

FWD-AMR-RefLabCap 1st Training Course

General introduction to antimicrobial susceptibility testing inc. micro-broth dilution, disk diffusion, and gradient test



**FWD AMR-
RefLabCap**

**HaDEA Service Contract 20197409
Provision of EU networking and support
for public health reference laboratory
functions for antimicrobial resistance in
Salmonella species and *Campylobacter*
species in human samples**

Tuesday, 17 May 2022

10:45 -11:30 CET at DTU Food



Antimicrobial susceptibility testing - why is it important?

- Predict outcome of chemotherapy
- Monitor the development of resistance
- Detect novel and emerging resistance mechanisms
- Compare trends in a demographic and geographic context
- Develop and evaluate interventions and prevention strategies

Antimicrobial susceptibility testing

Objectives

- Testing antimicrobial susceptibility of an isolate against selected antimicrobial drugs for determining resistance pattern
 - Research questions
 - Identification
 - Typing
 - Monitoring/ surveillance
 - Clinical treatment
 - Treatment choice
 - Specificities for antimicrobial drugs
 - Specificities for certain bacterial groups

Antimicrobial susceptibility testing - limitations

- Susceptibility testing is still only a guideline for treatment
- Not all organs behave the same way *in vivo* and *in vitro*
- Patient response must ultimately confirm adequacy of treatment choice
- Clinical laboratory obligations include
 - Provide useful and appropriate clinical information
 - Provide clinician with most effective antimicrobials from which to choose
 - Control use of antimicrobials and prevent inappropriate usage
 - Minimize emergence of novel resistance by continued surveillance

AST phenotypic testing - methodologies

- Selection of an AST method may be based on numerous factors
 - ease of performance, flexibility, adaptability to automated or semi-automated systems, cost, reproducibility, reliability, accuracy and preference
- Only few methods have been shown to be reproducible and repeatable:
 - Disk diffusion (Kirby Bauer method)
 - Broth Micro-dilution (BMD) (Golden standard)
 - Broth dilution
 - Agar dilution

AST harmonization - historical perspective

- Many public health and veterinary laboratories still use disk diffusion
- Laboratories are moving toward dilution methods for obtaining quantitative results
- Quality control/ quality assurance are critical and essential to warrant reliable data
- General lack of harmonization/ standardization between countries but improving

Antimicrobial susceptibility testing - standardization

- Different Standards for methodology: EUCAST/ CLSI, ...
- All methods are extremely sensitive to variations in the performance!!
- Influencing factors and principle standardization of procedures for comparison of results
 - Standardized media (MH, Mueller Hinton Fastidious agar (MH-F) ..)
 - Contents and acidity (pH) of medium (broth or agar)
 - Divalent cations (Ca²⁺, Mg²⁺)
 - Thymidine, thymine
 - Standardized inoculum size according to MacFarland 0.5
 - Incubation time and temperature
 - Incubation atmosphere / gaseous environment
 - Reading procedures
 - Performance of tests under consistent QC standard conditions
 - Use of appropriated QC ATCC strains as validation of test parameters

How do we measure resistance/ susceptibility?

