

**Beta-Lactamase Detection in *Neisseria Gonorrhoeae*,
Hemophilus Influenzae, *Enterococcus*, and *Staphylococcus***

I. Principle

Since beta-lactamase production can not be reliably detected by routine susceptibility testing, a nitrocefin (Cefinase) test is performed to detect the enzymes known as beta-lactamases that hydrolyze the beta-lactam ring of penicillins and cephalosporins.

The cefinase disc is impregnated with the chromogenic cephalosporin, nitrocefin. This compound exhibits a very rapid color change from yellow to red when the amine bond in the beta-lactam ring is hydrolyzed by a beta-lactamase. When a bacterium produces this enzyme in significant quantities, the yellow-colored disc turns red in the area where the isolate has been smeared.

Some staphylococci may require induction (exposure to a beta-lactam agent) to increase the production of the enzyme to detectable levels.

II. Reagents

- A. Cefinase discs impregnated with nitrocefin
- B. Microscope slide
- C. Sterile water
- D. Loop or applicator stick
- E. 0.85% NaCl
- F. 0.5 McFarland standard

III. Quality Control

- A. Quality control is performed on each new lot or shipment with the following organisms:

<u>Test Strains</u>	<u>Expected Result</u>
<i>H. influenzae</i> ATCC 35056	positive (red color)
<i>H. influenzae</i> ATCC 49247	negative (yellow color)

- B. If controls do not display expected results, repeat testing and notify supervisor.

IV. Procedure for *N. gonorrhoeae*, *H. influenzae* and *Enterococcus*

- A. Dispense the disc from the cartridge onto a microscope slide.
- B. Moisten the disc with 1 drop of sterile water.
- C. Smear several well-isolated colonies onto the disc surface with a loop or applicator stick.
- D. Observe the disc for 5 min for a color change.

V. Procedure for *Staphylococcus*

Select organism from a routine Kirby Bauer test and proceed with step "F" below or perform the following:

- A. Using a sterile cotton swab, select 4 or 5 isolated colonies of *Staphylococcus* sp., and emulsify them in 0.85% NaCl. Adjust the turbidity to a 0.5 McFarland standard.

- B. Within 15 min of adjusting the inoculum, dip a sterile cotton swab into the inoculum, and rotate it against the wall of the tube above the liquid to remove excess inoculum.
- C. Swab the entire surface of a BAP 3 times, rotating the plate approximately 60° between each streaking to ensure even distribution. Rim the inside perimeter of the plate.
- D. Apply a 1 µg oxacillin disk to the inoculated BAP. Apply gentle pressure with a sterile stick to ensure complete contact of the disk with the agar.
- E. Incubate the plate for 16-18 h at 35°C in ambient air within 15 min of applying the disc.
- F. Following incubation, dispense a cefinase disc from the cartridge onto a microscope slide.
- G. Moisten the disc with 1 drop of sterile water.
- H. Using a sterile loop, remove several colonies from the edge of the zone of inhibition around the 1 µg oxacillin disc, and smear the organism onto the surface of the cefinase disc.
- I. Observe the disc for a color change for 60 min.

VI. Results and Interpretation

- A. A positive reaction is a color from yellow to red on the area where the organism was applied.
- B. A negative result is no color change on the disc.
- C. For most bacterial strains, a positive result will develop within 5 min. Organism specific times are as follows:

	<u>Result</u>	<u>Approx. reaction time</u>
<i>Staph aureus</i>	+	60 min
<i>H. influenzae</i>	+	1 min
<i>N. gonorrhoeae</i>	+	1 min
<i>M. catarrhalis</i>	+	1 min
Anaerobic bacteria	+	30 min
<i>Enterococcus faecalis</i>	+	5 min

VII. Limitations

Resistance to beta-lactam antibiotics occurs in some of the above organisms without the production of beta-lactamases. Therefore, the beta-lactamase test should be used as a supplement to and not a replacement for conventional susceptibility testing.

VIII. References

- A. O'Callaghan, C.H., Morris, A., Kirby, S.M., and Shingle, A.H. 1972. Novel method for detection of beta-lactamase by using a chromogenic cephalosporin substrate. *Antimicrob. Agents Chemother.* 1:283-288.
- B. Isenberg, H.D., *Clinical Microbiology Procedures Handbook*. 1992. Vol 1. ASM, Washington, D.C., p. 5.1.1-5.1.30.

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