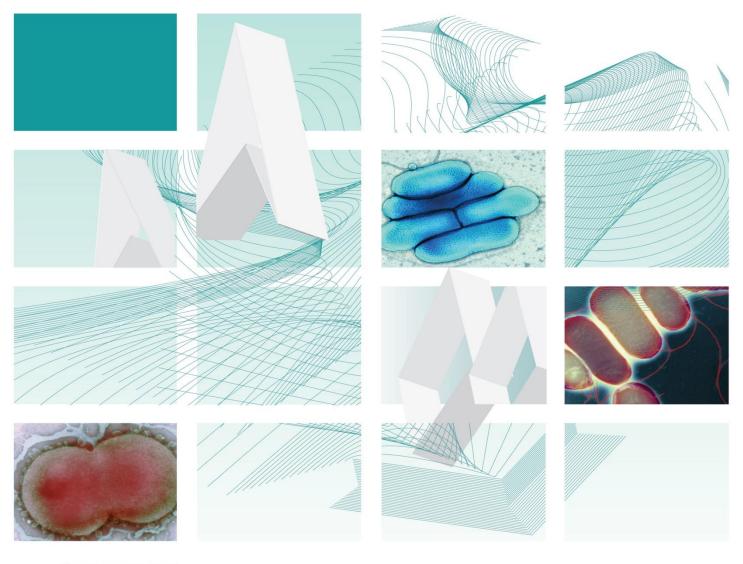


UK Standards for Microbiology Investigations

Identification of *Haemophilus* species and the HACEK group of organisms





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This publication was created by Public Health England (PHE) in partnership with the NHS.

Acknowledgments

UK Standards for Microbiology Investigations (UK SMIs) are developed under the auspices of 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 https://www.gov.uk/uk-standards-for-microbiology-investigations-smi-quality-and-consistency-in-clinical-laboratories. UK SMIs are developed, reviewed and revised by various working groups which are overseen by a steering committee (see https://www.gov.uk/government/groups/standards-for-microbiology-investigations-steering-committee).

The contributions of many individuals in clinical, specialist and reference laboratories who have provided information and comments during the development of this document are acknowledged. We are grateful to the medical editors for editing the medical content.

PHE publications gateway number: GW-959
UK Standards for Microbiology Investigations are produced in association with:













































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Amendment table

Each UK 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 number/date	7/08.01.2020
Issue number discarded	3
Insert issue number	4
Anticipated next review date*	08.01.2023
Section(s) involved	Amendment
	Document presented in a new format.
Whole document	Reorganisation of some text.
	Document and references updated.
Section 4.1	The taxonomy of <i>Haemophilus</i> species and other HACEK Group of organisms have been updated
Section 8.4	Table 2 amended to indicate positive and negative growth.
Appendix 1 and 2	Flowcharts updated
Appendix 3	Table: Aerobic growth Characteristics of HACEK group organisms moved from section 8:3 to appendix 3
References	References updated

^{*}Reviews can be extended up to five years subject to resources available.

1 General information

<u>View</u> general information related to UK SMIs.

2 Scientific information

View scientific information related to UK SMIs.

3 Scope of document

This UK SMI describes the identification of *Haemophilus* species and other members of the HACEK group (*Haemophilus* species, *Aggregatibacter actinomycetemcomitans* (formerly *Actinobacillus actinomycetemcomitans*), *Aggregatibacter aphrophilus* (formerly *Haemophilus aphrophilus* and *Haemophilus paraphrophilus*), *Cardiobacterium hominis*, *Eikenella corrodens* and *Kingella* species.

This UK SMI includes both biochemical tests and automated methods for the identification of microorganisms. Some biochemical tests may not be done routinely in the laboratory except in cases where confirmation by an alternative technique is required or automated methods are not available.

This UK SMI should be used in conjunction with other relevant UK SMIs.

4 Introduction

4.1 Taxonomy/characteristics

There are currently 25 species of the genus *Haemophilus*¹. The *Haemophilus* species associated with humans are *H. influenzae*, *H. aegyptius*, *H. haemolyticus*, *H. parainfluenzae*, *H. pittmaniae*, *H. parahaemolyticus*, *H. paraphrohaemolyticus*, *H. ducreyi*, *H. sputorum* and *H. seminalis*^{2,3}. Nucleic acid hybridisation studies and 16S rRNA sequence homologies suggest *H. ducreyi* does not belong in the genus *Haemophilus*, though it does seem to be a valid member of the family Pasteurellaceae. *Haemophilus* aphrophilus and *H. paraphrophilus* have been reclassified as a single species on the basis of multilocus sequence analysis, *Aggregatibacter aphrophilus*, which includes V-factor dependent and V-factor independent isolates. *H. segnis* has been reclassified as *Aggregatibacter segnis*⁴.

H. influenzae is the type species.

Haemophilus species are Gram negative spherical, oval or rod-shaped cells less than 1µm in width, variable in length, with marked pleomorphism, and sometimes forming filaments. The optimum growth temperature is 35 to 37°C. They are facultatively anaerobic, non-acid-fast, non-spore forming and non-motile.

Members of the *Haemophilus* genus are typically cultured on blood or chocolate agar plates as all species require either or both of two blood factors for growth: haemin (factor X) and/or nicotinamide adenine dinucleotide (factor V). Chocolate agar is an excellent growth medium for *Haemophilus* sp as it allows for increased accessibility to these factors. Blood agar contains free V, but not X factor. *Haemophilus* species requiring X factor can be cultured on blood agar using the "Staph streak" technique: both *Staphylococcus* and *Haemophilus* organisms are cultured together on a single

blood agar plate. In this case, *Haemophilus* colonies will grow in small "satellite" colonies around the larger *Staphylococcus* colonies because the metabolism of *Staphylococcus* produces the necessary X blood factor required for *Haemophilus* growth.

All *Haemophilus* species grow more readily in an atmosphere enriched with CO₂, *H. ducreyi* and some non-typeable *H. influenzae* strains will not form visible colonies on culture plates unless grown in CO₂ enriched atmosphere. *Aggregatibacter* aphrophilus and *Haemophilus paraphrohaemolyticus* require CO₂ for primary isolation.

On chocolate blood agar, colonies are small and grey, round, convex, which may be iridescent, and these develop in 24 hours. Iridescence is seen with capsulated strains.

Carbohydrates are catabolised with the production of acid. A few species produce gas. Nitrates are reduced to nitrites.

The nature of specimen for the diagnosis of *Haemophilus* depends on the infection being evaluated. For example, blood and cerebrospinal fluid (CSF) cultures to be performed for patients with meningitis. Middle ear fluid for patients with otitis media. Lower respiratory secretion for patients suspected to have bronchopulmonary infections due to *Haemophilus* species. Obtain blood culture for bacterial pneumonia⁵.

The medically important *Haemophilus* species are described as follows;

Haemophilus influenzae⁶

H. influenzae is facultatively anaerobic, small, non-motile Gram-negative bacterium in the family *Pasteurellaceae*. On chocolate blood agar, colonies are small and grey, round, convex, which may be iridescent, and these develop in 24 hours. Iridescence is seen with capsulated strains. There is no growth on MacConkey or CLED agar and colonies show no β-haemolysis on blood agar (with additional X factor). They require both the X and V factors for growth.

H. influenzae is positive for oxidase, catalase, nitrate reduction and phosphatase. Eleven to eighty nine percent of strains are positive for indole production and 80 to 89% of strains are positive for urease and ornithine decarboxylase tests. It is also negative for ONPG, H₂S production and aesculin hydrolysis⁶.

Pittman described six antigenically distinct capsular types of *H. influenzae*, designated 'a' to 'f' based on the polysaccharide composition of the capsular structure. Isolates that do not express a polysaccharide capsule are referred to as non-capsulated or non-typeable. There is also a biotyping scheme for *H. influenzae* based on a series of biochemical reactions (indole, ornithine decarboxylase and urease production). There are eight biotypes of *H. influenzae* (I-VIII)⁴.

H. influenzae has been isolated from respiratory secretions, CSF, sputum and blood culture⁷.

Before the introduction of a vaccine against serotype b (Hib), the majority of infections were caused by serotype b strains which caused meningitis, epiglottitis, orbital cellulitis and bacteraemia (generally biotypes I and II of this species). However, all types of *H. influenzae* (including non-typeable strains) can cause systemic infections such as meningitis, bacteraemia, septic arthritis and cellulitis. Most non-typeable *H. influenzae* strains fall into biotypes II to VI and can cause acute conjunctivitis, otitis media, sinusitis, tracheobronchitis and pneumonia as well as invasive diseases⁷.

Haemophilus parainfluenzae⁶

 $\it H.\ parainfluenzae$ is facultatively anaerobic, small, non-motile Gram-negative bacterium in the family $\it Pasteurellaceae$. There is no growth on MacConkey or CLED agar and no β-haemolysis on sheep blood cells. V factor but not X factor is required for growth.

The organism is positive for oxidase, nitrate reduction and H₂S production. Eleven to eighty nine percent of strains are positive for catalase, ONPG, ornithine decarboxylase and urease. It is negative for indole production and aesculin hydrolysis.

H. parainfluenzae has been associated with some cases of acute otitis media, sinusitis and chronic bronchitis⁵. The organism has been isolated from clinical specimens – respiratory secretions (from the lower airways, oropharynx, and nasopharynx), abscesses and sputum. Although it has been isolated from sputum, it is considered a part of the normal oral flora and not reported as significant⁸.

Haemophilus haemolyticus⁶

H. haemolyticus is Gram negative, non-motile and non-spore-forming short to medium length rods. There is no growth on MacConkey or CLED agar. They classically show β-haemolysis on blood agar (with additional X factor), although non-haemolytic isolates have been reported 9 . They also require X and V factors for growth.