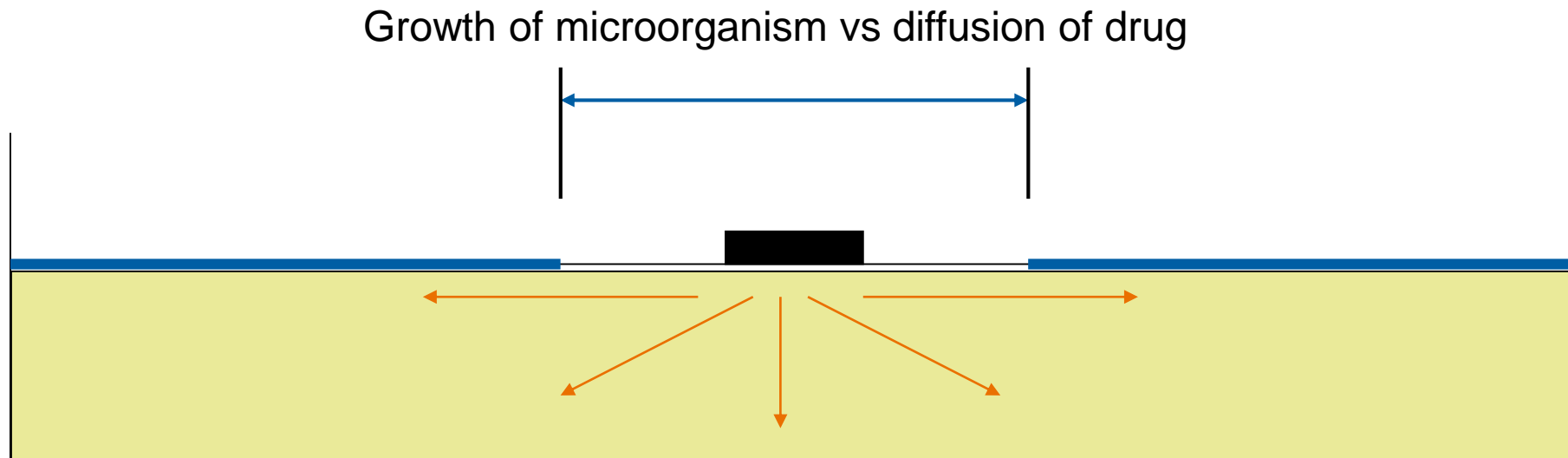
- Molecular determination to detect the presence of genetic resistance determinants is already in the process to replace phenotypic testing by the introduction of whole genome sequencing for diagnostic and monitoring
 - Phenotypic and genotypic testing often complement – a high concordance
- Phenotypic testing - practical testing of strains in laboratory settings
- Standardized *in vitro* testing may provide qualitative or quantitative results
 - **Qualitative results**
 - Indicate how a drug may respond to a drug in vivo
 - Difficult to compare results unless zone inhibition (mm) diameters are measured
 - **Quantitative results**
 - Lowest antimicrobial concentration that will inhibit the growth or kill the test organism over a define range related to the organism's growth rate
 - Minimum inhibitory concentration (MIC) (mg/L)
 - Most basic measurement of antimicrobial activity against a target organism

Disk diffusion – media prep

- Disk diffusion depends on the diffusion rate of the antimicrobial and the growth of the bacterium
- Performed on solid agar plates
 - Non-supplemented Mueller-Hinton (MH) agar is used for non-fastidious organisms
 - NOT appropriated for fastidious or slow-growing organisms
- MH with 5% lysed horse blood and 20 mg/L β -NAD (MH-F, Mueller-Hinton Fastidious) is used for fastidious organisms.
- Use β -NAD with a purity of $\geq 98\%$.
 - For MH-F, do not add blood or β -NAD until the medium has cooled to 42-45°C
 - Mix well after the supplements have been added to the cooled medium.
- Adjust for thymidine, thymine
 - Excess thymine and thymidine may be indicated by inhibition zones for trimethoprim-sulfamethoxazole and *E. faecalis* ATCC 29212 below quality control limits.

