



# Evaluation of a Real-Time *blaZ* PCR Compared to Penicillin Disk Zone-Edge Test for Detection of Beta-Lactamase Producing *Staphylococcus aureus*

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## Revised Abstract

**Background:** The 2012 CLSI document M100-S22 describes a new penicillin disk zone-edge test for detecting  $\beta$ -lactamase producing *S. aureus*. Our hospital has a relatively high rate of penicillin susceptible *S. aureus* (18%) as determined by an in-house developed real-time PCR method to detect the *blaZ* gene in susceptible isolates. The aim of this study was to compare the accuracy of in-house Real-time (RT) PCR test to the new penicillin disk zone-edge test.

**Methods:** 100 clinical isolates of *S. aureus* from different patients with penicillin MICs of  $\leq 0.12$   $\mu\text{g/ml}$  and a ten sample challenge set, provided by the Centers for Disease Control (CDC), were tested by both methods to detect  $\beta$ -lactamase positive isolates. The penicillin disk zone-edge was performed as described by CLSI (M100-S22). The penicillin disk zone-edge test was interpreted as positive for  $\beta$ -lactamase production only if full sized colonies were forming a sharp edge. Any amount of tapered/fuzzy zone was interpreted as negative. An in-house RT-PCR with a single primer set, using SYBR green chemistry for melting curve assessment, was performed on colonies. A melting curve showing peaks with intensity of 0.5 or higher was considered positive.

**Results:** Of 110 isolates, 104 (94.5%) gave congruent results with both methods. The sensitivity of *blaZ* PCR was 100% (9/9). All nine positive isolates had narrow melting peaks of intensities  $\geq 2.0$ . The specificity of *blaZ* PCR was 94.1% (95/101). Of six isolates with discrepant results, five showed broad melting peaks. If a narrow peak was included in the positivity criteria, the specificity of *blaZ* PCR would be 99% (100/101).

**Conclusion:** Using the penicillin disk zone-edge as the gold standard, our in-house real-time *blaZ* PCR detected all the  $\beta$ -lactamase producing *S. aureus*. However, further testing was needed to resolve PCR-positive, penicillin disk zone-edge negative results. Inclusion of the melting peak narrowness, height(H) to width(W) ratio, in the positivity criteria increased the specificity of *blaZ* PCR to 99%

## Background

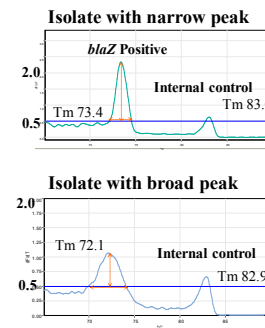
*S. aureus* is one of the most common bacterial infections. Penicillin is still a very effective treatment if the isolate does not produce  $\beta$ -lactamase and the patient is not penicillin allergic. Penicillin can be a good choice for the long term treatment of endocarditis and osteomyelitis. We wanted to confirm that our in-house PCR would detect the *blaZ* gene.

## Material and Methods

▪ Training set: 40 clinical isolates of *S. aureus* with penicillin MICs of  $>0.12$ , i.e. produce  $\beta$ -lactamase, were tested by RT-PCR to refine interpretive criteria of melting peaks.

▪ Validation set: 100 clinical isolates of *S. aureus* with penicillin MICs of  $\leq 0.12$  were tested by penicillin disk zone-edge and RT-PCR with a single primer set, using SYBR green chemistry for melting curve assessment.

▪ 10 sample challenge set, provided by CDC was tested by both methods



**Table 3a:** Evaluation of the five broad peak isolates H:W ratio.

Isolate #	Broad melting peaks		
	height (H)	width (W)	Ratio H:W
4	1.47	5.3	0.28
49	0.55	1.8	0.31
50	1.07	4.8	0.22
68	1.81	6.4	0.28
71	1.9	5.9	0.32

**Table 3b:** Sensitivity and Specificity of in-house *blaZ* RT-PCR when narrow melt peak criteria is included.

		pen. disk zone-edge	
		positive	negative
<i>blaZ</i> PCR	positive	9 100% sensitivity	1
	negative	0	100 99% specificity

**Table 2:** Sensitivity and Specificity of in-house *blaZ* RT-PCR compared to pen. disk zone-edge when only using positivity criteria of melting peak intensity  $\geq 0.5$ .

		pen. disk zone-edge	
		positive	negative
<i>blaZ</i> PCR	positive	9 100% sensitivity	6
	negative	0	95 94% specificity

## Results

**Table 1a:** Sensitivity of in-house RT *blaZ* PCR in the training set.

		pen. MIC $>0.12$ ( $\beta$ -lactamase producers)	
		positive	negative
<i>blaZ</i> PCR	positive	40 100% sensitivity	NA
	negative	0	NA

**Table 1b:** Training set – H:W ratio of the six melting peaks with intensities  $<2.0$

Isolates	Pen R <i>S. aureus</i> melting peaks		
	height (H)	width (W)	Ratio H:W
PRSA1	1.65	2.25	0.73
PRSA5	0.74	1.1	0.67
PRSA19	1.04	1.6	0.65
PRSA30	1.06	1.7	0.62
PRSA36	1.33	1.8	0.74
PRSA38	1.43	1.9	0.75

▪ Of the 40 Pen R *S. aureus*, 34 had melting peak intensities  $>2.0$ . The remaining 6 had melting peak height to width ratio of 0.6 or greater.

## Conclusions

• Our in-house real time *blaZ* PCR is a sensitive (100%) and specific (99%) method for detecting  $\beta$ -lactamase producing *S. aureus*, as compared to penicillin disk zone-edge test, when positivity criteria includes melting peak intensity of  $>2$  and for intensities between 0.5 and 2, a H:W ratio of  $\geq 0.5$ .

• Either the penicillin disk zone-edge test or the H:W ratio could be used to resolve melting peak intensities less than 2.