The organism is positive for oxidase, catalase, nitrate reduction, phosphatase, urease and H₂S production. Some strains of *H. haemolyticus* (11 to 89%) are positive for indole production. It is negative for ONPG, ornithine decarboxylase and aesculin hydrolysis.

H. haemolyticus is a commensal of the respiratory tract but does occasionally cause invasive disease¹⁰.

Haemophilus parahaemolyticus¹¹

H. parahaemolyticus usually differ morphologically from other haemophilic bacteria in that they are larger, stain more heavily and unevenly, and occur in long tangled thread forms with much pleomorphism.

Colonies tend to be larger, less translucent, and on blood agar, they are surrounded by a large colourless zone of haemolysis. In broth, there is stringy floccular sediment with clear supernatant. The V factor but not X factor is required for growth.

The organism is positive for oxidase, nitrate reduction, H₂S production and urease tests. Some strains of *H. parahaemolyticus* (11 to 89%) are positive for catalase, ONPG, ornithine decarboxylase and produce acid from _D-galactose. It is negative for indole production and aesculin hydrolysis⁶.

H. parahaemolyticus is associated frequently with acute pharyngitis and occasionally cause sub-acute endocarditis.

Haemophilus paraphrohaemolyticus¹²

Cells are Gram negative, non-motile and non-spore-forming short to medium length rods measuring 0.75 to 2.5µm and 0.4 to 0.5µm. They grow well at 37°C both in air and in air with added CO₂.

On blood agar plate, the colonies are smooth, round and dome-shaped and they also produce large zones of clear haemolysis. Chocolate agar promotes larger colonies

than blood agar, irrespective of the presence or absence of CO₂. The V factor but not X factor is required for growth. No growth is observed on inspissated serum or on MacConkey or CLED agar.

The organism is positive for catalase, oxidase, nitrate reduction, H_2S production and urease tests. Eleven to eighty nine percent of strains are positive for ONPG and produces acid from $_D$ -galactose. It is negative for ornithine decarboxylase, indole production and aesculin hydrolysis 6 .

H. paraphrohaemolyticus has been isolated from sputum, throat, pharynx and urethral discharge in humans¹².

Haemophilus aegyptius¹³

Cells are Gram negative, non-motile, non-spore-forming, non-encapsulated bacillus, 0.25 to 0.5µm by 1.0 to 2.5µm, with rounded ends and sometimes with a bipolar body. The organism is a facultative aerobe. It requires both haemin and V factors for growth. The optimum temperature is 35 to 37°C with a range of 25 to 40°C. Colonies on blood agar are small and dew-drop-like without haemolysis; on transparent agar, they have a bluish tinge in transmitted light; and in semifluid medium they are granular to fluffy. They are soluble in sodium desoxycholate, reduce nitrates to nitrites, and do not produce indole. Slight acidity is formed from glucose and galactose; reaction on levulose is variable and on xylose negative. It agglutinates human red cells.

It has been reported that *H. aegyptius* can be differentiated from *Haemophilus influenzae* by serological means and to a certain extent, by growth characteristics and biochemical reactions. However, it has been proposed that this strain should be reclassified as a biogroup within the *H. influenzae* species¹⁴.

Haemophilus pittmaniae¹⁵

H. pittmaniae is non-motile, facultatively anaerobic, Gram negative, small, pleomorphic rods, with occasional long, filamentous forms. Colonies on chocolate agar are greyish white and reach a diameter of 1 to 2mm after 24hr at 35°C. A distinct β-haemolytic zone is produced around the colonies on horse or sheep blood agar. They depend on V-factor for growth on brain heart infusion agar plates but are capable of growth on blood plates due to release of V factor from lysed blood cells.

H. pittmaniae is positive for porphyrin test, negative or weakly positive for catalase and oxidase tests. A small amount of gas is produced from glucose. Indole, urease, in lysine and ornithine decarboxylase and arginine dihydrolase tests are negative.

H. pittmaniae was originally isolated from human saliva and is part of the normal flora of the oral mucous membranes. It is an opportunistic pathogen and has been isolated from various sites of infection, including blood and bile.

Haemophilus ducreyi16

Cells are Gram negative coccobacilli in "railroad track" arrangement. They grow best in microaerophilic conditions at 33 to 35°C in a humid atmosphere containing 5% CO₂. The identification of *H. ducreyi* growing from cultured specimens is not easy because the organism often cannot grow in the media used for phenotypic testing of *Haemophilus* species". *H. ducreyi* grows on Mueller-Hinton agar with 5% sheep blood in a CO₂ enriched atmosphere. It produces characteristic tan-yellow colonies that are highly self-adherent and can be 'nudged' intact over the surface of the agar.

The organism require X factor for growth and this can most easily be evaluated using the porphyrin test. It is positive for oxidase and negative for catalase test.

H. ducreyi has been isolated from a number of ulcer specimens including leg, foot, perianal and genital¹⁷.

Haemophilus sputorum³

Cells are non-motile, small regular rods, 0.3 to 0.5 μ m \times 2.0 to 3.0 μ m, with occasional coccoid forms. Colonies on chocolate agar are convex, whitish, opaque, and reach a diameter of 0.5 to 1.5mm within 24hr. Zones of β -haemolysis are produced around colonies on horse or sheep blood agar, occasional strains are non-haemolytic and consequently fail to grow on blood agar. Cells are dependent on V factor for growth.

It is positive for oxidase and give variable results on catalase tests. Cells produce β -galactosidase, urease, and leucinearylamidase. Species are negative for indole test, arginine dihydrolase, lysine decarboxylase, ornithine decarboxylase, and phenylalanine arylamidase. H₂S is not or only weakly emitted (lead acetate test), IgA1 protease is not produced.

H. sputorum was originally isolated from a case of human tooth alveolitis and is occasionally involved in human infections. It has been isolated from blood and from the sputum of patients with cystic fibrosis³.

Haemophilus massiliensis18

Cells are Gram negative, non-endospore forming, facultative anaerobes and non-motile bacilli. Colonies are non-haemolytic, round and light with a size of 0.5 to 1mm on blood enriched Colombia agar. Growth occurs between 25 and 45°C and optimal growth temperature is at 37°C. They are positive for catalase and oxidase.

It has been isolated from human peritoneal fluid¹⁸.

Haemophilus seminalis19

Cells are Gram negative, non-motile, non-acid-fast and coccobacilli or rods with the size of 0.4 to 0.8µm by 0.6 to 1.8µm. Cells are facultatively anaerobic, growth occurs at 28 to 40°C and is enhanced in the presence of CO₂. They require V factor for growth, but not X factor. Nitrates are reduced to nitrites. They ferment p-glucose and sucrose. They exhibit good growth on Haemophilus chocolate 2 agar and chocolate agar with PolyVitex, but not on Columbia blood agar, BHI agar, CHAB agar, MH agar or lysogeny broth agar. Colonies are smooth, low, convex, greyish and translucent on Haemophilus chocolate 2 agar.

It was recently isolated from human semen¹⁹.

Other HACEK group of organisms

A systematic approach is used to differentiate the HACEK group of clinically encountered, morphologically similar, aerobic and facultatively anaerobic Gramnegative rods mainly associated with endocarditis and infections from normally sterile sites. These organisms are oropharyngeal/respiratory tract commensals²⁰. The identification is considered together with the clinical details and the isolates may be identified further if clinically indicated.

Aggregatibacter species4

They are members of the family *Pasteurellaceae*. The genus *Aggregatibacter* contains 4 species, *Aggregatibacter actinomycetemcomitans*, *Aggregatibacter aphrophilus*, *Aggregatibacter segnis* and *Aggregatibacter kilianii* ²¹.

They are Gram-negative, non-motile, facultatively anaerobic rods or coccobacilli. Growth is mesophilic. Several species of the genus are capnophilic and primary isolation may require the presence of 5 to 10% CO₂. There is no dependence on X factor and the requirement for V factor is variable. Granular growth in broth is common. Colonies on sheep and horse blood agar are greyish white and non-haemolytic. Acid is produced from glucose, fructose and maltose, whereas arabinose, cellobiose, melibiose, melezitose, salicin and sorbitol are not fermented. The fermentation of galactose, lactose, mannitol, mannose, raffinose, sorbose, sucrose, trehalose and xylose is variable and may aid in identification to the species level. They are also positive for nitrate reduction and alkaline phosphatase production, but strains are negative in tests for indole, urease, ornithine and lysine decarboxylases and arginine dihydrolase. Oxidase reaction is negative or weak; catalase is variably present.

The species of the genus are intimately associated with humans; they are part of the human oral flora and are occasionally recovered from other body sites, including blood and brain, and as causes of infective endocarditis and abscesses.

The type species is *Aggregatibacter actinomycetemcomitans*, originally described as *'Bacterium actinomycetemcomitans'*.

Aggregatibacter actinomycetemcomitans4

They are small rods, 0.3 to 0.5µm by 0.5 to 1.5µm, which may exhibit irregular staining and may appear as cocci in broth or actinomycotic lesions. They may occur singly, in pairs or in small clumps. Small amounts of extracellular slime may be produced. Cells are non-motile.

The strain grows best under microaerophilic conditions with added CO₂ and is facultatively anaerobic. The optimal growth temperature is 37°C after 24hr incubation. Colonies on chocolate agar are small, with a diameter of ≤0.5mm after 24hr but may exceed 1 to 2mm after 48hr. On primary isolation, the colonies are rough, textured and adherent and have an internal, opaque pattern described as star-like or like 'crossed cigars'. The rough phenotype is related to fimbriation and to the production of hexoseamine-containing exopolysaccharide. Cells from rough colonies grow in broth as granular, autoaggregated cells that adhere to the glass and leave a clear broth. X and V factors are not required. If extracellular slime is produced, cultures may be sticky on primary isolation. Surface cultures have low viability and may die within 5 to 7 days.