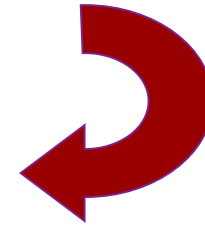
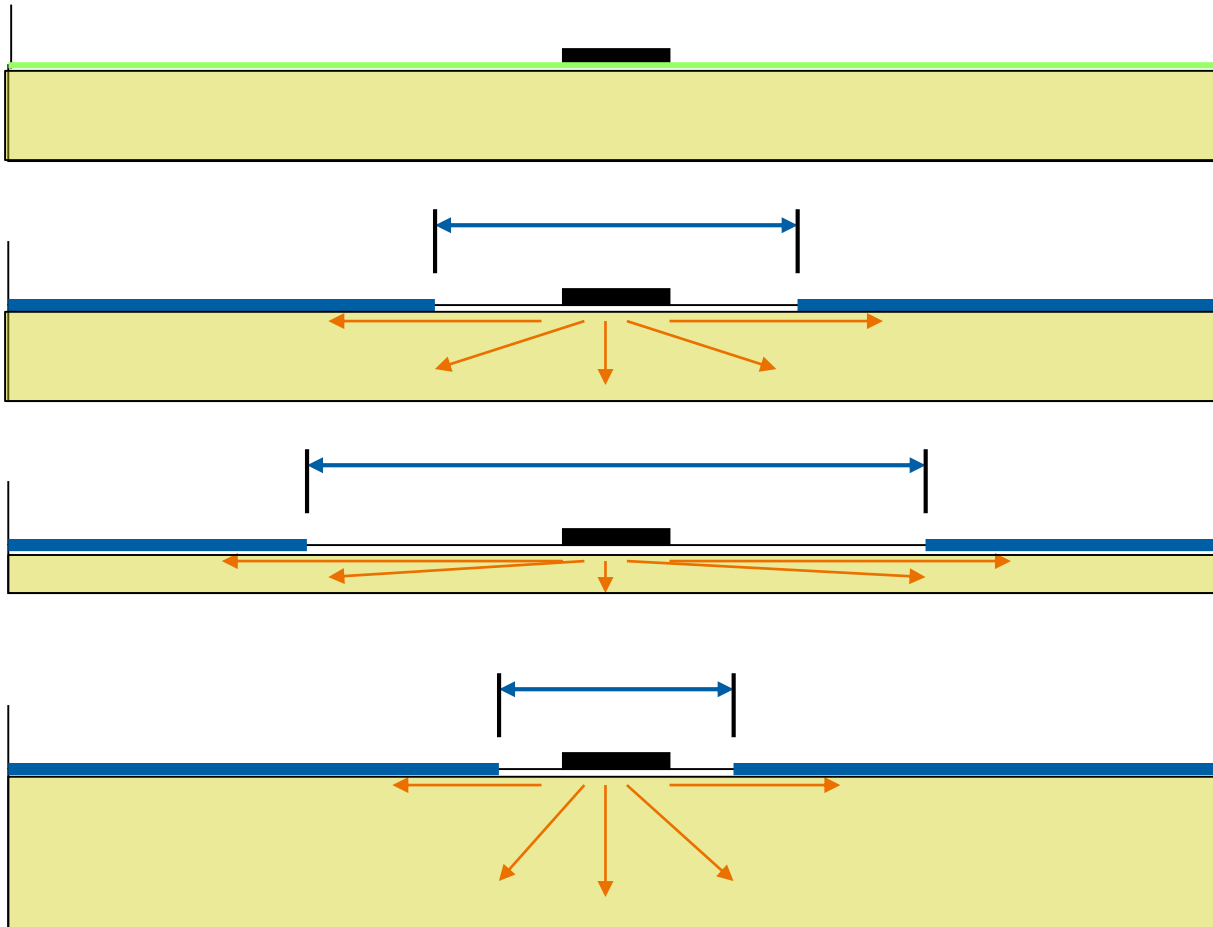
Disk diffusion – inoculum prep

- Pour plates on a level surface to give a uniform depth of 4.0 ± 0.5 mm. Adjust the volume if the agar depth is within the acceptable range but repeatedly above or below 4 mm.



Result is an inhibition zone

Effect of depth of agar



Media <4mm

Increase in zone of inhibition

Medium >4mm

Decrease in zone of inhibition



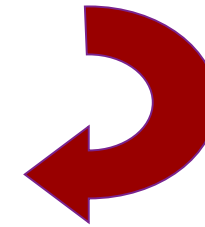
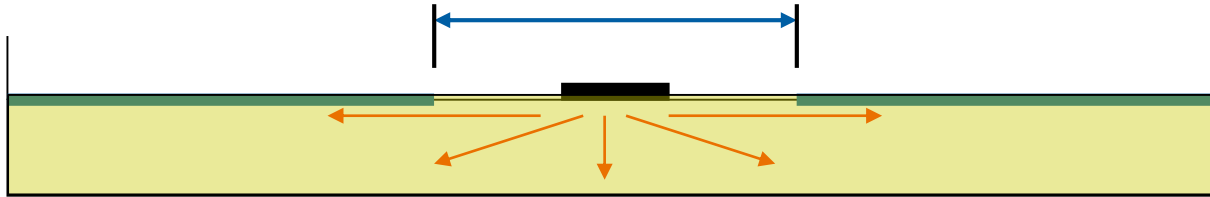
Disk diffusion – inoculum prep

