

Algorithm predicts urinary tract infection without microscopy

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The NoMicro classifier appears accurate for evaluating urine cultures in

cases of suspected urinary tract infection in the primary care setting without the need for microscopy, according to a study published in the January/February issue of the *Annals of Family Medicine*.

Gurpreet Dhanda, M.D., from the University of Kansas Medical Center in Kansas City, and colleagues redesigned a classifier (NoMicro) that does not depend on urine microscopy and retrospectively validated a machine learning prediction model for urine cultures internally (emergency department data set) and externally (primary care data set). Pathogenic urine culture growing $\geq 100,000$ colony-forming units was the primary outcome, while predictor variables were: age; gender; dipstick urinalysis nitrites, leukocytes, clarity, glucose, protein, and blood; dysuria; [abdominal pain](#); and history of [urinary tract infection](#).

The researchers found that removal of [microscopy](#) features did not severely compromise performance under internal validation (receiver operating characteristic area under the curve [ROC-AUC], 0.86 and 0.88 for NoMicro/XGBoost and NeedMicro, respectively). In external validation, excellent performance was also achieved (NoMicro/random forests ROC-AUC, 0.85).

"Retrospective simulation suggested that NoMicro/random forests can be used to safely withhold antibiotics for low-risk patients, thereby avoiding antibiotic overuse," the authors write. "The NoMicro classifier appears appropriate for [primary care](#). Prospective trials to adjudicate the balance of benefits and harms of using the NoMicro classifier are appropriate."

More information: Gurpreet Dhanda et al, Adaptation and External Validation of Pathogenic Urine Culture Prediction in Primary Care Using Machine Learning, *The Annals of Family Medicine* (2023). [DOI: 10.1370/afm.2902](https://doi.org/10.1370/afm.2902)

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