A. actinomycetemcomitans is positive for catalase, oxidase and acid is produced from glucose, fructose, maltose and mannose, whereas arabinose, cellobiose, galactose, lactose, melibiose, melezitose, trehalose, raffinose, salicin, sorbitol and sucrose are not fermented. Variable fermentation is observed with mannitol and xylose. It is negative for urease and ONPG hydrolysis.

The key tests for discrimination between *Aggregatibacter actinomycetemcomitans* and V factor-independent strains of *Aggregatibacter aphrophilus* are catalase and ONPG, plus fermentation of lactose, sucrose and trehalose.

It is mostly found on dental surfaces. *A. actinomycetemcomitans* has regularly been isolated together with *Actinomyces* species from human actinomycosis. It has sometimes been found in endocarditis, brain abscess and urinary tract infections.

Aggregatibacter aphrophilus4

The species *Haemophilus aphrophilus* and *Haemophilus paraphrophilus* have been reclassified as a single species *Aggregatibacter aphrophilus*.

Cells are Gram negative, short regular rods, 0.5×1.5 to $1.7 \mu m$ with occasional filamentous forms. They require 5 to 10% CO₂ for primary isolation. Growth may be enhanced by haemin, but porphyrins are synthesized from δ -aminolaevulinic acid and X factor is not required. Some isolates require V factor whilst others are V factor independent. Colonies on chocolate agar are high convex, opaque, granular and yellowish and reach a diameter of 1.0 to 1.5mm within 24hr.

Variable fermentation is observed with galactose and raffinose. H₂O₂ is not decomposed; ONPG is hydrolysed. The organism is catalase and urease negative, and oxidase variable.

Key tests for discrimination between V factor-dependent isolates of *A. aphrophilus* and strains of *H. parainfluenzae* biotype V (negative for indole, urease and ornithine decarboxylase) are fermentation of lactose and trehalose.

A.aphrophilus is a member of the normal flora of the human oral cavity and pharynx. It may cause brain abscess and infective endocarditis and has been isolated from various other body sites including peritoneum, pleura, wound and bone.

Aggregatibacter segnis4

Cells are small, pleomorphic rods, often showing a predominance of irregular, filamentous forms. Growth on chocolate agar is slow and colonies are smooth or granular, convex, greyish-white or opaque and 0.5mm in diameter after 48hr incubation. Growth in broth and fermentation media is slow, and reactions are negative or weakly positive. The growth of some strains is enhanced by 5 to 10% CO₂. V-factor but not X-factor is required.

Small amounts of acid result from the fermentation of glucose, fructose, galactose, sucrose and maltose. Fermentation of sucrose is usually stronger than fermentation of glucose. Catalase and β -galactosidase (hydrolysis of ONPG) are variably present. They are negative for oxidase, indole, urease and ornithine decarboxylase tests.

A. segnis is found in the human oral flora, particularly in dental plaque, and can be isolated from the pharynx. It has occasionally been isolated from human infections including infective endocarditis.

Aggregatibacter kilianii²²

Cells are short, regular rods (0.5 by 1.5 to 1.7 mm), with occasional filamentous forms. They are Gram-negative, nonmotile, facultatively anaerobic. Colonies on chocolate agar incubated in air supplemented with 5 to 10% extra CO₂ are highly convex, granular, yellowish, and opaque and reach a diameter of 1.0 to 1.5mm within 24 hr. When plates are incubated without extra CO₂, the growth characteristically shows very small colonies interspersed with a few larger colonies. Both V-factor and X-factor are not required.

A decisive phenotypic test for identification of *A. kilianii* is alanine-phenylalanine-proline arylamidase, which is positive for *A. kilianii* and negative for the 3 other aggregatibacter species. *A. kilianii* can be distinguish from *A. aphrophilus* and *A. segnis* by testing for N-acetylglucosamine and from *A. actinomycetemcomitans* by testing for catalase and β-galactosidase (ONPG). *A. kilianii* is negative for indole, urease and ornithine decarboxylase tests.

A. kilianii is a commensal of the upper respiratory tract of humans. It is occasionally involved in human infections and has been isolated from conjunctivitis, wounds, abdominal abscesses, and blood.

Cardiobacterium species²³

The genus *Cardiobacterium* contains 2 species, *Cardiobacterium hominis* and *Cardiobacterium valvarum*^{24,25}. Cells are pleomorphic or straight rods, 0.5 to 0.75µm in diameter and 1 to 3µm in length with rounded ends, and long filaments may occur. Cells are arranged singly, in pairs, in short chains and in rosette clusters. They are Gram negative, but parts of the cell may stain Gram positive.

Growth on blood agar is poor. They do not require X or V factors, but may show an apparent requirement for X factor on first isolation. Very small colonies are produced unless incubated in a humid aerobic or anaerobic atmosphere with 5% CO_2 . After incubation for 2 days, colonies are 1mm in diameter, smooth, opaque and butyrous and show slight α - haemolysis. Some strains may pit the agar. They are facultatively anaerobic, but CO_2 may be required by some strains on primary isolation. The optimum growth temperature is 30 to 37°C.

They are positive for oxidase, H₂S production, indole (weakly), and are negative for nitrate reduction, catalase, urea and aesculin hydrolysis. They utilize dextrose, fructose, maltose, mannitol, sucrose, sorbitol, and mannose but do not utilise galactose, lactose, raffinose and xylose.

Cardiobacterium hominis is the type species.

Cardiobacterium hominis²³

Cells are Gram negative pleomorphic to short, non-motile rods. Growth on blood agar is poor. *C. hominis* does not require X or V factor, but may show an apparent requirement for X factor on first isolation. Very small colonies are produced unless incubated in a humid aerobic or anaerobic atmosphere with 5% CO_2 . After incubation for 2 days, colonies are 1mm in diameter, circular, smooth, entire, moist, glistening, opaque and butyrous and show slight α - haemolysis. Some strains may pit the agar. *C. hominis* is facultatively anaerobic, but CO_2 may be required by some strains on primary isolation. The optimum growth temperature is 30 to 37°C.

The organism is positive for oxidase, H₂S production, indole (weakly), and negative for nitrate reduction, catalase, urease and aesculin hydrolysis. Dextrose, fructose, maltose, mannitol, sucrose, sorbitol, and mannose is utilized but do not utilize galactose, lactose, raffinose and xylose.

C. hominis can be distinguished from other members of the HACEK group and from *Pasteurella, Brucella, Streptobacillus moniliformis* and *Bordetella parapertussis* by the following characteristics: absence of catalase activity, positive oxidase reaction, production of indole and absence of nitrate production²⁶.

Cardiobacterium valvarum²⁷

Cells are fastidious Gram negative regular, pleomorphic to short rods. All strains are facultatively anaerobic and non-motile. Some strains have an acidulous smell. Its preferred culture medium is sheep blood agar, and visible colonies appear after an incubation period of 3 days. Colonies are round, elevated, opaque, smooth, and glistening. However, the colonies hardly reach 1mm after extended incubation. Therefore, *C. valvarum* is more fastidious than *C. hominis*, whose colonies appear after a 2-day incubation and reach a diameter of 2.2mm after 4 days.

Microscopically, *C. valvarum* appears readily decolourised by acetone alcohol, and the cellular morphology varies depending on culture medium. When grown on blood agar, it is a fairly large regular rod, measuring 1 \times 2 to 4 μ m. On chocolate agar, it is smaller and pleomorphic.

The organism is positive for the production of indole, cytochrome oxidase, and H₂S but negative for catalase production, urea hydrolysis, aesculin hydrolysis, and nitrate reduction. Dextrose, fructose, sorbitol, and mannose is utilized, like *C. hominis*, but unlike *C. hominis*, does not utilize maltose, sucrose, or mannitol.

C. valvarum was first isolated in 2001 from the blood of a 37 year old man with endocarditis. *C. valvarum* is present in subgingival pockets and dental plaques, and all the reported cases of endocarditis have been in people who had recently undergone a dental procedure or had oral infection²⁴.

Eikenella species²⁸

The genus *Eikenella* contained a single species *Eikenella corrodens* for many years. In November 2019 three more species, *Eikenella exigua*, *Eikenella halliae* and *Eikenella longinqua* were isolated.

Eikenella corrodens^{29,30}

Cells are straight, non-branching, non-sporing, slender Gram-negative rods, 0.3 to 0.4 × 1.5 to 4µm in length. Colonies may be very small on blood agar after overnight incubation or may not be visible for several days. Colonies have moist, clear centres surrounded by flat, and sometimes spreading, growth. Pitting of the medium may occur and yellow colouration may be seen in older cultures due to cell density. There may be colonial variation and spreading growth may vary between colonies of the same isolate. *E. corrodens* is non-haemolytic but a slight greening may occur around the colonies. Haemin is usually required for aerobic growth and rare strains remain X-dependent after further subculture. The optimum growth temperature is 35 to 37°C. *E. corrodens* is non-motile, but 'twitching' motility may be produced on some media. Strains are facultatively anaerobic and capnophilic. It may be confused with *Bacteroides ureolyticus*, which also exhibits pitting or corroding, but unlike *E. corrodens* is an obligate anaerobe and urease positive.

The strain is positive for oxidase, ornithine decarboxylase and nitrate reduction and are negative for acidification of carbohydrates, production of indole, aesculin hydrolysis, catalase and urease tests.

E. corrodens was originally isolated from human sputum, it is now recognised as a coloniser of the oral mucous membranes, the upper respiratory tract and possibly the gastrointestinal tract.

