF onto a clean ringed cytology microscope slide and allow the drop(s) to form one large drop NOTE: Shunt fluids are also planted to THIO broth and held for 14 days 		
3	 Incubate all media: Place BA and CHO in the CO₂ incubator Place specimen collection tube, supernatant tube, MAC and THIO (if applicable) in the O₂ incubator 		
4		d perform gram stain. Gram stain must be read Refer to MIC20115-Gram Stain Procedure.	
5	Interpret CSF smear immediately. During the regular Microbiology lab hours of 08:00 to 20:00, turnaround time for these gram stains is		
6		ositive CSF gram stain results to ordering location	

Common bacterial causes of acute meningitis by age group			
Neonate	E.coliS.agalactiae	L.monocytogenes	
Infants/Children	S.agalactiaeH.influenzae	 S.pneumoniae N.meningitidis *+ 	
Adolescents and Young Adults	 S.pneumoniae N.meningitidis*+ 		
Older Adults	 S.pneumoniae N.meningitidis *+ H.influenzae 	S.agalactiaeL.monocytogenes	
Ventriculoperitoneal Shunt Infections	 Coagnegative Staph S.aureus C.albicans 	 Corynebacterium spp. Propionibacterium acnes 	

* Risk group 3 organism. If suspected, refer to 17-02-V1: Specimens Containing Suspected Risk Group 3 Pathogens

+ All work-up should be performed in the BSC

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INTERPRETATION OF RESULTS:

Step	Action	
1	 Ensure growth on culture media correlates with gram stain results. If discordant results are found between the gram stain and growth: Re-examine smear and culture plates Check for anaerobic growth Re-incubate media to resolve Consider re-smearing or re-planting specimen 	
2	 Observe BA and CHO plates at 24 hours, 48 hours, and 72 hours Observe MAC plate at 24 hours and 48 hours Observe THIO on day 2, 5, 10 and 14 if applicable 	
3	If growth is observed, perform biochemical testing to report preliminary ID of the isolate.	
4	Provide genus and species identification as soon as possible. If a preliminary identification cannot be made after 24 hours, release a preliminary culture report using the gram stain morphology.	

REPORTING RESULTS:

IF	REPORT	
No growth after 1 day	 PRELIM: Report: "No growth after 1 Day" Report: "Further report to follow" 	
No growth after 3 days	FINAL:Report: "No growth after 3 days"	
Shunt fluid: No growth after 3 days	INTERIM: • Report: "No growth aerobically after 3 days"	
Shunt fluid: No growth after 14 days	 FINAL: Report: "No growth anaerobically after 14 days" 	
Growth of organism	 Report organism full identification List quantitation as "Isolated" Report susceptibility results as per ASTM Freeze isolate and log into stored isolates log 	
H. influenzae or N.meningitidis isolated	 Must be sent immediately to Alberta Precision Laboratories for typing Refer to MIC36600-Microbiology Organism Referral Freeze isolate and log into stored isolates log 	
S.pyogenes, S.agalactiae, S.pneumoniae, H. influenzae or N.meningitidis isolated	 Any S.pyogenes, S.agalactiae, S.pneumoniae, H.influenzae or N.meningitidis isolated from blood culture specimens must be sent to NML for International Circumpolar Surveillance (ICS) program Refer to MIC36600-Microbiology Organism Referral Freeze isolate and log into stored isolates log 	

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NOTE:

- Refer to Reportable Diseases Public Health Act as of September 2009 for reporting to HPU1
- Refer to LQM70620-Laboratory Critical Results List-Microbiology for results that need to be phoned to ordering location
- Refer to MIC36100-Nosocomial Infection Notification Job Aid to determine if organism needs to be copied to Infection Prevention and Control
- Refer to MIC36200-Referral of Category A Specimens to APL for sending category A isolates to APL
- Refer to MIC36300-Referral of Category B Specimens to APL for sending isolates to APL
- Refer to MIC36400-Referral of Category B Specimens to DL for sending isolates to DynaLIFE
- Refer to MIC36500-Referral of Category B Specimens to NML for sending isolates to NML
- Refer to MIC36600-Microbiology Organism Referral

LIMITATIONS:

- 1. A positive culture generally indicates infection with the organism.
- 2. Lack of pus cells in CSF does not rule out infection, especially in Listeriosis.
- 3. The most common cause of community acquired bacterial meningitis is Streptococcus pneumoniae.
- 4. Direct bacterial antigen testing is not recommended.
- 5. Since THIO is mainly a broth for anaerobes and does not support the growth of the most common pathogens in CSF, it is not recommended for routine CSF culture but should be used when Shunt Infection is suspected.

CROSS-REFERENCES:

- 17-02-V1: Specimens Containing Suspected Risk Group 3 Pathogens
- LQM70620-Laboratory Critical Results List-Microbiology
- MIC20115-Gram Stain Procedure
- MIC35000-Reportable Diseases Notification
- MIC36100-Nosocomial Infection Notification Job Aid
- MIC36200-Referral of Category A Specimens to APL
- MIC36300-Referral of Category B Specimens to APL
- MIC36400-Referral of Category B Specimens to DynaLIFE
- MIC36500-Referral of Category B Specimens to NML
- Refer to MIC36600-Microbiology Organism Referral
- SCM40110-Waiver of Responsibility

REFERENCES:

- 1. Clinical Microbiology Procedures Handbook, 4th edition, ASM Press, 2016
- Jorgensen J.H., Pfaller M.A., Carroll K.C., Funke G., Landry M.L., Richter S.S., Warnock D.W. 2015. Manual of Clinical Microbiology, 11th edition, ASM Press, Washington, D.C.
- 3. Policy B-0160: Specimens Containing Suspected Risk Group 3 Pathogens for Primary Specimen Handling Flow Chart

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Type: Laboratory Services Program SOP Policy Number: Date Approved:

APPROVAL:

Date

REVISION HISTORY:

REVISION	DATE	Description of Change	REQUESTED BY
1.0	11 Jan 17	Initial Release	L. Steven
2.0	04 Dec 18	Updated to include new Vitek 2 instrument	L. Steven
3.0	30 Jan 21	Procedure reviewed and added to NTHSSA policy template	L. Steven

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