

1                                   **Value of the Modified Hodge test for detection of emerging**  
2                                   **carbapenemases in *Enterobacteriaceae***

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16           **The modified Hodge test has an excellent sensitivity for detecting enterobacterial**  
17 **isolates producing Ambler class A (KPC) and class D (OXA-48) carbapenemases. Its**  
18 **sensitivity is low for NDM-1 producers (50%), but is increased to 85.7% by adding**  
19 **ZnSO<sub>4</sub> (100 µg/ml) in the culture medium. However, this test has a low specificity and is**  
20 **time-consuming.**

21 Carbapenemase producers are increasingly reported worldwide in *Enterobacteriaceae*.  
22 Their identification is of primary importance since carbapenemase producers are not only  
23 resistant to most (if not all)  $\beta$ -lactams but also to other main classes of antibiotics. Mostly,  
24 three types of carbapenemases are now commonly identified in *Enterobacteriaceae*. They are  
25 the Ambler class A of the KPC type, the class B of the NDM-1, IMP and VIM types, and the  
26 class D of the OXA-48 type (1, 14, 15, 20, 23). Many techniques can be used for detecting  
27 production of carbapenemases, from phenotypic to advanced molecular-based techniques  
28 (13). The cloverleaf technique, or modified Hodge test (MHT), has been extensively used as a  
29 phenotypic technique for detecting carbapenemase activity (12, 13,  
30 [www.cdc.gov/ncidod/dhqp/pdf/ar/HodgeTest\\_Carbapenemase\\_Enterobacteriaceae.pdf](http://www.cdc.gov/ncidod/dhqp/pdf/ar/HodgeTest_Carbapenemase_Enterobacteriaceae.pdf)) since  
31 it is available in clinical microbiology routine settings and recommended by the CLSI (5). It is  
32 based on the inactivation of a carbapenem by carbapenemase-producing strains, that enables a  
33 carbapenem-susceptible indicator strain to extend growth towards a carbapenem-containing  
34 disk, along the streak of inoculum of the tested strain.

35 Since the value of MHT for detecting the currently widespread carbapenemase  
36 producers (KPC, NDM-1, OXA-48) has been poorly documented, we have initiated a study  
37 using a collection of carbapenemase- and non-carbapenemase producers with well-  
38 characterized mechanisms of resistance. Enterobacterial isolates included in our study were  
39 either resistant or of reduced susceptibility to ertapenem, according to the updated breakpoints  
40 of the CLSI guidelines (i.e. with MIC of ertapenem  $\geq 0.5$   $\mu\text{g/ml}$ ) (5) (Table 1). The isolates  
41 produced either Ambler class A (KPC-2), class B (NDM-1 VIM-1, IMP-1), or class D (OXA-  
42 48) carbapenemases. Non-carbapenemase producers were AmpC overproducers with  
43 permeability defect, or clavulanic-acid inhibited extended-spectrum  $\beta$ -lactamase (ESBL)  
44 producers (mostly of the CTX-M type) with permeability defect (Table 1). Ertapenem (10  $\mu\text{g}$

45 disk, BioRad, Marnes-la-Coquette, France) and indicator strain *Escherichia coli* JM109  
46 (Promega, Charbonnières-Les-Bains, France) and *E. coli* ATCC25922 were used.

47       Among the 35 carbapenemase producers, 24 gave positive results, 7 gave negative  
48 results and 4 gave non-interpretable results (Table 1). Class A and class D carbapenemase  
49 producers were detected by the MHT. False-negative results were obtained for 7 out of 14  
50 NDM-1 producing *Enterobacteriaceae* (Table 1; Figure 1, panel A), which is in accordance  
51 with what had been previously observed for NDM-1 producers (4). The overall sensitivity and  
52 specificity of the MHT was low (respectively 77.4 % and 38.9%). Those non-interpretable  
53 results could correspond to isolates producing a substance, such as colicin, that may inhibit  
54 the growth of *E. coli* JM109 (Table 1). False detection of carbapenemase production was  
55 observed for 11 out of 20 isolates (Table 1). This result was in accordance with previous  
56 studies (3, 10, 13, 22).

