

Value of the Modified Hodge Test for Detection of Emerging Carbapenemases in *Enterobacteriaceae*

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The modified Hodge test has an excellent sensitivity for detecting enterobacterial isolates producing Ambler class A (KPC) and class D (OXA-48) carbapenemases. Its sensitivity is low for NDM-1 producers (50%) but is increased to 85.7% by adding ZnSO₄ (100 μ g/ml) in the culture medium. However, this test has a low specificity and is time-consuming.

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

Since the value of MHT for detecting the currently widespread carbapenemase producers (KPC, NDM-1, OXA-48) has been poorly documented, we have initiated a study using a collection of carbapenemase and noncarbapenemase producers with well-characterized mechanisms of resistance. Enterobacterial isolates included in our study were either resistant or of reduced susceptibility to ertapenem, according to the updated breakpoints of the CLSI guidelines (i.e., with a MIC of ertapenem of $\geq 0.5 \,\mu$ g/ml) (5) (Table 1). The isolates produced either Ambler class A (KPC-2), class B (NDM-1, VIM-1, IMP-1), or class D (OXA-48) carbapenemases. Noncarbapenemase producers were AmpC overproducers with permeability defect or clavulanic-acid inhibited extended-spectrum β -lactamase (ESBL) producers (mostly of the CTX-M type) with permeability defect (Table 1). Ertapenem (10 μ g disk, Bio-Rad, Marnes-la-Coquette, France) and indicator strains Escherichia coli JM109 (Promega, Charbonnières-Les-Bains, France) and E. coli ATCC 25922 were used.

Among the 35 carbapenemase producers, 24 gave positive results, 7 gave negative results, and 4 gave noninterpretable results (Table 1). Class A and class D carbapenemase producers were detected by the MHT. False-negative results were obtained for 7 out of 14 NDM-1 producing *Enterobacteriaceae* (Table 1; Fig. 1A), which is in accordance with what had been

previously observed for NDM-1 producers (4). The overall sensitivity and specificity of the MHT was low (77.4% and 38.9%, respectively). Those noninterpretable results could correspond to isolates producing a substance, such as colicin, that may inhibit the growth of *E. coli* JM109 (Table 1). False detection of carbapenemase production was observed for 11 out of 20 isolates (Table 1). This result was in accordance with those from previous studies (3, 10, 13, 22).

Taking into account the high rate of false negatives among NDM producers, we tried to modify this MHT technique for improving its detection limits. Although Lee et al. suggested that a bile compound contained in MacConkey agar may improve the sensitivity of the MHT for detecting metallo- β lactamase (MBL) producers (11), we did not observe changes in the sensitivity detection of the NDM producers by using this medium (data not shown). As MBLs are zinc dependent (23), zinc sulfate was added to Mueller-Hinton agar (MHA) (BBL, Le Pont-de-Claix, France) at different concentrations (from 25 to 100 μ g/ml). Previous studies showed that commercially available MHA media contained concentrations of zinc varying from 1- to 15-fold, depending on the manufacturer (7). Cooper et al. determined zinc concentration as being 2.61 μ g/ml in MHA from BBL in 1993 (7). The addition of 100 μ g/ml of zinc sulfate inhibited partially the growth of E. coli ATCC 25922, giving rise to difficult interpretations of the MHT. E. coli JM109 was then used instead of E. coli ATCC 25922 because growth of E. coli JM109 was homogeneous on ZnSO₄-containing agar. The addition of zinc sulfate improved test sensitivity for 5 of the 7 false-negative results obtained with NDM producers using non-zinc-supplemented MHA (Table 1; Fig. 1). Notably, two false-negative NDM-producing E. coli isolates remained negative despite the addition of zinc sulfate (Table 1; Fig. 1B). As suggested for detection of the IMP- or VIM-producing Pseudomonas aeruginosa and Acinetobacter sp. (12), zinc addition improved the sensitivity of the MHT (from 77.4 to 94%),

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TABLE 1 Influence of $ZnSO_4$ in Mueller-Hinton agar (MHA) on the modified Hodge test for 54 carbapenemase- and/or ESBL/AmpC-producing enterobacterial isolates