- Make sure that agar plates are at room temperature prior to inoculation.
- The surface of the agar should be dry before use.
- Standardize an inoculum suspension with a turbidity equivalent to a 0.5 McFarland standard ($1-2 \times 10^8$ CFU/mL *E. coli*) using adequate methods (calibrated densitometer or nephelometer)
- Select well-isolated colonies from overnight growth on non-selective medium
 - If possible, use several morphologically similar colonies to avoid selecting an atypical variant.
- Adjust the density of the suspension to 0.5 McFarland by adding saline or more bacteria

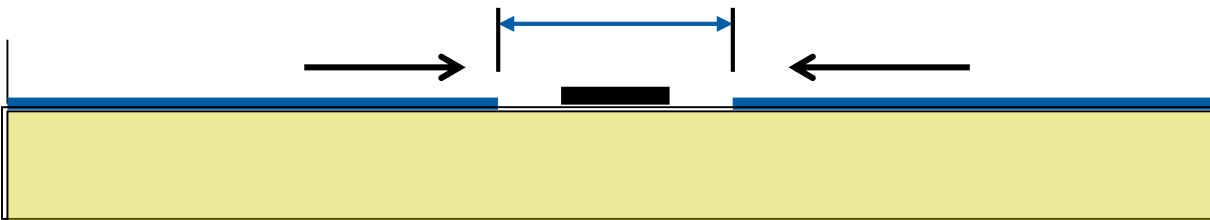
Disk diffusion – inoculation

- Use the inoculum suspension within 15 minutes of preparation
- Make sure that agar plates are at room temperature prior to inoculation.
- Dip a sterile cotton swab into the suspension.
 - Remove excess fluid by pressing and turning the swab against the inside of the tube to avoid over-inoculation.
- Spread the inoculum evenly over the entire surface by swabbing in three directions or by using a plate rotator.
- Apply disks within 15 min of inoculation.
 - Disks must be in close and even contact with the agar surface.
 - Do not use more than 12 disks on 150mm or 5 disks on 90mm agar plate
 - Place evenly less than 24mm from center
- The number of disks on a plate should be limited to avoid overlapping of zones

Inoculum effect



Inoculum too diluted
Increase in zone of inhibition



Inoculum too concentrated
Decrease in zone of inhibition

Disk diffusion - incubation

- Invert agar plates and make sure disks do not fall off the agar surface.
- Incubate plates within 15 min of disk application.
- Stacking plates in the incubator may affect results due to uneven heating.
 - a maximum of five plates per stack is appropriate.
- Incubate MH plates for Enterobacterales at $35\pm 1^{\circ}\text{C}$ in air for 18 ± 2 h

Disk diffusion - reading

- Zone edges should be read at the point of complete inhibition as judged by the naked eye with the plate held about 30 cm from the eye.
- Read MH plates from the back against a dark background illuminated with reflected light.
 - Do not use transmitted light (plate held up to light) or a magnifying glass, unless otherwise stated.
 - Holding the plate at a 45-degree angle to the work bench may facilitate reading when zone edges are difficult to define.
- Measure zone diameters to the nearest millimetre with a ruler or a calliper.
 - If an automated zone reader is used, it must be calibrated to manual reading.
 - In case of double zones, or distinct colonies within zones, check for purity and repeat the test if necessary.
 - If cultures are pure, colonies within zones should be taken into account when measuring the diameter.