57       Taking into account the high rate of false negatives among NDM producers, we tried  
58 to modify this MHT technique for improving its detection limits. Although Lee et al.  
59 suggested that a bile compound contained in MacConkey agar may improve the sensitivity of  
60 the MHT for detecting MBL producers (11), we did not observe changes in the sensitivity  
61 detection of the NDM-producers by using this medium (data not shown). As MBLs are zinc-  
62 dependent (23), zinc sulfate was added in Mueller Hinton agar (MHA) (BBL, Le Pont-de-  
63 Claix, France) at different concentrations (from 25 to 100 µg/ml). Previous studies showed  
64 that commercially-available MHA media contained concentrations of zinc varying from one-  
65 to 15-fold depending on the manufacturer (7). Cooper et al. determined zinc concentration as  
66 being 2.61 µg/ml in MHA from BBL in 1993 (7). Addition of 100 µg/ml of zinc sulfate  
67 inhibited partially growth of *E. coli* ATCC25922, giving rise to difficult interpretation of the  
68 MHT. *E. coli* JM109 was then used instead of *E. coli* ATCC25922 for growth on ZnSO<sub>4</sub>-  
69 containing agar was homogeneous. Addition of zinc sulfate improved test sensitivity for 5 out

70 of the 7 false-negative results obtained with NDM-producers using zinc-non supplemented  
71 MHA (Table 1, Figure 1). Noticeably, two false-negative NDM-producing *E. coli* isolates  
72 remained negative despite addition of zinc sulfate (Table 1, Fig.1, panel B). As suggested for  
73 detection of the IMP- or VIM-producing *Pseudomonas aeruginosa* and *Acinetobacter* sp.  
74 (12), zinc addition improved the sensitivity of the MHT (from 77.4 to 94%) in particular with  
75 NDM-1-producing *Enterobacteriaceae* (Table 1). The effect of zinc might be multiple by  
76 increasing stability of the enzyme or/and by modifying porin expression (6). Addition of zinc  
77 sulfate did not modify the specificity of the test (38.9% with or without zinc sulfate).

78         This study showed that the MHT technique is highly sensitive for detecting class A, B  
79 and D carbapenemases after addition of zinc in the culture medium. However, limitations in  
80 term of clinical performance of the MHT remains its lack of specificity and the delay for  
81 obtention of the results (24 h-48 h) after isolation of a bacterial colony.

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162

## 163 FIGURE LEGENDS

164 Figure. MHT on MHA (panel A), and on MHA added with zinc sulfate (100 µg/ml) (panel  
165 B): 1, *E. coli* JM109; 2, *K. pneumoniae* COO (CTX-M-15 + porin loss); 3, *K. pneumoniae*  
166 BIC (OXA-48); 4, *K. pneumoniae* POZ (KPC-2); 5, *E. coli* GEN (NDM-1); 6, *E. coli* RIC  
167 (NDM-1); 7, *E. coli* ALL (NDM-1). Zinc sulfate improved the MHT for *E. coli* RIC and not  
168 for *E. coli* ALL.

169 Table 1. Influence of ZnSO<sub>4</sub> in Mueller-Hinton agar (MHA) on the modified Hodge Test for 54 carbapenemase- and/or ESBL/AmpC-producing  
 170 enterobacterial isolates.