Eikenella exigua^{28,31}

Eikenella exigua is slow growing facultatively anaerobic, short and slender Gramnegative rod, with occasional strains having scant growth when grown in 5% CO₂. It grows poorly (after 5 days) or not at all under aerobic conditions. On blood agar colonies are visible after 1 to 3 days of incubation in a microaerophilic or anaerobic atmosphere. Colonies are small (≤0.5 mm) and translucent with a caramel odour. Pitting of agar may or may not be observed on agar plates. It is catalase and oxidase negative and nitrate not reduced to nitrite. It is non-motile and indole negative. Aesculin, urea and gelatin hydrolysis is not detected.

It has been detected in samples from brain abscess, bone and pleural empyema. It has also been isolated from a submandibular abscess and parotid gland and is probably a commensal of the human oropharyngeal microbiota.

Eikenella halliae²⁸

Eikenella halliae is facultative anaerobes and grow best in 5% CO₂, under microaerophilic or strict anaerobic conditions with scanty growth when grown aerobically. Colonies are adherent to agar and pitting or haemolysis on blood agar are not observed. Colonies are approximately 1mm in diameter, flat, opaque or translucent with regular flat edges after 24 h on SBA. Optimal growth is at 35 to 37 °C with no or scant growth at 25°C or 42°C. Cells are slender, medium length, Gramstain-negative non-motile rods. It is catalase-negative and oxidase-positive and do not ferment, oxidize nor assimilate sugars. Nitrate is reduced to nitrite, indole negative, urease not detected and neither gelatin or aesculin is hydrolysed.

The type strain was recovered from an eye swab and one strain was isolated from a maxillary sinus.

Eikenella longinqua²⁸

It is a slow growing, strict anaerobe with no growth aerobically or in 5 %CO₂, and scant growth microaerophilically. There is no pitting of agar or haemolysis on blood agar observed. Colonies are 0.5mm in diameter, rounded, transparent after 5 to 7 days growth on brucella agar. It grows at 35 to 37 °C. Cells are small to medium length, thin Gram-stain-negative rods. Growth in PY broth is not enhanced by the presence of glucose, bile, serum, tween or FF. Catalase and oxidase are negative. It does not ferment nor assimilate sugars. Nitrate is weakly reduced or not observed (method dependent). It is non-motile but 'twitching motility' observed. It is indolenegative. It does not hydrolyse urea, aesculin and gelatin. Arginine dihydrolase and proline arylamidase are detected in biochemical tests.

The type strain was recovered from a blood culture isolate of a patient.

Kingella species³²

The genus *Kingella* comprises five species, *Kingella kingae*, *Kingella denitrificans*, *Kingella potus* and *Kingella oralis*, *Kingella negevensis*³³. *Kingella indologenes* has been transferred to a new genus and classified as *Suttonella indologenes*³².

Kingella species are straight rods, 1.0µm in length with rounded or square ends. They occur in pairs and sometimes short chains. Endospores are not formed. Cells are Gram negative but tend to resist decolourisation. Two types of colonies occur on blood agar; a spreading, corroding type and a smooth, convex type. They do not require X or

V factors. Growth is aerobic or facultatively anaerobic. The optimum growth temperature is 33 to 37°C³⁴.

It is non-motile, oxidase positive, catalase negative and urease negative. Glucose and other carbohydrates are fermented with the production of acid but not gas.

Kingella species may grow on Neisseria selective agar and therefore may be misidentified as pathogenic Neisseria species. The strain can be differentiated from Moraxella and Neisseria species by a catalase test. Most Kingella species are catalase negative; Moraxella and most Neisseria species (except Neisseria elongata) are catalase positive.

Kingella denitrificans^{35,36}

Previously designated CDC group TM-1. Cells are Gram negative, non-motile, plump rods 1.0µm in width. Small, translucent non-haemolytic colonies are produced on blood agar after 48hr of incubation at 37°C. Colonies may show pitting of the medium. Growth occurs anaerobically on blood agar.

The following test are positive: oxidase, growth at 30 and 37°C, fermentative in the O/F test, acid production from glucose, nitrate reduction, nitrite reduction, and production of gas from nitrite.

The following tests are negative: catalase, growth at 5 and 45°C, growth in the presence of 6% NaCl, growth on β-hydroxybutyrate in mineral medium, acid production from maltose unless serum was present, starch hydrolysis and urease production.

It is isolated in the respiratory tract.

Kingella kingae³⁷

Cells are coccoid to medium-sized rods, very much like those of Moraxella but slightly smaller, have square ends, and occur in pairs and short chains, Gram negative, with some tendency to resist decolourisation. It is also non-motile, non-encapsulated and no endospores are produced. On blood agar, two types of colonies occur; colonies of freshly isolated strains appear as small depressions, 0.1 to 0.5mm in diameter, with a small central papilla initially but after two or more days incubation, there is considerable spreading growth and thin granular zones of growth often surround the colonies. Colonies when scrapped shows corrosion marks on the agar surface. The second colonial type, which often arises in subcultures of the first type, is small, delicate, translucent or slightly opaque, 0.1 to 0.6mm in diameter after 20hr on blood agar, low hemispherical, and smooth. On further incubation, the colonies increase in size but there is no evidence of corrosion or spreading. Both types of colonies are surrounded by distinct zones of β -haemolysis; their consistencies are soft or coherent and are not pigmented.

Kingella kingae is aerobic and grow at room temperature but their optimal growth is at 33 to 37°C. The strain is relatively fastidious and growth on high quality nutrient agar is as good as that on blood agar.

It is negative for catalase and urease tests. No acid is produced from fructose, lactose, saccharose, arabinose, xylose, rhamnose, mannitol, dulcitol, sorbitol, or glycerol. Gelatin and serum are not liquefied. Nitrate is not reduced or slightly reduced.

The organism is parasitic on human mucous membranes. Strains have been isolated from throat, nose, blood, bone lesions and joints.

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Kingella oralis³⁸

Cells are Gram negative rods or coccobacilli approximately 0.6 to 0.7µm in diameter by 1 to 3µm long with rounded ends. Cells can form pairs or chains and have monopolar fimbriae up to 10µm long. There is a tendency to resist Gram decolourisation. Not motile by means of flagella, but cells form spreading colonies. They are aerobic or facultatively anaerobic. Growth is supported by 5% sheep blood agar supplemented with 5mg of haemin per litre and 0.5µg of menadione per mL in both anaerobic and aerobic environments with CO₂. They do not grow on MacConkey agar. Colonies are round with slightly irregular borders and flat to umbonate, and each colony has a granular periphery. Colonies appear to corrode the agar surface. *K.oralis* is positive for oxidase test and negative for nitrate, nitrite, indole, urease and aesculin hydrolysis tests. Acid is not produced from lactose, maltose, mannitol, sucrose, and xylose.

The habitat of *K.oralis* appears to be human dental plaque and has been isolated from a supragingival plaque sample from a patient with adult periodontitis.

Kingella potus³⁹

Cells are gram negative, non-spore-forming, non-motile rods. They are aerobic, DNase positive, oxidase positive, and catalase negative. Colonies are circular, low convex, yellow- pigmented, smooth, entire, approximately 1.5 to 2mm in diameter, and friable on Columbia blood agar after 48hr of incubation at 37°C. Colonies are non-haemolytic. Non-diffusible yellow pigments are produced. Nitrate and nitrite are not reduced. Aesculin and urea are not hydrolysed. Indole is not produced. Acid is not produced from fructose, glucose, mannose, mannitol, maltose, lactose, or sucrose. It is negative for alkaline phosphatase, α -glycosidase, β -galactosidase, or β -glucuronidase activity. *K. potus* has been isolated from wounds caused by animal bites.

Tests that are useful in distinguishing *Kingella potus* from other *Kingella* species and members of the genus *Neisseria* are positive DNase test and its ability to pigment.

Kingella negevensis 40

Cells are coccobacillary, non-spore-forming and non-motile, Gram negative, oxidase positive and exhibit aerobic and facultatively anaerobic capnophilic growth. *K.negevensis* is catalase, indole, lipase, alkaline phosphatase negative. After incubation at 37°C for 1 day on 5% sheep blood-enriched Columbia agar, colonies are β-haemolytic, round, pale yellow, smooth and 0.5 to 1 mm in diameter. It was first isolated from the oropharynx of healthy children.

5 Technical information/limitations

Agar media and X & V factor testing

The use of chocolate agar is preferable for species that require X and V factor for growth rather than blood agar or blood containing medium because of risk of carryover of X factor. The X and V factor testing could also be done using a basic nutrient agar but for which the X and V discs have been validated in case it had trace factors that could influence the results, usually identifying *H. influenzae* as *H. parainfluenzae*. Manufacturers' instructions should be followed when performing this test.

Incubation

Please note that sometimes the X and V factor tests can give false V dependent results if incubated in CO₂⁴¹.

For more information on technical limitation for the X and V Factor Test, see <u>TP 38 – X and V factor test</u>.

Principles of isolation

Colonies on blood or chocolate agar may be presumptively identified by colonial morphology, Gram stain, haemolysis and requirement for X and V factors and CO₂. The porphyrin synthesis test (see <u>TP 29 – Porphyrin Synthesis (ALA) Test</u>) may be used to differentiate haemin producing *Haemophilus* species. Identification is confirmed by commercial biochemical tests, serotyping with type-specific antisera and/or referral to a Reference Laboratory.

Full identification with MALDI-TOF MS can be used to identify *Haemophilus* isolates to species level.

Isolates of *H. influenzae* from normally sterile sites should be sent to the Vaccine Preventable Bacteria Section, Respiratory and Vaccine Preventable Bacteria Reference Unit (RVPBRU), Public Health England, Colindale, for confirmation and typing.

6 Safety considerations⁴²⁻⁵⁹

Haemophilus influenzae is a Hazard Group 2 organism, and in some cases the nature of the work may dictate full Containment Level 3 conditions. All laboratories should handle specimens as if potentially high risk.

H. influenzae can cause serious invasive disease, especially in young children. Invasive disease is usually caused by encapsulated strains of the organism.