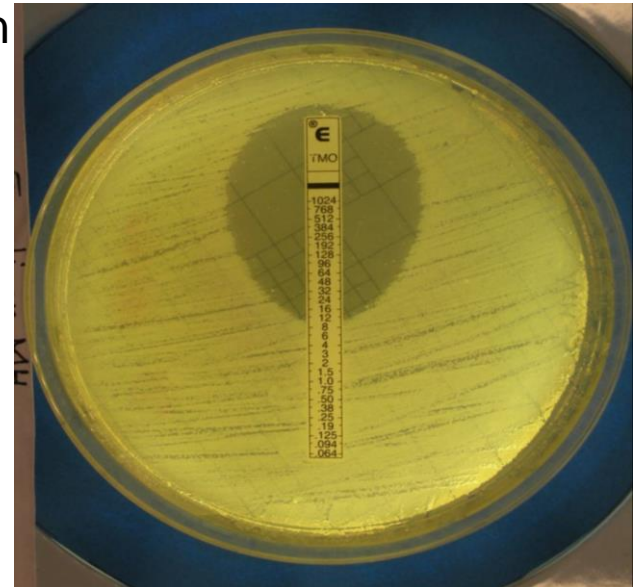
Disk diffusion - reading

- Trimethoprim and sulfamethoxazole
 - Ignore faint growth up to the disk and measure at the more obvious zone edge.
- Ampicillin, Ampicillin-sulbactam, Amoxicillin-clavulanic acid
 - Ignore fine growth that may appear as an inner zone on some batches of MH agar.
- Temocillin
 - Ignore isolated colonies within the inhibition zone.
- Mecillinam
 - Ignore isolated colonies within the inhibition zone.

- Check that zone diameters for quality control strains are within acceptable ranges before interpreting tests.
 - Interpret zone diameters into susceptibility categories (S, I and R) according to the current EUCAST Breakpoint

Antimicrobial gradient testing

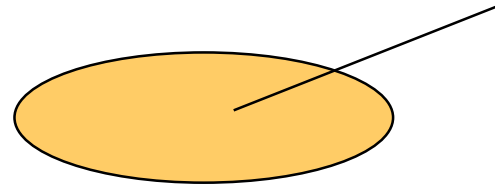
- Gradient testing is a quantitative diffusion method that generates MIC-values
- Plastic strips are impregnated with an continuous gradient of the antimicrobial
 - Essentially 15 reference MIC dilutions
 - MIC values in-between two-fold dilutions
- In principle, the application is very similar if not identical to disk diffusion
 - Determine the MIC based on where the ellipse intersects the scale.
 - If this is in-between two values, round up to the higher value.
 - If the intersect differs on either side of the strip read the MIC as the higher value



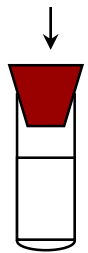
Micro-Broth dilution (MBD)

- Performed on 96 wells trays
- Commercially available
 - Antimicrobials dehydrated and dissolved in broth at fixed concentrations (two-fold dilution range)
- Golden AST standard - Quantitative method
- High degree of standardization
- Preparation of plates is quite cumbersome if produced manually
 - Not recommended
- Inoculum preparation is in principle, is very similar if not identical as for disk diffusion

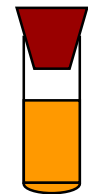
Broth microdilution, cont.



