

Overview of different replies in how contact is performed in the domain of parasitology

1. IPH (Belgium)

Contact is based on the same principle of what is considered to be clinically important. However such an evaluation is more difficult in parasitology.

As declared by experts in the field (from the Institute of Tropical Medicine) it is difficult to prove the absence of any parasite in stool samples (exception being made for parasites that are present only in one continent and therefore can never be encountered in samples from patients never having visited the continent in question).

For stool samples only laboratories replying a positive sample as being negative are contacted.

For blood samples the situation is somewhat more complex:

- laboratories replying a sample erroneously as negative: are always contacted
- laboratories replying the presence of a parasite that is definitively not present in the given sample and where confusion with parasites that are present is impossible: are contacted (e.g. replying any kind of microfilaria in samples being negative or containing protozoa; if the erroneous microfilaria are reported (e.g. *Loa loa* instead of *Wuchereria*) labs are expected to perform their own investigation and take the appropriate corrective measures)
- in case of *Plasmodium* there are two possibilities:
 - o *P. falciparum*: any laboratory replying other Plasmodia than *falciparum* is contacted
 - o *P. "non-falciparum"*: only laboratories replying the absence of Plasmodia are contacted; laboratories mixing up the different species of "non-falciparum" malaria are once again expected to perform their own investigation and take the appropriate corrective measures

2. INSA (Portugal)

General comments regarding the clinical responses and identification, data involved conclusions.

The labs that have any questions regarding the clinical response and/or identification, or interpretation the final relatory, contact us to help them with the correct way to answer or to interpret the results, about what to do in the lab to change the procedure.

Sometimes in the comments written and envied just with the final report, we call the attention of labs n° X., Y or Z for this or that. Never a direct call for the laboratory for them is done. If they contact us, OK.

We have some Experts for this area outside our Institution (Hospitals and Universities) and the answers are sometimes analysed with them.

3. UK Neqas (GB)

Incorrect results are highlighted. Comments are provided for common errors. Participants are responsible for monitoring own performance and acting on any incorrect results and errors. This activity is monitored by the National Quality Assurance Panel for microbiology and/or the accreditation body.

9. AFSSAPS (France)

The interface between Afssaps and the Ministry of Health is performed by the “commission du contrôle national de qualité” (CCQ) (Commission of National Quality Control). The CCQ defines the errors that systematically need to be transferred to it. If this commission considers errors to be severe, Afssaps transfers the names of the laboratories to the MoH, who performs an inspection; there exists therefore a systematic statutory action. These inspections can lead to different actions: going from no action at all over an action by the “Conseil de l’ordre” to even temporary (or definitive) closure of the laboratory.

In parasitology the anomalies that need to be transferred to the CCQ concern false negative results for *P. falciparum*.

Afssaps itself can decide, from an educational point of view, to contact the laboratories for complementary information on the performance of their analyses and/or send a repeat sample for re-analysis. These informations, if they clearly explain the origin of the encountered error, can be distributed to the biologists in the reports of the surveys or by specific mail.