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Identification of difficult to detect MRSA/MSSA strains by two commercial AST methods

INTRODUCTION

Antimicrobial susceptibility testing of methicillin-resistant Staphylococcus aureus (MRSA) uses oxacillin and/or cefoxitin as the appropriate test since methicillin is no longer manufactured. S. aureus is a very common pathogen that is responsible for infections ranging from skin infections to lifethreatening respiratory infections and sepsis. The mecA and mecC genes cause resistance to beta-lactams in MRSA and have become problematic for individual patient treatment and resistance surveillance.

The Accelerate PhenoTest[™] BC kit (AXDX) provides antimicrobial susceptibility results in approximately 7 hours directly from positive blood cultures, which is 1-2 days faster than isolate-based methods such as the VITEK[®] 2 system. This study compared agreement of AXDX and VITEK[®] 2 system against reference broth microdilution (BMD).

METHODS

60 isolates of difficult to detect MRSA, including 51 that were positive for mecA with borderline oxacillin resistance (n=23) or mecC (n=30) (MRSA) and 9 that were negative for *mecA* or *mecC* with borderline susceptibility to oxacillin (MSSA) were evaluated. All isolates were obtained from Denmark (mecC) or the CDC AR Bank and had oxacillin and/or cefoxitin MICs near the clinical breakpoint.

Isolates were seeded into BD BACTEC[™] Aerobic Plus bottles containing 10 mL of human blood at a concentration of 30-50 CFU/mL, and were incubated on the BD BACTEC[™] FX blood culture system until they flagged positive. Seeded positive blood cultures were assessed with the Accelerate PhenoTest[™] BC kit on the Accelerate Pheno[™] system which evaluates two concentrations of cefoxitin to enhance MRSA detection. MICs were also determined by testing colonies obtained from subculture by reference BMD in cation-adjusted Mueller Hinton broth (Difco[™], BD, Sparks MD) according to CLSI M07-A4 standard and the VITEK[®] 2 system (bioMérieux, Marcy L'Etoile, FR).

Antimicrobial susceptibility testing of the Accelerate PhenoTest[™] BC kit using the Accelerate Pheno[™] system utilizes morphokinetic cellular analysis (MCA), which optically records bacteria growing in the presence of an antibiotic. Bacterial cell response profiles are generated from time-lapse images and compared to algorithm models to report out MIC values. The AXDX software utilized v1.4.1 image analysis.

Isolate mecA-1 mecA-2 mecA-3 mecA-5 mecA-6 mecA-7 mecA-8 mecA-9 mecA-10 mecA-11 mecA-12 mecA-13 mecA-14 mecA-15 mecA-16 mecA-17 mecA-18 mecA-19 mecA-20 mecA-21 mecA-22 mecA-23 TOTAL

Isolate MSSA-1 MSSA-2 MSSA-3 MSSA-4 MSSA-5 MSSA-6 MSSA-7 MSSA-8 MSSA-9 mecA-4* TOTAL

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RESULTS

Table 1: mecA isolate results by method.

AXDX	VITEK® 2 system	BMD
R	R	R
S	S	R
R	R	R
R	R	R
R	S	R
R	R	R
R	R	R
R	R	R
R	R	R
R	R	R
R	R	R
R	R	R
S	S	R
R	S	R
R	R	R
R	R	R
R	R	R
R	R	R
R	R	R
R	R	R
N/A	S	R
R	R	R
19/21	17/22	22/22

Table 3: MSSA isolate results by method.

AXDX	VITEK® 2 system	BMD
S	S	S
S	S	S
S	S	S
S	S	S
N/A	S	S
S	S	S
N/A	S	S
N/A	S	S
N/A	S	S
S	S	S
6/6	10/10	10/10

*One isolate with mecA classified as MSSA by BMD comparator.

Table 2: mecC isolate results by method.

Isolate	AXDX	VITEK® 2	BMD
		System	
mecC-1	R	R	R
mecC-2	R	R	R
mecC-3	R	R	R
mecC-4	R	R	R
mecC-5	R	R	R
mecC-6	R	R	R
mecC-7	R	R	R
mecC-8	R	R	R
mecC-9	R	R	R
mecC-10	R	R	R
mecC-11	R	R	R
mecC-12	R	R	R
mecC-13	R	R	R
mecC-14	R	R	R
mecC-15	R	R	R
mecC-16	N/A	R	R
mecC-17	R	R	R
mecC-18	R	R	R
mecC-19	R	R	R
mecC-20	R	R	R
mecC-21	R	R	R
mecC-22	R	R	R
mecC-23	R	R	R
mec(24	P	R	P
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mecC-26	к _	ĸ	ĸ
mecC-27	R	R	R
mecC-28	R	R	R
TOTAL	27/27	28/28	28/28

AXDX yielded identification results for 60/60 S. aureus isolates and AST results for 54/60 (90.0%). Six isolates did not yield AST results, due to poor confidence in the MRSA call by the system: 2 MRSA and 4 MSSA. For the isolates that yielded AST, AXDX had 95.8% (46/48) sensitivity and 100% (6/6) specificity for MRSA compared to BMD. Sensitivity for the *mecC* isolates was 100% (27/27), while sensitivity for the remaining MRSA isolates was 90.5% (19/21).

The VITEK[®] 2 system yielded AST results for all 60 isolates, and had 90% (45/50) sensitivity and 100% (10/10) specificity for MRSA compared to BMD. Sensitivity for the mecC isolates was 100% (28/28), while sensitivity for the remaining MRSA isolates was 77.3% (17/22). One isolate with *mecA* was consistently cefoxitin and oxacillin susceptible by all methods.



This study demonstrated >90% and 77.3% detection of MRSA due to mecA by AXDX and the VITEK[®] 2 system, respectively, for a collection of difficult to detect MRSA/MSSA strains. MRSA detection due to *mecC* was 100% by both strains.



RESULTS

Table 4: Sensitivity of MRSA/MSSA detection by AXDX and the VITEK[®] 2 system compared to broth microdilution.

Resis	tance Profile	AXDX	VITEK [®] 2 system
	mecA	90.5% (19/21)	77.3% (17/22)
IRSA	mecC	100% (27/27)	100% (28/28)
	Total	95.8% (46/48)	90% (45/50)
ISSA*	Total	100% (6/6)	100% (10/10)

*One isolate with mecA classified as MSSA by BMD comparator.

CONCLUSIONS

With gram-positive bacteria gaining increased resistance, minimizing the use of vancomycin has become necessary. Confidence in accurate methicillin- and oxacillin-resistance testing will allow for more effective therapies and use of narrowspectrum antibiotics.

ACKNOWLEDGEMENTS

The authors would like to thank Lauren Truman, Irma Perez, Alison Curtis, Garrett McCarter, Kamini Joshi and Monyka Salazar for assistance with broth microdilutions.