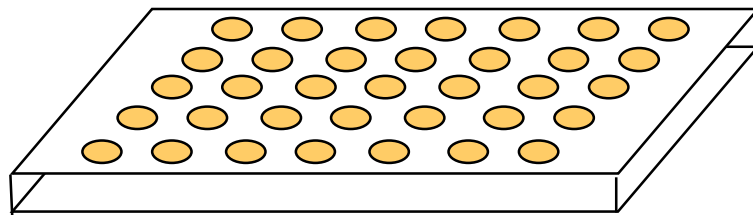
1) Prepare inoculum
Pick 3-5 colonies



**~0.5 McFarland adjusted with nephelometer
or other method**

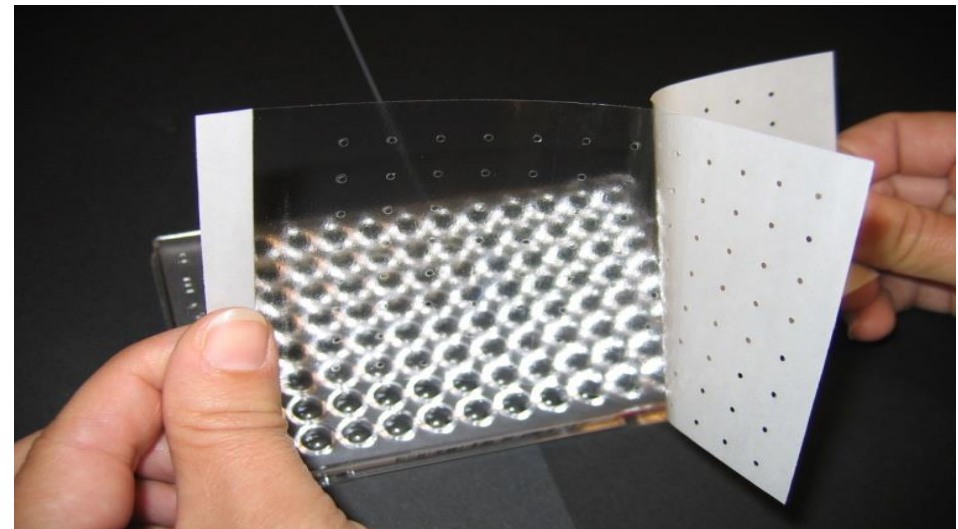
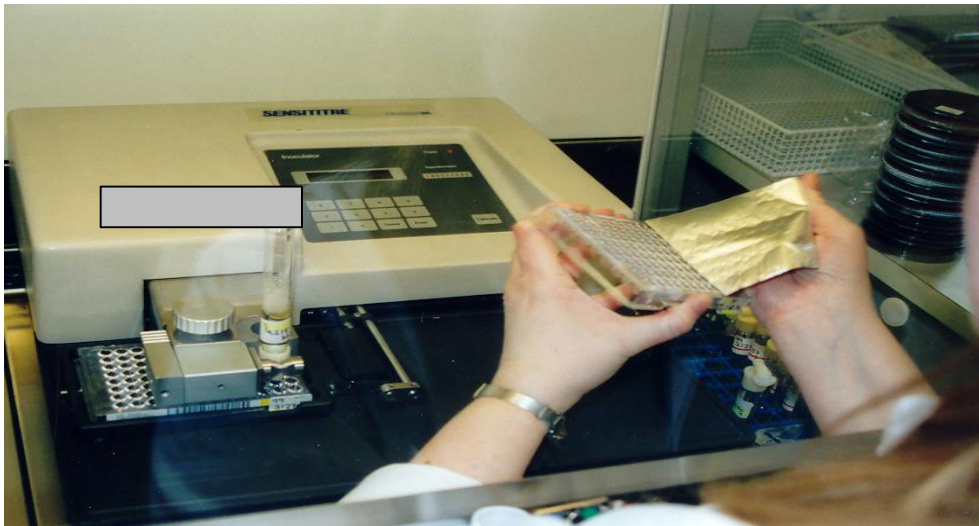


Dilution in MH broth and inoculation on MIC plates



Broth dilution procedures

- Inoculate plate
 - Use the autoinoculator or a multichannel pipette and dispense a fixed volume into each well (depends on plate design/concentrations)
 - Prepare purity control
 - Seal the plates

