

Laboratory Evaluation of the AutoMicrobic System for Identification of *Enterobacteriaceae*

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The *Enterobacteriaceae* Biochemical Card used with the AutoMicrobic system (Vitek Systems, Inc., Hazelwood, Mo.) was compared with the API 20E system (Analytab Products, Plainview, N.Y.) for identifying members of the family *Enterobacteriaceae*. A total of 1,401 clinical isolates representing 18 species were identified by the AutoMicrobic and API 20E systems over a 5-month period. Discrepancies between these systems were resolved by conventional methods. Overall, 98.3% of the isolates were identified correctly by the AutoMicrobic system in 8 h, with 94.2% having an AutoMicrobic system confidence level $\geq 90\%$; 92.9% of the isolates were identified correctly by the 20E system after 24 h of incubation. Discrepancies between the two systems occurred in 3.1% of the isolates. Of these, 40.9 and 59.1% proved to be correct by the AutoMicrobic and API 20E systems, respectively.

Rapid and accurate identification of enteric bacteria is one of the most important roles of any clinical microbiology laboratory. Currently, most identifications are made with commercially produced systems, such as API 20E (Analytab Products, Plainview, N.Y.), Micro-ID (General Diagnostics, Morris Plains, N.J.), and Enterotube (Roche Diagnostics, Div. Hoffmann-La Roche, Inc., Nutley, N.J.) with conventional methods used as backup systems. The AutoMicrobic system (AMS) (Vitek Systems, Inc., Hazelwood, Mo.) was the first widely marketed automated system for rapid identification of *Enterobacteriaceae* (1, 3-5). The potential of the AMS has recently been expanded to the identification of nonfermenters and yeasts. The AMS also has the capacity to enumerate and selectively identify bacteria from urine specimens and to perform antimicrobial susceptibility testing. This study evaluates the clinical application of the *Enterobacteriaceae* Biochemical Card (EBC) of the AMS for the identification of members of the family *Enterobacteriaceae* under routine laboratory conditions.

MATERIALS AND METHODS

Organisms. All oxidase-negative organisms recovered on MacConkey agar from clinical specimens were tested by the API 20E system and by the AMS. All organisms were numerically coded. Identifications were compared only after testing with both systems. Any disagreement in identification was resolved with conventional biochemical tests (2).

AMS EBC. The EBC consists of a series of 26

biochemical tests contained in a plastic card which is sealed with mylar tape. Incubation for 8 h in the AMS is required before identification is considered complete. The AMS and EBC were used as previously reported (3).

API 20E system. The API system is a standardized, miniaturized version of conventional procedures for identification of members of the family *Enterobacteriaceae* (6). This system is used routinely in our laboratory. The API system is designed to identify gram-negative bacteria based on data from 23 standard biochemical tests.

An isolated colony was picked from MacConkey agar, emulsified in sterile saline, and used to inoculate the API 20E test strips. After overnight incubation at 35°C, biochemical results were recorded and interpreted according to the manufacturer's directions.

Conventional methods. Carbohydrate media used in the study were prepared with Taxo carbohydrate disks (BBL Microbiology Systems, Cockeysville, Md.) added to sterile phenol red base. All other media were made from dehydrated media (Difco Laboratories, Detroit, Mich.). *Shigella* antisera (Difco) were used for serological identification of *Shigella* spp. All conventional media were prepared and used according to the manufacturer's directions. Conventional testing was done for adonitol, arabinose, malonate, maltose, methyl red, motility, raffinose, and xylose.

Quality control organisms. As recommended by the manufacturer, six organisms were tested with the AMS at weekly intervals and with each new lot of reagents. The six control bacteria were *Shigella flexneri* (ATCC 12661), *Enterobacter cloacae* (ATCC 13883), *Proteus mirabilis* (ATCC 7002), *Citrobacter freundii* (ATCC 6750), and *Klebsiella pneumoniae* (ATCC 13883). In addition, an EBC was inoculated with saline as a sterility check.