Laboratory acquired infections have been reported⁶⁰. The organism infects primarily by the respiratory route (inhalation), autoinoculation or ingestion in laboratory workers⁶¹.

Laboratory procedures that give rise to infectious aerosols must be conducted in a microbiological safety cabinet. For the urease test, a urea slope is considered safer than a liquid medium. The use of needles, syringes, or other sharp objects should be strictly limited and eye protection must be used where there is a known or potential risk of exposure to splashes.

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

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

Compliance with postal and transport regulations is essential.

7 Target organisms

HACEK group reported to have caused human infection

Haemophilus influenzae, Haemophilus parainfluenzae, Haemophilus haemolyticus, Haemophilus parahaemolyticus, Haemophilus paraphrohaemolyticus, Haemophilus aegyptius, Haemophilus pittmaniae, Haemophilus ducreyi, Haemophilus sputorum, Haemophilus seminalis, Aggregatibacter aphrophilus (includes Haemophilus aphrophilus and Haemophilus paraphrophilus), Aggregatibacter segnis (formerly Haemophilus segnis), Aggregatibacter actinomycetemcomitans (formerly Actinobacillus actinomycetemcomitans), Aggregatibacter kilianii, Cardiobacterium hominis, Cardiobacterium valvarum, Eikenella corrodens, Eikenella exigua, Eikenella halliae, Eikenella longinqua Kingella kingae, Kingella denitrificans, Kingella oralis, Kingella potus.

8 Identification

8.1 Microscopic appearance

Gram stain (TP 39 - Staining procedures)

Haemophilus species are small coccobacilli or longer rod-shaped Gram-negative cells, variable in length with marked pleomorphism and sometimes forming filaments.

Other HACEK organisms produce spherical, oval or rod-shaped Gram-negative cells which may be variable in length with marked pleomorphism or filament formation.

8.2 Primary isolation media

Chocolate agar incubated in 5 to 10% CO₂ at 35 to 37°C for 24 to 48hr.

Blood agar incubated in 5 to 10% CO₂ at 35 to 37°C for 24 to 48hr.

8.3 Colonial appearance

Haemophilus species are small, round, convex colonies, which may be iridescent and develop after 24hr incubation on chocolate agar. Satellitism of *H. influenzae* may be seen around colonies of *S. aureus* on blood agar.

Colonial morphology of other HACEK organisms varies with species and isolation medium (see section 4.1 and appendix 3).

8.4 Test procedures

Tests listed below are no longer carried out routinely in laboratories. They may be useful in some cases where further identification is required.

Catalase Test (TP 8 - Catalase test)

Oxidase Test (TP 26 - Oxidase test)

Urease Test (TP 36 – Urease test)

Table 1: Summary of the biochemical tests:

Organism	Catalase	Oxidase	Urease
H. influenzae	+	+	(+)
H. parainfluenzae	d	+	d
H. haemolyticus	+	+	+
H. parahaemolyticus	d	+	+
H. paraphrohaemolyticus	+	+	+
H. aegyptius	+	+	+
H. pittmaniae	d	d	-
H. ducreyi	-	+	Unknown
H. sputorum	V	+	+
H. massiliensis	+	+	+
H. seminalis	+	+	+
A. actinomycetemcomitans	+	+	-
A. aphrophilus	-	-	-
A. segnis	V	-	-
A. kilianii	-	Unknown	-
C. hominis	-	+	-
C. valvarum	-	+	-
E. corrodens	-	+	-
E. exigua	-	-	-
E. halliae	-	+	-
E. longinqua	-	-	-
K. denitrificans	-	+	-
K. kingae	-	+	-
K. oralis	-	+	-
K. potus	-	+	-
K. negevensis	-	+	-

^{+ =} positive, - = Negative, (+) = 80-89% positive, d= 11-89% positive, V= variable result

Growth requirement for X and V factors

This is used to distinguish *Haemophilus* species (<u>TP 38 - X and V Factor Test</u> or <u>TP 29 - Porphyrin Synthesis (ALA) Test</u>).

Table 2: Summary of X and V test results

Organism	X factor	V factor	X + V factor	Porphyrin
H. influenzae ^a	-	-	+	-
H. parainfluenzae	-	+	+	+
H. haemolyticus ^b	-	-	+	-
H. parahaemolyticus	-	+	+	+
H. paraphrohaemolyticus	-	+	+	+
H. aegyptius	-	-	+	-
H. pittmaniae	-	+	+	+
H. ducreyi	+	-	+	+
H. sputorum	-	+	+	+

^aH. aegyptius is indistinguishable from H. influenzae biotype III in normal laboratory tests.

Serotyping H. influenzae with commercial type-specific antisera and PCR

The presence of capsule polysaccharide can be detected by slide agglutination using commercial antisera. If positive, the individual serotype (a to f) can also be determined using antisera. Slide agglutination can sometimes generate ambiguous results and so the capsule type can be confirmed using multiple PCRs directed at targets within the capsule gene operon^{62,63}.

Some multi-species meningitis latex agglutination detection kits include antiserum against *H. influenzae* serotype b alone because of its historical dominance in causing meningitis and its relevance in detecting vaccine failures. However, it should be noted that not all latex agglutination detection kits are suitable for use on bacterial suspensions of *H. influenzae* (according to the manufacturer's instructions).

Commercial identification systems

Several commercial identification systems that use biochemical or enzymatic substrates are available for identification of *Haemophilus* species. The manufacturer's instructions should be followed precisely when using these kits. In many cases, the commercial identification system may not reflect recent changes in taxonomy.

Matrix-Assisted Laser Desorption/Ionisation - Time of Flight (MALDI-TOF) Mass Spectrometry

This technique has shown to be a rapid and powerful tool because of its reproducibility, speed and sensitivity of analysis. The advantage of MALDI-TOF as compared with other identification methods is that the results of the analysis are available within a few minutes to hours rather than several days. The speed and the simplicity of sample preparation and result acquisition associated with minimal consumable costs make this method well suited for routine and high-throughput use⁶⁴. MALDI-TOF MS can be used for identification and characterisation of different

^bTraditionally described as β-haemolytic on horse blood agar, but non-haemolytic strains exist¹⁴

members of the genus *Haemophilus*, as well as it can accurately identify the HACEK organisms despite their fastidious nature^{14,65}.

This technique can be used to rapidly distinguish between *C. hominis* and *C. valvarum*⁶⁶ and can provide rapid differentiation of *H. influenzae* and *H. aemolyticus*⁶⁷.

Nucleic Acid Amplification Tests (NAATs)

PCRs have been developed to detect *H.* influenzae and *H. parainfluenzae* in clinical specimens and some have been incorporated into commercial multi-pathogen detection systems. PCR methods are also used to confirm the species of *H.influenzae* isolates and serotype them^{62,63}. They have also been developed to help discriminate non-typeable *Haemophilus influenzae* from non-haemolytic *H. haemolyticus*^{68,10}.

PCR has been used to identify *H. ducreyi* in clinical specimens. Commercial multiplex PCR assay permits the simultaneous amplification of DNA targets from *H. ducreyi*, *T. pallidum*, and Herpes Simplex Virus types 1 and 2 directly from genital ulcer specimens⁶⁹.

16s rRNA PCR assay followed by sequencing and analysis has been used for the identification of difficult and serious infections due to fastidious microorganisms – *Cardiobacterium hominis*. In addition, this method can also be used to discriminate *C. hominis* from *C. valvarum*, which has recently been found to be responsible for endocarditis⁷⁰.

8.5 Further identification

Rapid molecular methods

Molecular methods have had an enormous impact on the taxonomy of *Haemophilus*. Analysis of gene sequences has increased understanding of the phylogenetic relationships of *Haemophilus* species and related organisms and has resulted in the recognition of numerous new species. Molecular techniques have made identification of many species more rapid and precise than is possible with phenotypic techniques.

A variety of rapid typing methods have been developed for isolates from clinical samples; these include molecular techniques such as pulsed field gel electrophoresis (PFGE), multilocus sequence typing (MLST), ribotyping, and 16S rRNA gene sequencing. All of these approaches enable subtyping of unrelated strains, but do so with different accuracy, discriminatory power, and reproducibility.

However, some of these methods are difficult to implement for routine bacterial identification in a clinical laboratory and may be better sourced from a reference laboratory.

16S rRNA gene sequencing

A genotypic identification method, 16S rRNA gene sequencing is used for phylogenetic studies and has subsequently been found to be capable of re-classifying bacteria into completely new species, or even genera. It has also been used to describe new species that have never been successfully cultured.

This has been used for better discrimination of closely related species such as *C. hominis* and *C. valvarum*^{27,71}. It has equally been used for identifying *Aggregatibacter* species¹⁴.

Ribotyping

Ribotyping is based on restriction fragment length polymorphisms of rRNA genes, which are highly conserved and are usually present in multiple copies on the genome. Ribotyping does however present some disadvantages; it is labour intensive and requires costly enzymes and materials. Nevertheless, ribotyping provides a highly reproducible and reliable reference typing system.

This has been used to identify and characterise *H. ducreyi* and it was found to be highly reproducible and that it discriminated among strains of *H. ducreyi*^{72,73}. It may be used to study the epidemiology of *H. ducreyi* and chancroid.

Ribotyping has also been used successfully in the identification of *H. influenzae* and may help to understand the molecular characteristics of outbreaks, endemicity and value of vaccination⁷⁴.

Pulsed field gel electrophoresis (PFGE)

PFGE detects genetic variation between strains using rare-cutting restriction endonucleases, followed by separation of the resulting large genomic fragments on an agarose gel. PFGE is known to be highly discriminatory and a frequently used technique for outbreak investigations and has gained broad application in characterising epidemiologically related isolates. The stability of PFGE may be insufficient for reliable application in long-term epidemiological studies. However, due to its time-consuming nature (30hr or longer to perform) and its requirement for special equipment, PFGE is not used widely outside the reference laboratories^{75,76}.