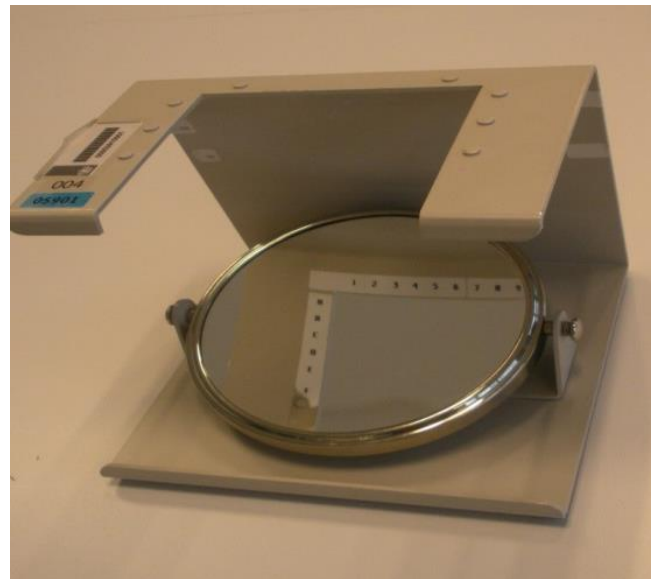
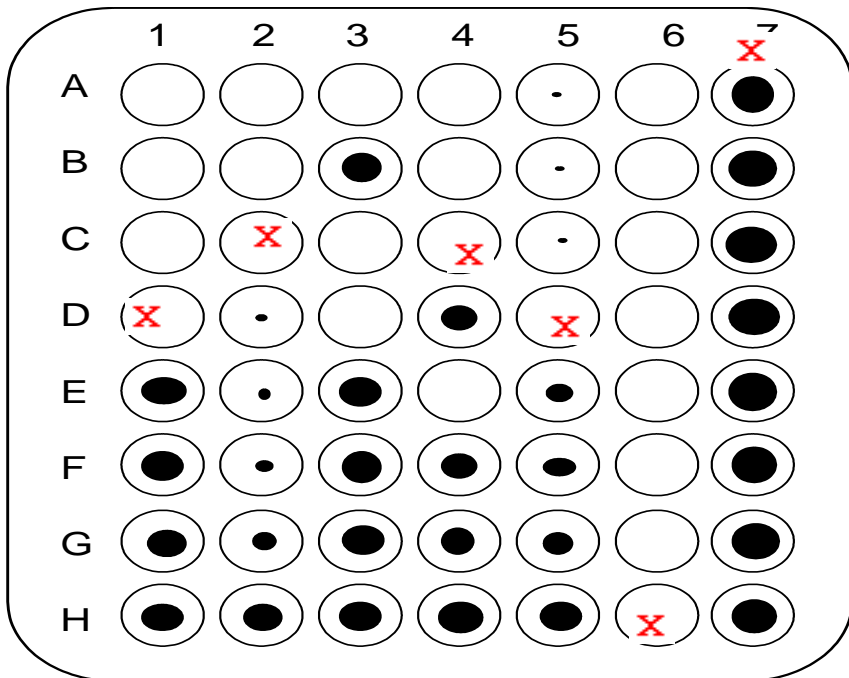


Broth dilution procedures

- Incubate
 - At standard temperature/time (depending on organism)
I.e. at $35\pm 2^{\circ}\text{C}$ for 16-20h (some exceptions)
- Check purity control
- Read plates after incubation to determine end-points (first; observe control wells and check plate for skips)
- Disregard slight growth for sulphonamides and trimethoprim as these are bacteriostatic, otherwise read using manual or automatic devices

Broth microdilution

- Reading the micro-broth dilution plates
 - Manual, semi- or full automatic reading



Broth microdilution, cont.

Drug **Concentration** **MIC**

	0.03	0.06	0.12	0.25	0.5	1	2	4	8	16	32	64	
A													2
B													Repeat (?)
C													Repeat
D													8
E													≤0.03
F													>64
G													Repeat
H													0.06

Controls

Background for update

- Suggestions of **inclusion of additional substances** were based on:
 - discussed in the **EFSA expert group** incl. the EURL
 - through a **specific questionnaire** survey to consider less significance substances for the first panel
 - all were **carefully assessed and addressed**
- Antimicrobials listed in **previous recommendations** should remain in future testing requirements
 - emphasis on **last-resort antimicrobials** in the treatment of certain infections with highly resistant Gram-negative bacteria in humans, such as the **carbapenems** and **colistin**

EFSA (European Food Safety Authority), Aerts M, Battisti A, Hendriksen R, Kempf I, Teale C, Tenhagen B-A, Veldman K, Wasyl D, Guerra B, Liebana E, Thomas-Lopez D and Belœil P-A, 2019. Scientific report on the technical specifications on harmonised monitoring of antimicrobial resistance in zoonotic and indicator bacteria from food-producing animals and food. EFSA Journal 2019;17(6):5709, 122 pp. <https://doi.org/10.2903/j.efsa.2019.5709>

Reasoning behind the new Gram neg panel

- Complement the harmonized panel of substances with amikacin
 - one of the **most commonly used aminoglycosides** in hospitals for the treatment of infections by Gram-negative bacteria in a number of MSs
 - **large differences** in use across the EU, with very high use in some MSs with high levels of resistance in Gram-negatives opposed to it is not used at all
 - **cross-resistance with other aminoglycosides** - marker with gentamicin
 - **improve the detection of the 16S rRNA methyltransferases** associated with carbapenemases, AmpC or ESBLs and FQ resistance in Gram-negative Enterobacteriaceae
- Allow for inclusion of amikacin by
 - slightly reduce some of the dilution ranges in the upper end of the scales:
 - in particular those for ampicillin, nalidixic acid, tetracycline, gentamicin, trimethoprim, sulfamethoxazole and chloramphenicol

