Rapid detection of carbapenemase-producing Enterobacteriaceae directly from positive blood cultures by a new immunochromatographic assay



Institute for Medical Microbiology, Immunology and Hygiene University Hospital of Cologne

total isolates

79/79

54/54

8/8

7/7

7/7

3/3

3/3

18/18

17/17

1/1

29/29

27/27

1/1

1/1

100%

100%

100%

100%



100%

100%

100%

100%

Axel Hamprecht a, b, #, Harald Seifert a, b and Ahmad Saleh a, b

anstitute for Medical Microbiology, Immunology and Hygiene, University Hospital of Cologne, Cologne, Germany; DZIF (German Centre for Infection Research), partner site Cologne-Bonn; "presenting author

Background

- Bloodstream infections caused by carbapenemase-producing Enterobacteriaceae (CPE) associated with treatment failure and increased mortality
- Detection of CPE from blood cultures (BC) by standard methods takes 20-96 hours

Objectives

 to develop and evaluate a protocol for the rapid detection of carbapenemases directly from positive BC using a new multiplex immunochromatographic test (ICT)

Methods

- blood cultures spiked with Enterobacteriaceae and incubated in a BD Bactex FX system until positive
- 170 molecularly characterized clinical isolates
- K. pneumoniae (N=84), E. coli (N=53), E. cloacae (N=15),
 E. aerogenes (N=6), C. freundii, (N=5), other species (N=7)
- 126 CPE
 79 OXA-48-like, 18 KPC, 29 NDM
- 44 carbapenemase negative isolates
- blood from positive BC bottles was hemolyzed, bacteria concentrated by centrifugation and lysed
- lysate was transferred to the RESIST-3 O.K.N. ICT* (Coris BioConcept, Gembloux, Belgium), which detects OXA-48-like, KPC and NDM (Fig. 1)

1 mL BC hemolysis wash H₂0 wash PBS lysate lysate

Figure 1. Workflow for the preparation of ICT directly from positive blood cultures; SDS: sodium dodecyl sulfate; PBS: phosphate buffered saline

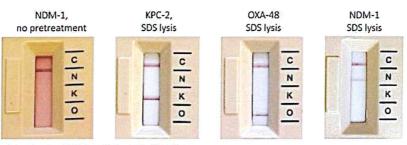


Figure 2. Result of the ICT from blood cultures

Results

- Without pretreatment, results cannot be easily determined because of red background
- After pretreatment with SDS, all carbapenemases can be easily identified (Fig. 2)
- Sensitivity and specificity 100% (Table 1)
- Easy and rapid protocol, time to result 20-30 min

Conclusion

Results

Carbapenemase

OXA-48-like

OXA-48

OXA-181

OXA-232

OXA-162

OXA-48-like/NDM

others

KPC

KPC-2

KPC-3

NDM-1

NDM-5

NDM-7

NDM

 OXA-48-like, KPC and NDM carbapenemases can be reliably detected directly from positive BC bottles with the new protocol

Table 2. Sensitivity and specificity of the ICT from blood cultures

- more rapid than other currently available assays
- can be performed in any routine microbiology laboratory
- can help to rapidly identify patients with CPE BSI and early optimize treatment

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Contact information

Axel Hamprecht, Institute for Medical Microbiology, Immunology and Hygiene, University Hospital Cologne, Goldenfelsstraße 19-21, D-50935 Cologne/Germany; Tel. (+49) 221-478 32100 e-mail: axel.hamprecht@uk-kocln.de