This has been used successfully to identify and discriminate between strains of non-typeable *Haemophilus influenzae*⁷⁷.

Multilocus sequence typing (MLST)

Multilocus sequence typing (MLST) is a tool that is widely used for phylogenetic typing of bacteria. MLST is based on PCR amplification and sequencing of internal fragments of a number (usually 6 or 7) of essential or housekeeping genes spread around the bacterial chromosome. A scheme was developed for *H. influenzae*⁷⁸ and has been extensively used, not only within this species, but also more widely across the *Haemophilus* genus¹⁴. For example, a version of MLST was used to describe the new species *H. pittmaniae* and to also separate *H. haemolyticus* and *H. influenzae* into distinct clusters using concatenated sequences of multiple genes, including the 16S rRNA gene^{9,14,15}.

8.6 Storage and referral

If required, save pure isolate on a chocolate agar slope for referral to the reference laboratory.

9 Reporting

9.1 Infection Specialist

Inform the medical microbiologist of all positive cultures from normally sterile sites.

Certain clinical conditions must be notified to the laboratory associated infection specialist. Typically, these will include:

- Facial cellulitis
- Septic arthritis
- Osteomyelitis
- Epiglottitis, pneumonia, mastoiditis or empyema thoracis

Follow local protocols for reporting to clinician.

9.2 Preliminary identification

If appropriate growth characteristics, colonial appearance and Gram stain of the culture are demonstrated.

9.3 Confirmation of identification

Following serotyping of *H. influenzae*, appropriate X and V and/or commercial identification kit or platform (e.g. MALDI-TOF MS) results and/or the Reference Laboratory report.

9.4 Health Protection Team (HPT)

Refer to local agreements in devolved administrations.

9.5 Public Health England⁷⁹

Refer to current guidelines on SGSS reporting.

9.6 Infection prevention and control team

N/A

10 Referral to reference laboratories

For information on the tests offered, turnaround times, transport procedure and the other requirements of the reference laboratory see the <u>Specialist and reference</u> <u>microbiology: laboratory tests and services page</u> on GOV.UK for user manuals and request forms

Organisms with unusual or unexpected resistance, or associated with a laboratory or clinical problem, or an anomaly that requires investigation should be sent to the appropriate reference laboratory.

Contact appropriate devolved national reference laboratory for information on the tests available, turnaround times, transport procedure and any other requirements for sample submission:

England and Wales

https://www.gov.uk/specialist-and-reference-microbiology-laboratory-tests-and-services

Scotland

https://www.hps.scot.nhs.uk/a-to-z-of-topics/reference-laboratories/

Northern Ireland

http://www.publichealth.hscni.net/directorate-public-health/health-protection

Haemophilus influenzae

Vaccine Preventable Bacteria Section
Respiratory and Vaccine Preventable Bacteria Reference Unit (RVPBRU)
Public Health England
61 Colindale Avenue
London
NW9 5EQ

https://www.gov.uk/rvpbru-reference-and-diagnostic-services

Telephone: +44 (0) 20 8327 7887

HACEK group and Haemophilus species for identification

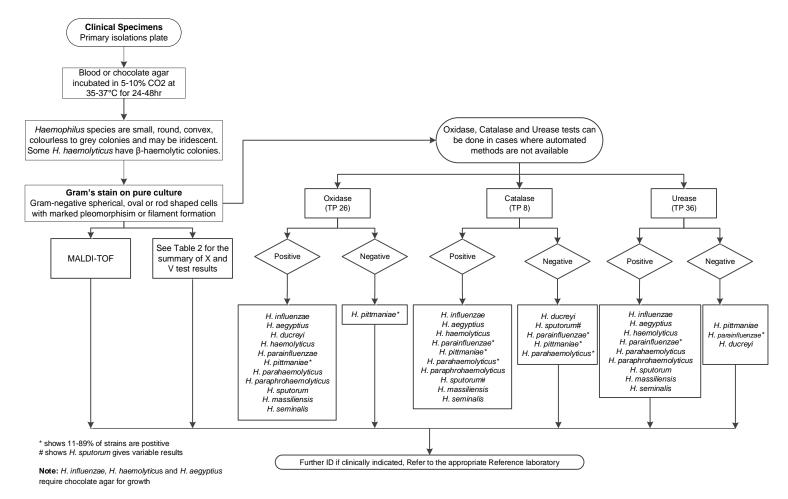
Bacterial Identification Section (BIDS)
Antimicrobial Resistance and Healthcare Associated Infections Reference Unit (AMRHAI)
Public Health England
61 Colindale Avenue
London
NW9 5EQ

https://www.gov.uk/amrhai-reference-unit-reference-and-diagnostic-services

Telephone: +44 (0) 20 8327 6511 / 7887

Appendix 1: Identification of *Haemophilus* species

This flowchart provides a summary of information presented in section 8 (tables 1 and 2). An accessible text description of this flowchart is provided on the UK SMI ID 12 download page.

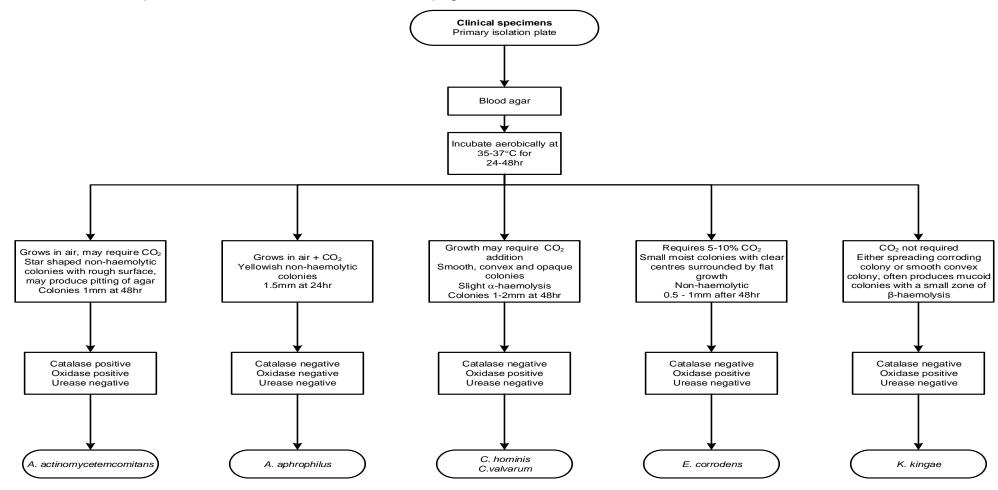


This flowchart is for guidance only.

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Appendix 2: Identification of HACEK group

This flowchart provides a summary of information presented in section 4.1 and section 8 (table 1). An accessible text description of this flowchart is provided on the UK SMI ID 12 download page.



This flowchart is for guidance only.

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Appendix 3: Colonial appearance of HACEK group organisms

HACEK group organisms	Characteristics of growth
A. actinomycetemcomitans	Will not grow in air but grows in air + CO ₂ . Minute colonies at 24hr, 1mm at 48hr. Firm, adherent, starshaped colonies with rough surface and which may produce pitting of the agar. Some strains may be sticky. Non-haemolytic.
A. aphrophilus	Requires added CO ₂ for primary isolation. Opaque, yellowish colonies 1.0-1.5mm at 24hr. X-factor enhances growth but there is not an absolute requirement for it. Some isolates require V factor (formerly <i>H. paraphrophilus</i>) whereas others are V-factor-independent (formerly <i>H. aphrophilus</i>). Non-haemolytic.
A. segnis	Growth on chocolate agar is slow and the colonies are smooth or granular, convex, greyish-white or opaque and 0.5mm in diameter after 48hr incubation.
A. kilianii	Colonies on chocolate agar are highly convex, granular, yellowish, and opaque and reach a diameter of 1.0 to 1.5mm within 24hr. When plates are incubated without extra CO ₂ , the growth will show very small colonies interspersed with a few larger colonies.
C. hominis	Some strains will not grow without added CO_2 . May require X-factor on primary isolation. Colonies smooth, convex and opaque. 1 to 2mm at 48hr. Slight α -haemolysis.
C. valvarum	Grows best in air +5% CO ₂ . Slow growing, colonies smooth, round, opaque and glistening, 0.6 to 0.8mm after 48hr. Some strains show slight α -haemolysis, others are non-haemolytic.
E. corrodens	Colonies very small, moist, clear centres surrounded by flat growth. Pitting may occur. Spreading is rare and usually confined to a very small area around the colony. Non-haemolytic. Colonies 0.5 to 1mm after 48hr. Requires 5 to 10% CO ₂ .
Eikenella exigua	Colonies on blood agar are small (≤0.5 mm) and translucent with a caramel odour. It is facultatively anaerobic and grows poorly (after 5 days) or not at all under aerobic conditions.

Eikenella halliae	Colonies are approximately 1mm in diameter, flat, opaque or translucent with regular flat edges after 24hr o SBA. Optimal growth at 35 to 37°C with no or scant growth at 25°C or 42°C. Cells are slender, medium length, Gram-stain-negative rods.
Eikenella longinqua	Colonies are 0.5mm in diameter, rounded, transparent after 5 to 7 days growth on brucella agar. Grows at 35 to 37 °C. it is slow growing and strict anaerobic.
K. kingae	2 types of colony: a spreading, corroding type and a smooth, convex type. Small zone of β-haemolysis. Cells are often capsulate, producing mucoid colonies. Does not require 5 to 10% CO ₂ .
K. denitrificans	Non-haemolytic. 2 types of colony: a spreading, corroding type and a smooth, convex type.
K. oralis	Colonies are round with slightly irregular borders and flat to umbonate, and each colony has a granular periphery. Colonies appear to corrode the agar surface.
K. potus	Colonies are circular, low convex, yellow-pigmented, smooth, entire, approximately 1.5 to 2mm in diameter, and friable on Columbia blood agar after 48hr of incubation at 37°C. Colonies are non-haemolytic.
K. negevensis	After incubation at 37°C for 1 day on 5% sheep blood-enriched Columbia agar, colonies are β-haemolytic, round, pale yellow, smooth and 0.5 to 1mm in diameter

References

For the information for the evidence grade ratings given, refer to the scientific information link above in section 2.