TABLE 1. Comparison of results for the AMS and the API system with 1,401 clinical isolates

Organism	Total no. tested	No. (%) of isolates correctly identified by the AMS at 8 h	No. (%) of isolates correctly identified by the API system at 24 h
<i>Citrobacter freundii</i>	25	22 (88.00)	22 (88.00)
<i>Enterobacter aerogenes</i>	62	62 (100)	56 (90.32)
<i>Enterobacter agglomerans</i>	6	5 (88.33)	2 (33.33)
<i>Enterobacter cloacae</i>	58	57 (98.28)	55 (94.83)
<i>Escherichia coli</i>	636	631 (99.21)	635 (99.84)
<i>Hafnia alvei</i>	6	6 (100)	5 (83.33)
<i>Klebsiella oxytoca</i>	53	50 (94.34)	53 (100)
<i>Klebsiella pneumoniae</i>	260	254 (97.69)	237 (91.15)
<i>Proteus mirabilis</i>	166	163 (98.19)	166 (100)
<i>Proteus vulgaris</i>	6	6 (100)	6 (100)
<i>Providencia rettgeri</i>	5	5 (100)	3 (60.00)
<i>Providencia stuartii</i>	9	9 (100)	9 (100)
<i>Morganella morganii</i>	21	21 (100)	21 (100)
<i>Serratia liquefaciens</i>	1	1 (100)	0 (0.00)
<i>Serratia marcescens</i>	76	74 (97.37)	29 (38.16)
<i>Shigella flexneri</i>	1	1 (100)	0 (0.00)
<i>Shigella sonnei</i>	2	2 (100)	2 (100)
Total	1,401	1,377 (98.29)	1,302 (92.93)

TABLE 2. Organisms correctly identified by the AMS, with a percent confidence >0.9000, and in agreement with the API system or conventional methods

Organism	No. (%) of isolates identified by the AMS
<i>Escherichia coli</i>	617 (97)
<i>Klebsiella pneumoniae</i>	242 (93)
<i>Klebsiella oxytoca</i>	49 (92)
<i>Proteus mirabilis</i>	146 (88)
<i>Enterobacter aerogenes</i>	61 (98)
<i>Enterobacter cloacae</i>	52 (90)
<i>Enterobacter agglomerans</i>	5 (83)
<i>Proteus vulgaris</i>	6 (100)
<i>Providencia stuartii</i>	7 (78)
<i>Morganella morganii</i>	20 (95)
<i>Citrobacter freundii</i>	19 (76)
<i>Citrobacter diversus</i>	8 (100)
<i>Providencia rettgeri</i>	5 (100)
<i>Serratia marcescens</i>	73 (96)
<i>Serratia liquefaciens</i>	1 (100)
<i>Hafnia alvei</i>	6 (100)
<i>Shigella flexneri</i>	1 (100)
<i>Shigella sonnei</i>	2 (100)
Total	1,320 (94.2)

In our laboratory the API system is routinely quality controlled daily with the following organisms: *K. pneumoniae* (ATCC 13315), *Pseudomonas aeruginosa* (ATCC 10145), and *E. cloacae* (ATCC 13047).

RESULTS AND DISCUSSION

Table 1 summarizes the comparison between the AMS and the API system using 1,401 clinical isolates. The AMS correctly identified 98.3% of

TABLE 3. Organisms identified by the AMS and in agreement with the API system or conventional methods but having an AMS percent confidence level <0.9000

Organism	No. of isolates identified by the AMS	Mean AMS confidence level
<i>Proteus mirabilis</i>	17	0.7765
<i>Escherichia coli</i>	14	0.7035
<i>Klebsiella pneumoniae</i>	12	0.7689
<i>Enterobacter cloacae</i>	5	0.6473
<i>Citrobacter freundii</i>	3	0.7500
<i>Providencia stuartii</i>	2	0.7976
<i>Klebsiella oxytoca</i>	1	0.8859
<i>Enterobacter aerogenes</i>	1	0.8830
<i>Morganella morganii</i>	1	0.7695
<i>Serratia marcescens</i>	1	0.7447
Total	57	0.7726

the isolates at 8 h, and 92.9% were correctly identified by the API system at 24 h.

