

Matters arising

Clinitec 200 as a screening test for bacteriuria

We recently carried out an evaluation of the Ames Clinitec 200 similar to that of Doran and Kensit¹ on 774 consecutive urine specimens received by our laboratory. In our study we compared the multiple reagent strip tests for blood, protein, nitrite and leucocyte esterase read by the Clinitec 200 with our standard method of urine culture, Bacteruritest strips (Mast laboratories) inoculated on to CLED agar plates and incubated overnight in air at 37°C. For the purpose of this study, one or more positive reagent strip tests and any culture of > 10⁵ bacteria/ml in pure or predominant growth were taken as positive results. We did not test our specimens for the presence of antimicrobial substances. Our results are set out in the table.

Table Summary of results

	No (%) of positive strips	No (%) of negative strips	Total (%)
Positive culture	221 (29)	7 (1)	228 (29)
Negative culture	272 (35)	274 (35)	546 (71)
Total	493 (64)	281 (36)	774 (100)

In our hands the Clinitec 200 had a sensitivity of 97% but a disappointing specificity of only 50% (predictive value for positive result 45% and for negative result 98%). Even so, our results were somewhat more encouraging than those of Doran and Kensit. The reagent strip test responsible for most of the false positive results in our study was that for blood followed in equal second place by protein and leucocyte esterase. There were few false positive nitrite tests. We have therefore decided not to introduce the Clinitec 200 into our laboratory as a screening method for bacteriuria.

J MEDCRAFT
A STACEY
PHLS,
Department of Microbiology,
South Wing,
Royal Berkshire Hospital,
London Road,
Reading,
Berkshire RG1 5AN.

Reference

- 1 Doran HM, Kensit J. Screening for bacteriuria with Clinitec-200, *J Clin Pathol* 1988; 41:1127-9.

Designation of "HPV" for human parvovirus

In a recent letter in this Journal a case of aplastic anaemia arising after infection with the human parvovirus B19 was discussed.¹ We comment on the use of the designation "HPV" for this (or any other) human parvovirus, which we feel is unfortunate.

"HPV" has been the denominator for the human papilloma viruses for many years and is therefore not appropriate for the human parvoviruses. The fact that B19 fits nicely into the list of human papilloma viruses (6, 11, 16, 18, (B)19 . . .) makes strictness in the nomenclature even more urgent.

It has been internationally recommended and agreed that the human parvovirus B19 should either be designated as such, or as "B19 virus".^{2,3} We should like to advise all authors to do so to avoid unnecessary confusion.

PE VERMEER-DE BOND, T,
AMW VAN ELSACKER-NIELE
Department of Virology,
University Hospital Leiden,
PO Box 320,
2300 AH Leiden,
The Netherlands

References

- 1 Haman MD, Newland AC, Anderson MD. Severe aplastic anaemia after parvovirus infection in the absence of underlying haemolytic anaemia. *J Clin Pathol* 1988;41:1242.
- 2 Siegl G, Bates RC, Berns KI, *et al*. Characteristics and taxonomy of parvoviridae. Third report of the Study Group on Parvoviridae, Coordinating Subcommittee, International Committee on Taxonomy of Viruses (ICTV). *Intervirology* 1985;23:61-73.
- 3 Anderson M. Human parvoviruses. In: Zuckerman AJ, Banatvala JE, Pattison JR (eds.). *Principles and practice of clinical virology*. Chichester: John Wiley & Sons, 1987;507-16.

Automated measurement of plasma viscosity by capillary viscometer

The findings reported in the recent paper by Cooke and Stuart¹ are broadly similar to those reported by us in an independent evaluation on behalf of the NHS procurement directorate. We, too, found

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that the recommended shutdown procedure did not prevent the build-up of protein within the sampling valve, inner syringe, and tubing. It was our experience, however, that a full disinfection procedure is required, and this entails using the "fast prime" function to pump hypochlorite through the rinse line. This operation is described in the manufacturer's reference manual and should be done at least once a week. It was also necessary to remove the sample valve to facilitate thorough cleaning.

We also reported on the high incidence of "data scatter" messages when the viscosity was greater than 3.5 mPascals a second. Because no result is displayed with this message, a previously unsuspected hyperviscosity syndrome may be missed.

We compared the cost of using the Viscometer II with a conventional disposable ESR system. The cost of 100 samples a day, including consumables, labour, capital depreciation and servicing for the viscometer was £16.55 and for the ESR £15.75. The advantages of automated viscometry and its "user compatibility" justify the small extra cost.

Our full report is available from the DHSS Project Officer, M Fuller, 14 Russell Square, London WC1B 5EP.

DI FISH
RF JACKSON
DW DAWSON
Department of Haematology,
North Manchester General Hospital,
Manchester M8 6RB

Reference

- 1 Automated measurement of plasma viscosity by capillary viscometer. *J Clin Pathol* 1988;41:505-7.

Shedding of oocysts of *Cryptosporidium* in immunocompetent patients

The paper by Shepherd *et al* provides some useful data on the shedding of oocysts by immunocompetent patients with cryptosporidiosis.¹ Our own studies in north Wales, over more than five years, and numerous other recent reports and reviews also show *Cryptosporidium* to be one of the commoner enteric pathogens, particularly among children.² Several of these studies have shown that oocyst shedding patterns vary considerably among patients. Some of the statements made by Shepherd *et al*, supported in some cases by reference to outdated papers, need to be clarified.

The brief description of the biology of the parasite given in their report is supported by