- 1. Euzeby JP. Genus Haemophilus. 2013. A, III
- Brook I. Bacteriology of chronic sinusitis and acute exacerbation of chronic sinusitis. Archives Otolaryngology Head Neck Surgergy 2006;132:1099-101. B, II
- 3. Norskov-Lauritsen N, Bruun B, Andersen C, Kilian M. Identification of haemolytic Haemophilus species isolated from human clinical specimens and description of Haemophilus sputorum sp. nov. International Journal of Medical Microbiology 2012;302:78-83. **B, II**
- 4. Norskov-Lauritsen N, Kilian M. Reclassification of Actinobacillus actinomycetemcomitans, Haemophilus aphrophilus, Haemophilus paraphrophilus and Haemophilus segnis as Aggregatibacter actinomycetemcomitans gen. nov., comb. nov., Aggregatibacter aphrophilus comb. nov. and Aggregatibacter segnis comb. nov., and emended description of Aggregatibacter aphrophilus to include V factor-dependent and V factor-independent isolates. International Journal of Systematic and Evolutionary Microbiology 2006;56:2135-46. A, II
- 5. Ledeboer NA, Doern GV. Haemophilus. In: Versalovic J, Carroll KC, Funke G, Jorgensen JH, Landry ML, Warnock DW, editors. Manual of Clinical Microbiology. 11th ed. Washington DC: American Society for Microbiology (ASM Press); 2015. p. 667-84. **A, III**
- 6. Holt JG, Krieg NR, Sneath PHA, Staley JT, Williams ST. Facultatively Anaerobic Gram-Negative Rods SUBGROUP 3: Genus Haemophilus. Bergey's Manual of Determinative Bacteriology. 9th ed. Baltimore, Maryland: Williams and Wilkins; 1994. p. 195-280. **A, III**
- 7. Musher DM. *Haemophilus* Species. In: Baron S, editor. Medical Microbiology. 4th ed.: University of Texas Medical Branch at Galveston; 1996. **B, III**
- 8. Foweraker JE, Cooke NJ, Hawkey PM. Ecology of Haemophilus influenzae and Haemophilus parainfluenzae in sputum and saliva and effects of antibiotics on their distribution in patients with lower respiratory tract infections. Antimicrobial Agents and Chemotherapy 1993;37:804-9. **B, II**
- 9. McCrea KW, Xie J, LaCross N, Patel M, Mukundan D, Murphy TF et al. Relationships of nontypeable Haemophilus influenzae strains to hemolytic and nonhemolytic Haemophilus haemolyticus strains. Journal of Clinical Microbiology 2008;46:406-16. **A, II**
- 10. Anderson R, Wang X, Briere EC, Katz LS, Cohn AC, Clark TA et al. Haemophilus haemolyticus isolates causing clinical disease. Journal of Clinical Microbiology 2012;50:2462-5. **B, II**
- 11. Pittman M. A classification of the hemolytic bacteria of the genus Haemophilus: Haemophilus haemolyticus Bergey et al. and Haemophilus parahaemolyticus nov spec. Journal of Bacteriology 1953;65:750-1. **B, III**
- 12. Zinnemann K, Rogers KB, Frazer J, Devaraj SK. A haemolytic V-dependent CO2-preferring Haemophilus species (Haemophilus paraphrohaemolyticus nov. spec.). Journal of Medical Microbiology 1971;4:139-43. **B, III**
- 13. Pittman M, Davis DJ. Identification of the Koch-Weeks bacillus (Hemophilus aegyptius). Journal of Bacteriology 1950;59:413-26. **B, II**

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- 14. Norskov-Lauritsen N. Classification, identification, and clinical significance of haemophilus and aggregatibacter species with host specificity for humans. Clinical Microbiology Reviews 2014;27:214-40. **A, III**
- 15. Norskov-Lauritsen N, Bruun B, Kilian M. Multilocus sequence phylogenetic study of the genus Haemophilus with description of Haemophilus pittmaniae sp. nov. International Journal of Systematic and Evolutionary Microbiology 2005;55:449-56. **B, II**
- 16. Alfa M. The laboratory diagnosis of Haemophilus ducreyi. Canadian Journal of Infectious Diseases and Medical Microbiology 2005;16:31-4. **B, III**
- 17. Trees DL, Morse SA. Chancroid and Haemophilus ducreyi: an update. Clin MicrobiolRev 1995;8:357-75. **B, III**
- 18. Lo CI, Sankar SA, Fall B, Sambe-Ba B, Diawara S, Gueye MW et al. High-quality draft genome sequence and description of Haemophilus massiliensis sp. nov. Stand Genomic Sci 2016;11:31-. **A, IV**
- 19. Zheng ML, Li LH, Liu B, Lin YB, Zhang XT, Chen C et al. Haemophilus seminalis sp. nov., isolated from human semen. International journal of systematic and evolutionary microbiology 2020;70:2588-95. **B, II**
- 20. Howard AJ, Ison CA. Haemophilus, Gardnerella and other bacilli. In: Collee JG, Fraser AG, Marmion BP, Simmons A, editors. Mackie & McCartney Practical Medical Microbiology. 14th ed. Edinburgh: Churchill Livingstone; 1996. p. 459-60. **B, III**
- 21. Euzeby JP. List of Prokaryotic names with Standing in Nomenclature Genus *Aggregatibacter*. 2014. **A, III**
- 22. Murra M, Lützen L, Barut A, Zbinden R, Lund M, Villesen P et al. Whole-Genome Sequencing of Aggregatibacter Species Isolated from Human Clinical Specimens and Description of Aggregatibacter kilianii sp. nov. Journal of Clinical Microbiology 2018;56:e00053-18. **B, II**
- 23. Slotnick IJD, M. Further characterization of an unclassified group of bacteria causing endocarditis in man:Cardiobacterium hominis gen. et sp. n. Antonie Van Leeuwenhoek 1964;30:261-72. **B**, **III**
- 24. Han XY, Meltzer MC, Woods JT, Fainstein V. Endocarditis with ruptured cerebral aneurysm caused by Cardiobacterium valvarum sp. nov. Journal of Clinical Microbiology 2004;42:1590-5. A, IV
- 25. Euzeby JP. Genus Cardiobacterium. 2013. A, III
- 26. Shivaprakasha S, Radhakrishnan K, Kamath P, Karim P. Late prosthetic valve endocarditis due to Cardiobacterium hominis, an unusual complication. Indian JMed Microbiol 2007;25:64-6. **B,** II
- 27. Chen M, Kemp M, Bruun NE, Bangsborg JM, Hojlyng N, Hesselbjerg A et al. Cardiobacterium valvarum infective endocarditis and phenotypic/molecular characterization of 11 Cardiobacterium species strains. Journal of Medical Microbiology 2011;60:522-8. **A, IV**
- 28. Bernard KA, Burdz T, Wiebe D, Bernier AM. Description of Eikenella halliae sp. nov. and Eikenella longinqua sp. nov., derived from human clinical materials, emendation of Eikenella exigua Stormo et al. 2019 and emendation of the genus Eikenella to include species which are strict anaerobes. International journal of systematic and evolutionary microbiology 2020;70:3167-78. **B, II**

- 29. Dewhirst FE, P aster BJ, Bright PL. Chromobacterium, Eikenella, Kingella, Neisseria, Simonsiella, and Vitreoscilla Species Comprise a Major Branch of the Beta Group Proteobacteria by 16S Ribosomal Ribonucleic Acid Sequence Comparison: Transfer of Eikenella and Simonsiella to the Family Neisseriaceae (emend.). International Journal of Systematic Bacteriology 1989;39:258-66. **B, II**
- 30. Jackson FL, Goodman YE. Transfer of the Facultatively Anaerobic Organism Bacteroides corrodens Eiken to a New Genus, Eikenella. International Journal of Systematic Bacteriology 1972;22:73-7. **B, II**
- 31. Stormo KA, Nygaard RM, Bruvold TS, Dimmen G, Lindemann PC, Jordal S et al. Eikenella exigua sp. nov., isolated from brain abscess and blood. International Journal of Systematic and Evolutionary Microbiology 2020;70:1478-88. **B, II**
- 32. Dewhirst FE, Paster BJ, La Fontaine S, Rood JI. Transfer of Kingella indologenes (Snell and Lapage 1976) to the genus Suttonella gen. nov. as Suttonella indologenes comb. nov.; transfer of Bacteroides nodosus (Beveridge 1941) to the genus Dichelobacter gen. nov. as Dichelobacter nodosus comb. nov.; and assignment of the genera Cardiobacterium, Dichelobacter, and Suttonella to Cardiobacteriaceae fam. nov. in the gamma division of Proteobacteria on the basis of 16S rRNA sequence comparisons. International Journal of Systematic Bacteriology 1990;40:426-33. **B, III**
- 33. Euzeby JP. List of Prokaryotic names with Standing in Nomenclature Genus *Kingella*. 2013. **A, III**
- 34. Holt JG KN, Sneath PHA, Staley JT, Williams ST. Group 4 Gram-negative Aerobic/Microaerophilic Rods and Cocci. Bergey's Manual of Determinative Bacteriology. 9th ed. Baltimore: Williams and Wilkins; 1994. p. 85-94. A, III
- 35. Snell JJS L, S.P,. Transfer of some saccharolytic *Moraxella* species to *Kingella* Henriksen and Bovre 1976, with descriptions of *Kingella indologenes* sp.nov. and *Kingella denitrificans* sp. nov. International Journal of Systematic Bacteriology 1976;26:451-8. **B, II**
- 36. Hollis DG, Weaver RE, Riley PS. Emended description of Kingella denitrificans (Snell and Lapage 1976): correction of the maltose reaction. Journal of Clinical Microbiology 1983;18:1174-6. **B, II**
- 37. Henriksen SD, Bovre K. Transfer of *Moraxella kingae* Henriksen and Bovre to the Genus *Kingella* gen. nov. in the family *Neisseriaceae*. International Journal of Systematic Bacteriology 1976;26:447-50. **B, III**
- 38. Dewhirst FE, Chen CK, Paster BJ, Zambon JJ. Phylogeny of species in the family Neisseriaceae isolated from human dental plaque and description of Kingella oralis sp. nov [corrected]. International Journal of Systematic Bacteriology 1993;43:490-9. **A, II**
- 39. Lawson PA, Malnick H, Collins MD, Shah JJ, Chattaway MA, Bendall R et al. Description of Kingella potus sp. nov., an organism isolated from a wound caused by an animal bite. Journal of Clinical Microbiology 2005;43:3526-9. **B, II**
- 40. El Houmami N, Bakour S, Bzdrenga J, Rathored J, Seligmann H, Robert C et al. Isolation and characterization of Kingella negevensis sp. nov., a novel Kingella species detected in a healthy paediatric population. International journal of systematic and evolutionary microbiology 2017;67:2370-6. A, III
- 41. Jones AM. Haemophilus influenzae and H. parainfluenzae: the influence of media and CO² on differentiation using X, V and XV discs. Medical Laboratory Sciences 1982;39:189-91. **B, III**