Strains	β-lactamases	MIC (μg/ml) of drug <sup>a</sup> :			Modified Hodge test for ETP		Reference
		IPM	ETP	MEM	MHA	MHA + ZnSO <sub>4</sub>	
<b>Class A carbapenemases</b>							
<i>E. cloacae</i> CFVL	KPC-2 + TEM-3	4	2	1	+	+	2
<i>E. coli</i> DIN	KPC-2 + TEM-1 + OXA-1	1	>32	2	+	+	2
<i>E. coli</i> PSP	KPC-2 + TEM-1 + OXA-1	0.5	0.5	0.5	+	+	2
<i>E. coli</i> COL	KPC-2 + TEM-1 + CTX-M-9	4	4	2	+	+	This study
<i>K. pneumoniae</i> COL	KPC-2 + TEM-1 + SHV-1 + CTXM-15	4	4	2	+	+	This study
<i>K. pneumoniae</i> KAM	KPC-3 + TEM-1	8	12	2	+	+	This study
<b>Class B carbapenemases</b>							
<i>K. pneumoniae</i> UK	NDM-1 + CTX-M-15 + CMY-4 + OXA-1	> 32	> 32	> 32	+	+	15
<i>K. pneumoniae</i> 6759 GEN	NDM-1 + TEM-1 + SHV-11 + CTX-M-15 + CMY-16 + OXA-1 + OXA-9 + OXA-10	12	> 32	> 32	+	+	21
<i>K. pneumoniae</i> 2OMA	NDM-1 + OXA-1 + SHV-11	1.5	6	2	+	+	15
<i>K. pneumoniae</i> IND	NDM-1 + TEM-1 + SHV-28 + CTX-M-15 + CMY-6 + OXA-1 + OXA-9	1	8	4	-	+	This study
<i>K. pneumoniae</i> 1OMA	NDM-1 + TEM-1 + SHV-11 + SHV-28 + CTX-M-15 + OXA-1 + OXA-9	> 32	> 32	> 32	+	+	15

<i>K. pneumoniae</i> 7AFR	NDM-1 + TEM-1 + SHV-28 + CTX-M-15 + CMY-6 + OXA-1	> 32	> 32	> 32	-	+	15
<i>E. coli</i> 5649 GEN	NDM-1 + OXA-1 + CMY-30 + TEM-1	8	> 32	12	-	+	21
<i>E. coli</i> RIC	NDM-1 + TEM-1 + OXA-1 + OXA-10 + CMY-16	1	3	1	-	+	This study
<i>E. coli</i> GUE	NDM-1 + TEM-1 + OXA-1	3	3	2	-	-	15
<i>E. coli</i> 271 AUS	NDM-1 + TEM-1 + CTX-M-15	6	32	16	+	+	19
<i>E. coli</i> ALL	NDM-1 + TEM-1 + OXA-1 + OXA-2 + CTX-M-15	4	> 32	8	-	-	16
<i>E. coli</i> IR5 TW	NDM-1 + TEM-1 + CTX-M-15	16	>32	16	ND <sup>d</sup>	+/ND	15
<i>E. cloacae</i> IR38	NDM-1 + CTX-M-15	2	16	2	+	+	15
<i>P. stuartii</i> PS1	NDM-1 + TEM-1 + OXA-1 + CMY-6	12	0.38	1.5	-	+	18
<i>E. coli</i> MAD	VIM-1 + CTX-M-3	1.5	0.38	0.5	+	+	2
<i>K. pneumoniae</i> MAD	VIM-1 + CTX-M-3	1	0.5	1	ND	ND	2
<i>K. pneumoniae</i> DIH	VIM-19 + TEM-1 + SHV-1 + CTX-M-3	8	16	4	ND	+/ND	This study
<i>E. coli</i> JAP	IMP-1	0.5	3	0.5	+	+	2
<i>K. pneumoniae</i> TUR	IMP-1 + SHV-5	1	2	8	ND	ND	2
<b>Class D carbapenemases</b>							
<i>K. pneumoniae</i> BIC	OXA-48	0.5	2	0.5	+	+	2
<i>K. pneumoniae</i> BEL	OXA-48	1	4	1	+	+	2
<i>K. pneumoniae</i> LIB	OXA-48	> 16	> 16	> 16	+	+	2
<i>K. pneumoniae</i> CHA	OXA-48 + TEM-1	0.38	1	0.5	+	+	This study
<i>K. pneumoniae</i> EGY	OXA-48 + CTX-M-15	2	3	2	+	+	2
<i>E. cloacae</i> TUR	OXA-48 + SHV-5	0.5	0.5	0.5	+	+	2
<i>E. coli</i> HAN	OXA-48 + CTX-M-15	3	16	1	+	+	This study
<i>E. coli</i> BOU	OXA-48 + CTX-M-15	0.5	0.75	0.125	+	+	This study
<i>E. coli</i> BER	OXA-48 + CTX-M-15	0.38	1.5	0.19	+	+	This study
<i>E. coli</i> AME	OXA-48 + TEM-1 + CTX-M-24	0.25	0.5	0.19	+	+	17