The AMS correctly identified 94.2% of the 1,401 isolates, with a confidence level >0.9000 (Table 2). An additional 57 isolates (Table 3) were identified correctly by the AMS, with a confidence level <0.9000. Of the 57 isolates, 17 were *P. mirabilis*, 14 were *Escherichia coli*, and 12 were *K. pneumoniae*. Of the 17 *P. mirabilis* isolates, 13 had the same AMS biochemical profile, being citrate and H₂S negative. This accounted for the low confidence level. No similarity in the biochemical profiles of the 14 *E. coli* isolates could be found, accounting for their low

TABLE 4. Discrepancies between the AMS and the API systems^a

API identification	AMS identification	AMS confidence level ^b
<i>Citrobacter freundii</i>	<i>Enterobacter agglomerans</i>	0.6436
<i>Citrobacter freundii</i>	<i>Enterobacter cloacae</i>	0.9676
<i>Citrobacter freundii</i>	<i>Klebsiella ozaenae</i>	0.6905
<i>Enterobacter agglomerans</i>	<i>Klebsiella ozaenae</i>	0.6600
<i>Enterobacter cloacae</i>	<i>Enterobacter agglomerans</i>	0.9514
<i>Escherichia coli</i>	<i>Salmonella typhi</i>	0.4855
<i>Escherichia coli</i>	<i>Salmonella typhi</i>	0.4855
<i>Escherichia coli</i>	<i>Citrobacter freundii</i>	0.6185
<i>Escherichia coli</i>	<i>Salmonella typhi</i>	0.8328
<i>Escherichia coli</i>	<i>Providencia stuartii</i>	0.8283
<i>Klebsiella pneumoniae</i>	<i>Enterobacter aerogenes</i>	0.7774
<i>Klebsiella pneumoniae</i>	<i>Enterobacter cloacae</i>	0.7424
<i>Klebsiella pneumoniae</i>	<i>Enterobacter aerogenes</i>	0.6676
<i>Klebsiella pneumoniae</i>	<i>Enterobacter agglomerans</i>	0.9999
<i>Klebsiella pneumoniae</i>	<i>Enterobacter aerogenes</i>	0.8830
<i>Klebsiella pneumoniae</i>	<i>Klebsiella rhinoscleromatis</i>	0.8562
<i>Klebsiella oxytoca</i>	<i>Enterobacter aerogenes</i>	0.7274
<i>Klebsiella oxytoca</i>	<i>Enterobacter aerogenes</i>	0.9855
<i>Klebsiella oxytoca</i>	<i>Klebsiella ozaenae</i>	0.4069
<i>Proteus mirabilis</i>	<i>Morganella morganii</i>	0.6921
<i>Proteus mirabilis</i>	<i>Morganella morganii</i>	0.9066
<i>Serratia marcescens</i>	<i>Morganella morganii</i>	0.6921
<i>Serratia marcescens</i>	<i>Serratia liquefaciens</i>	0.7754
	<i>Yersinia enterocolitica</i>	0.8697

^a Organisms confirmed by conventional methods to be correctly identified by the API system and incorrectly identified by the AMS.

^b Mean, 0.7560.

TABLE 5. Discrepancies between the AMS and the API system^a

AMS identification	API identification	AMS confidence level ^b
<i>Citrobacter freundii</i>	<i>Escherichia coli</i>	0.9727
<i>Enterobacter aerogenes</i>	<i>Serratia liquefaciens</i>	0.9928
<i>Enterobacter agglomerans</i>	<i>Enterobacter cloacae</i>	0.9880
<i>Enterobacter agglomerans</i>	<i>Enterobacter cloacae</i>	0.6896
<i>Enterobacter agglomerans</i>	<i>Enterobacter cloacae</i>	0.6619
<i>Enterobacter agglomerans</i>	API group II	0.9820
<i>Enterobacter cloacae</i>	<i>Citrobacter freundii</i>	0.9922
<i>Hafnia alvei</i>	<i>Proteus mirabilis</i>	0.9999
<i>Klebsiella pneumoniae</i>	<i>Enterobacter aerogenes</i>	0.9921
<i>Klebsiella pneumoniae</i>	<i>Enterobacter aerogenes</i>	0.9101
<i>Klebsiella pneumoniae</i>	<i>Klebsiella ozaenae</i>	0.9960
<i>Klebsiella pneumoniae</i>	<i>Klebsiella oxytoca</i>	0.6802
<i>Klebsiella pneumoniae</i>	<i>Enterobacter aerogenes</i>	0.9959
<i>Serratia marcescens</i>	<i>Serratia liquefaciens</i>	0.9996
<i>Serratia marcescens</i>	<i>Serratia liquefaciens</i>	0.9996
<i>Serratia marcescens</i>	<i>Serratia liquefaciens</i>	0.9998
<i>Serratia marcescens</i>	<i>Serratia liquefaciens</i>	0.9998
<i>Serratia marcescens</i>	<i>Serratia liquefaciens</i>	0.9996