- 42. European Parliament. UK Standards for Microbiology Investigations (UK 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 design 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 these purposes". 1998. **A, VI**
- 43. Official Journal of the European Communities. Directive 98/79/EC of the European Parliament and of the Council of 27 October 1998 on *in vitro* diagnostic medical devices 1998. 1-37. **A, VI**
- 44. Health and Safety Executive. Safe use of pneumatic air tube transport systems for pathology specimens. 2009. **A, VI**
- 45. Department for Transport. Transport of Infectious Substances, 2011 Revision 5. 2011. A, VI
- 46. World Health Organization. Guidance on regulations for the Transport of Infectious Substances 2017-2018. 2017. **A, VI**
- 47. Home Office. Anti-terrorism, Crime and Security Act. 2001. A, VI
- 48. Advisory Committee on Dangerous Pathogens. The Approved List of Biological Agents. Health and Safety Executive 2013. 1-35. **A, VI**
- 49. Advisory Committee on Dangerous Pathogens. Infections at work: Controlling the risks. Her Majesty's Stationery Office 2003. **A, VI**
- 50. Advisory Committee on Dangerous Pathogens. Biological agents: Managing the risks in laboratories and healthcare premises. Health and Safety Executive 2005. **A, VI**
- 51. Advisory Committee on Dangerous Pathogens. Biological Agents: Managing the Risks in Laboratories and Healthcare Premises. Appendix 1.2 Transport of Infectious Substances Revision. Health and Safety Executive 2008. **A, VI**
- 52. Centers for Disease Control and Prevention. Guidelines for Safe Work Practices in Human and Animal Medical Diagnostic Laboratories. MMWR Surveill Summ 2012;61:1-102. **B, IV**
- 53. Health and Safety Executive. Control of Substances Hazardous to Health Regulations. The Control of Substances Hazardous to Health Regulations 2002 (as amended). Approved Code of Practice and guidance L5 (sixth edition). HSE Books,. 2013. **A, VI**
- 54. Health and Safety Executive. Five Steps to Risk Assessment: A Step by Step Guide to a Safer and Healthier Workplace. HSE Books, 2002. **A, VI**
- 55. Health and Safety Executive. A Guide to Risk Assessment Requirements: Common Provisions in Health and Safety Law. HSE Books,. 2002. **A, VI**
- 56. Health Services Advisory Committee. Safe Working and the Prevention of Infection in Clinical Laboratories and Similar Facilities. HSE Books 2003. **A, VI**
- 57. British Standards Institution (BSI). BS EN12469 Biotechnology performance criteria for microbiological safety cabinets 2000. **A, VI**
- 58. 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. 2005. 1-14. **A, VI**

- 59. Department of Health. Transport of Infectious Substances. Best Practice Guidance for Microbiology Laboratories. Department of Health. 1-13. 2007. **A, VI**
- 60. Collins CH, Kennedy.D.A. Laboratory acquired infections. In: Woburn MA, editor. Laboratory acquired infection: History, incidence, causes and prevention. 4 ed.; 1999. p. 1-37. **B, IV**
- 61. Jacobson JT, Orlob RB, Clayton JL. Infections acquired in cinical laboratories in Utah. Journal of Clinical Microbiology 1985;21:486-9. **B, IV**
- 62. Falla TJ, Crook DW, Brophy LN, Maskell D, Kroll JS, Moxon ER. PCR for capsular typing of Haemophilus influenzae. J Clin Microbiol 1994;32:2382-6. **B, III**
- 63. Wroblewski D, Halse TA, Hayes J, Kohlerschmidt D, Musser KA. Utilization of a real-time PCR approach for Haemophilus influenzae serotype determination as an alternative to the slide agglutination test. Molecular and cellular probes 2013;27:86-9. **B, III**
- 64. Barbuddhe SB, Maier T, Schwarz G, Kostrzewa M, Hof H, Domann E et al. Rapid identification and typing of listeria species by matrix-assisted laser desorption ionization-time of flight mass spectrometry. Applied and Environmental Microbiology 2008;74:5402-7. **B, III**
- 65. Couturier MR, Mehinovic E, Croft AC, Fisher MA. Identification of HACEK clinical isolates by matrix-assisted laser desorption ionization-time of flight mass spectrometry. Journal of Clinical Microbiology 2011;49:1104-6. **A, III**
- 66. Wallet F, Loiez C, Decoene C, Courcol R. Rapid identification of Cardiobacterium hominis by MALDI-TOF mass spectrometry during infective endocarditis. JpnJInfectDis 2011;64:327-9. B, IV
- 67. Chen JHK, Cheng VCC, Wong C-P, Wong SCY, Yam W-C, Yuen K-Y. Rapid Differentiation of Haemophilus influenzae and Haemophilus haemolyticus by Use of Matrix-Assisted Laser Desorption Ionization—Time of Flight Mass Spectrometry with ClinProTools Mass Spectrum Analysis. Journal of Clinical Microbiology 2017;55:2679-85. **B, II**
- 68. Binks MJ, Temple B, Kirkham LA, Wiertsema SP, Dunne EM, Richmond PC et al. Molecular surveillance of true nontypeable Haemophilus influenzae: an evaluation of PCR screening assays. PLoSOne 2012;7:e34083. **B, II**
- 69. Orle KA, Gates CA, Martin DH, Body BA, Weiss JB. Simultaneous PCR detection of Haemophilus ducreyi, Treponema pallidum, and herpes simplex virus types 1 and 2 from genital ulcers. Journal of Clinical Microbiology 1996;34:49-54. **B, II**
- 70. Gatselis N, Malli E, Papadamou G, Petinaki E, Dalekos GN. Direct detection of Cardiobacterium hominis in serum from a patient with infective endocarditis by broad-range bacterial PCR. Journal of Clinical Microbiology 2006;44:669-72. **B, IV**
- 71. Hoffman MJ, Macrie BD, Taiwo BO, Qi C. Prosthetic valve/conduit infection caused by Cardiobacterium valvarum. Infection 2010;38:245-6. **B, IV**
- 72. Brown TJ, Ison CA. Non-radioactive ribotyping of Haemophilus ducreyi using a digoxigenin labelled cDNA probe. Epidemiology and Infection 1993;110:289-95. **B, I**
- 73. Sarafian SK, Woods TC, Knapp JS, Swaminathan B, Morse SA. Molecular characterization of Haemophilus ducreyi by ribosomal DNA fingerprinting. JClinMicrobiol 1991;29:1949-54. **B, II**

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- 74. Wang CC, Siu LK, Chen MK, Yu YL, Lin FM, Ho M et al. Use of automated riboprinter and pulsed-field gel electrophoresis for epidemiological studies of invasive Haemophilus influenzae in Taiwan. JMed Microbiol 2001;50:277-83. **B, II**
- 75. Liu D. Identification, subtyping and virulence determination of Listeria monocytogenes, an important foodborne pathogen. Journal of Medical Microbiology 2006;55:645-59. **B, III**
- 76. Brosch R, Brett M, Catimel B, Luchansky JB, Ojeniyi B, Rocourt J. Genomic fingerprinting of 80 strains from the WHO multicenter international typing study of listeria monocytogenes via pulsed-field gel electrophoresis (PFGE). International Journal of Food Microbiology 1996;32:343-55. **B, III**
- 77. Pettigrew MM, Foxman B, Ecevit Z, Marrs CF, Gilsdorf J. Use of pulsed-field gel electrophoresis, enterobacterial repetitive intergenic consensus typing, and automated ribotyping to assess genomic variability among strains of nontypeable Haemophilus influenzae. JClinMicrobiol 2002;40:660-2. **B, III**
- 78. Meats E, Feil EJ, Stringer S, Cody AJ, Goldstein R, Kroll JS et al. Characterization of encapsulated and noncapsulated Haemophilus influenzae and determination of phylogenetic relationships by multilocus sequence typing. J Clin Microbiol 2003;41:1623-36. **B, III**
- 79. Public Health England. Laboratory Reporting to Public Health England: A Guide for Diagnostic Laboratories. Public Health England 2016. 1-29. **A, VI**