**AmpC +/- reduced permeability**

<i>P. mirabilis</i> PMA	ACC-1	0.25	0.12	0.12	Weak Pos	Weak Pos	9
<i>E. coli</i> ECA	ACC-1	0.12	0.12	0.12	Weak Pos	Weak Pos	9
<i>K. pneumoniae</i> KDH	DHA-2	0.12	0.5	0.12	Weak Pos	Weak Pos	8
<i>E. coli</i> MET	ESAC	0.12	0.12	0.12	ND	ND	This study
<i>E. coli</i> Ec13 SYD	CMY-2	0.12	0.12	0.12	ND	ND	This study
<i>E. coli</i> MAR <sup>b</sup>	AmpC	16	>32	2	-	-	This study
<i>E. cloacae</i> BLA <sup>b</sup>	AmpC	0.12	1	0.12	-	-	This study
<i>E. cloacae</i> CON <sup>b</sup>	AmpC	0.12	1	0.12	+	+	This study
<i>E. cloacae</i> AZA <sup>b</sup>	AmpC	0.5	1	0.12	+	+	This study
<i>E. cloacae</i> POG <sup>b</sup>	AmpC	4	1.5	2	+	+	This study

**ESBL +/- reduced permeability**

<i>K. pneumoniae</i> COO <sup>c</sup>	CTX-M-15 + SHV28	4	>32	4	-	-	This study
<i>K. pneumoniae</i> BER <sup>c</sup>	TEM-1 + SHV-28	1	4	1	-	-	This study
<i>K. pneumoniae</i> 648236 <sup>c</sup>	SHV-2a	0.25	2	0.38	Weak Pos	-	This study
<i>K. pneumoniae</i> MEK <sup>c</sup>	CTX-M-15 + SHV-11	1.5	>32	6	Weak Pos	-	This study
<i>K. pneumoniae</i> SIM <sup>c</sup>	CTX-M-15 + TEM-1 + SHV-1	3	>32	3	-	-	This study
<i>K. pneumoniae</i> BED <sup>c</sup>	CTX-M-15 + TEM-1 + SHV-1	1.5	>32	4	Weak Pos	Weak Pos	This study
<i>K. pneumoniae</i> SHM <sup>c</sup>	CTX-M-15 + TEM-1 + SHV-11	3	>32	1	-	Weak Pos	This study
<i>K. pneumoniae</i> FOS <sup>c</sup>	CTX-M-15 + TEM-1 + SHV-11	6	>32	>32	+	Weak Pos	This study
<i>K. pneumoniae</i> LEG <sup>c</sup>	CTX-M-15 + TEM-1 + SHV-12	0.75	>32	3	-	-	This study

171 <sup>a</sup> Abbreviations : IMP, imipenem; ETP, ertapenem; MP, meropenem.

172 <sup>b</sup> Reduced susceptibility to ertapenem due to overexpressed AmpC

173 <sup>c</sup> Reduced susceptibility to ertapenem due to porin deficiency.

174 <sup>d</sup> ND, not determinable, due to inhibition of growth of the *E. coli* JM109 strain along the tested isolate.

Fig. 1.