^a Organisms confirmed by conventional methods to be correctly identified by the AMS and incorrectly identified by the API system.

^b Mean, 0.9365.

confidence levels. Of the 12 *K. pneumoniae* isolates, 10 were urea negative by the AMS and the API system. The fact that the isolates were urea negative accounted for the low confidence levels.

Discrepancies occurred in 3.1% of the isolates. Of these, 40.9 and 59.1% were correctly identified

by the AMS (Table 4) and the API system (Table 5), respectively.

There were notable common factors among some of the species incorrectly identified by the AMS. Seven of the nine *Klebsiella* spp. were misidentified as *E. aerogenes*. Of the five isolates

of *E. coli* misidentified by the AMS, four identified as *Salmonella typhi*, even though they were arabinose positive on the EBC. This illustrates the lack of significance that the AMS gives to any one test in an identification (i.e., all tests on the EBC are weighted equally). *S. typhi* is considered arabinose negative (100%) (2). The low confidence factor of these misidentifications (average, 0.65) and the fermentation of arabinose alerted the technologist to check the indole reaction. This is easily done by puncturing the mylar tape over the third well (growth control) and adding Kovács reagent. The reading is the same as with the API 20E system or conventional methods. These isolates were all indole positive. Three isolates of *P. mirabilis* were misidentified as *Morganella morganii*. This was a result of the xylose being negative on the EBC. By conventional methods these isolates were xylose positive. This misidentification was probably due to an underinoculation or to a slow reaction. These isolates were known swimmers, and the entry of this information into the identification scheme would have alerted trained personnel to the misidentification. There were few misidentified species exhibiting a reoccurring error in their AMS biochemical profiles. The number of *Klebsiella* sp. misidentified represented 2.9% of the total number of *Klebsiella* isolates, that of *E. coli*, 0.79%, and that of *P. mirabilis*, 1.8%.

All quality control organisms run weekly during this study were identified correctly by the AMS, with consistently high confidence levels. In addition to the five members of the family *Enterobacteriaceae*, *P. aeruginosa* was used as a non-glucose-fermenting control. *P. aeruginosa* was always glucose negative and was identified by the AMS as a non-*Enterobacteriaceae* organism. EBCs with AMS saline inoculum were run simultaneously as sterility controls and were always negative.

The quality control organisms used in the API system were always correctly identified. The use of these organisms provided positive and negative results for each biochemical reaction.

This study provides evidence for the reliability of the AMS in delivering fast and accurate identification of members of the family *Enterobacteriaceae*. The bacteria tested represent a wide range of *Enterobacteriaceae* commonly re-

covered in clinical laboratories. The low numbers of some species isolated are indicative of the unequal distribution of organisms in clinical settings. The analysis of the organisms isolated in this 5-month period provide a practical guideline for comparing, in clinical laboratories, the identification of members of the family *Enterobacteriaceae* by the AMS with a widely accepted method such as the API system.

This report does not closely scrutinize the biochemical profiles of the EBC or the mechanisms of the AMS. A detailed description of the AMS and EBC have been previously reported (3).

The capacity of the AMS to identify members of the family *Enterobacteriaceae* and the high correlation of this identification with the API system has been established in these analyses. In addition, color changes are interpreted spectrophotometrically with the AMS, eliminating errors in interpreting color changes inherent in the API system. These facts, along with the short incubation period, make the AMS a useful instrument for clinical laboratories.

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