Salmonella / E. coli panel

EUVSEC3 - 2020/1729

EUVSEC2 - 2013/652

	1	2	3	4	5	6	7	8	9	10	11	12
A	AMP 32	AZI 64	AMI 128	GEN 16	TGC 8	TAZ 8	FOT 4	COL 16	NAL 64	TET 32	TMP 16	SMX 512
B	AMP 16	AZI 32	AMI 64	GEN 8	TGC 4	TAZ 4	FOT 2	COL 8	NAL 32	TET 16	TMP 8	SMX 256
C	AMP 8	AZI 16	AMI 32	GEN 4	TGC 2	TAZ 2	FOT 1	COL 4	NAL 16	TET 8	TMP 4	SMX 128
D	AMP 4	AZI 8	AMI 16	GEN 2	TGC 1	TAZ 1	FOT 0.5	COL 2	NAL 8	TET 4	TMP 2	SMX 64
E	AMP 2	AZI 4	AMI 8	GEN 1	TGC 0.5	TAZ 0.5	FOT 0.25	COL 1	NAL 4	TET 2	TMP 1	SMX 32
F	AMP 1	AZI 2	AMI 4	GEN 0.5	TGC 0.25	TAZ 0.25	CHL 8	CHL 16	CHL 32	CHL 64	TMP 0.5	SMX 16
G	MERO 0.03	MERO 0.06	MERO 0.12	MERO 0.25	MERO 0.5	MERO 1	MERO 2	MERO 4	MERO 8	MERO 16	TMP 0.25	SMX 8
H	CIP 0.015	CIP 0.03	CIP 0.06	CIP 0.12	CIP 0.25	CIP 0.5	CIP 1	CIP 2	CIP 4	CIP 8	POS CON	POS CON

	1	2	3	4	5	6	7	8	9	10	11	12
A	SMX 1024	TMP 32	CIP 8	TET 64	MERO 16	AZI 64	NAL 128	CHL 128	TGC 8	COL 16	AMP 64	GEN 32
B	SMX 512	TMP 16	CIP 4	TET 32	MERO 8	AZI 32	NAL 64	CHL 64	TGC 4	COL 8	AMP 32	GEN 16
C	SMX 256	TMP 8	CIP 2	TET 16	MERO 4	AZI 16	NAL 32	CHL 32	TGC 2	COL 4	AMP 16	GEN 8
D	SMX 128	TMP 4	CIP 1	TET 8	MERO 2	AZI 8	NAL 16	CHL 16	TGC 1	COL 2	AMP 8	GEN 4
E	SMX 64	TMP 2	CIP 0.5	TET 4	MERO 1	AZI 4	NAL 8	CHL 8	TGC 0.5	COL 1	AMP 4	GEN 2
F	SMX 32	TMP 1	CIP 0.25	TET 2	MERO 0.5	AZI 2	NAL 4	FOT 1	TGC 0.25	TAZ 2	AMP 2	GEN 1
G	SMX 16	TMP 0.5	CIP 0.12	CIP 0.03	MERO 0.25	MERO 0.06	FOT 4	FOT 0.5	TAZ 8	TAZ 1	AMP 1	GEN 0.5
H	SMX 8	TMP 0.25	CIP 0.06	CIP 0.015	MERO 0.12	MERO 0.03	FOT 2	FOT 0.25	TAZ 4	TAZ 0.5	POS CON	POS CON

ECOFF Salmonella EU surveillance 2021

ECOFF E. coli EU surveillance 2021

Red boxes indicate those that have been removed in the new plate



Techniques - Pros and Cons

MIC determination

- Golden standard for AST
- Data more reproducible
- Better separation of R/S
- More information
- Expensive
- Only pure cultures
- Contaminations more difficult to detect
- Possible to use automated systems

Diffusion techniques

- Cheaper
- Primary material
- See contaminations
- Quick screening (4 hours)
- Qualitative information
- Less reproducible data
- Standardization more difficult

Thank you for your attention

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