Strain	β-Lactamase(s)	MIC (µg/ml) of drug ^a :			Modified Hodge test result for ETP		
		IMP	ETP	MP	MHA	MHA + ZnSO4	Reference
Class A carbapenemases	P						
E. cloacae CFVL	KPC-2 + TEM-3	4	2	1	+	+	2
E. coli DIN	KPC-2 + TEM-1 + OXA-1	1	>32	2	+	+	2
E. coli PSP	KPC-2 + TEM-1 + OXA-1	0.5	0.5	0.5	+	+	2
E. coli COL	KPC-2 + TEM-1 + CTX-M-9	4	4	2	+	+	This study
K. pneumoniae COL	KPC-2 + TEM-1 + SHV-1 + CTXM-15	4	4	2	+	+	This study
K. pneumoniae KAM	KPC-3 + TEM-1	8	12	2	+	+	This study
Class B carbapenemases							
K. pneumoniae UK	NDM-1 + CTX-M-15 + CMY-4 + OXA-1	>32	>32	>32	+	+	15
K. pneumoniae 6759 GEN	NDM-1 + TEM-1 + SHV-11 + CTX-M-15 +	12	>32	>32	+	+	21
	CMY-16 + OXA-1 + OXA-9 + OXA-10						
K. pneumoniae 20MA	NDM-1 + OXA-1 + SHV-11	1.5	6	2	+	+	15
K. pneumoniae IND	NDM-1 + TEM-1 + SHV-28 + CTX-M-15 +	1	8	4	-	+	This study
K. pneumoniae 10MA	CMY-6 + OXA-1 + OXA-9 NDM-1 + TEM-1 + SHV-11 + SHV-28 + CTX-	>32	>32	>32	+	+	15
x	M-15 + OXA-1 + OXA-9						
K. pneumoniae 7AFR	NDM-1 + TEM-1 + SHV-28 + CTX-M-15 +	>32	>32	>32	_	+	15
E coli 5649 GEN	OM1-0 + OAA-1 NDM-1 + OXA-1 + CMV-30 + TFM-1	8	>32	12	_	+	21
E. coli DIC	NDM 1 + TEM 1 + OXA 1 + OXA 10 + CMV 16	0	2 2	12		+	21 This study
E. coli GUE	$NDM_{-1} + TEM_{-1} + OXA_{-1} + OXA_{-10} + CM1_{-10}$	3	3	2	_	- -	15
E. coli 271 AUS	$NDM_{-1} + TEM_{-1} + CTX_{-M_{-15}}$	6	32	16	+	+	19
E. coli ALL	NDM-1 + TEM-1 + OXA-1 + OXA-2 +	4	>32	8	_	_	16
	CTX-M-15	16	> 22	16	NDd	. 010	15
E. coli IR5 TW	NDM-1 + TEM-1 + CTX-M-15	16	>32	16	ND"	+/ND	15
E. cloacae IK58	NDM-1 + CIX -M-15	2	10	2	+	+	15
F. silurin FSI	NDM-1 + IEM-1 + OAA-1 + CM1-0	12	0.38	1.5	_	+	10
E. con MAD	VIM-1 \pm CTX-M-5	1.5	0.58	0.5	T	T	2
K. pneumoniae DIH	VIM $10 \pm \text{TEM} 1 \pm \text{SHV} 1 \pm \text{CTY} \text{ M} 3$	1 Q	16	1	ND	$\pm ND$	2 This study
E coli IAD	IMD 1	0.5	3	4 0.5	ND +	+	2
K. pneumoniae TUR	IMP-1 + SHV-5	1	2	8	ND	ND	2
Class D carbapenemases							
K. pneumoniae BIC	OXA-48	0.5	2	0.5	+	+	2
K. pneumoniae BEL	OXA-48	1	4	1	+	+	2
K. pneumoniae LIB	OXA-48	>16	>16	>16	+	+	2
K. pneumoniae CHA	OXA-48 + TEM-1	0.38	1	0.5	+	+	This study
K. pneumoniae EGY	OXA-48 + CTX-M-15	2	3	2	+	+	2
E. cloacae TUR	OXA-48 + SHV-5	0.5	0.5	0.5	+	+	2
E. coli HAN	OXA-48 + CTX-M-15	3	16	1	+	+	This study
E. coli BOU	OXA-48 + CTX-M-15	0.5	0.75	0.125	+	+	This study
E. coli BER	OXA-48 + CTX-M-15	0.38	1.5	0.19	+	+	This study
E. coli AME	OXA-48 + TEM-1 + CTX-M-24	0.25	0.5	0.19	+	+	17
AmpC \pm reduced permeability							_
P. mirabilis PMA	ACC-1	0.25	0.12	0.12	Weak positive	Weak positive	9
E. coli ECA	ACC-1	0.12	0.12	0.12	Weak positive	Weak positive	9
K. pneumoniae KDH	DHA-2	0.12	0.5	0.12	Weak positive	Weak positive	8
E. coli MET	ESAC	0.12	0.12	0.12	ND	ND	This study
E. coli Ec13 SYD	CMY-2	0.12	0.12	0.12	ND	ND	This study
E. coli MAR ^b	AmpC	16	>32	2	-	-	This study
E. cloacae BLA ^b	AmpC	0.12	1	0.12	_	_	This study
E. cloacae CON ^b	AmpC	0.12	1	0.12	+	+	This study
E. cloacae AZA ^b E. cloacae POG ^b	AmpC AmpC	0.5 4	1 1.5	0.12	+ +	+++	This study This study
FSBL + reduced permeshility							
K. pneumoniae COO ^c	CTX-M-15 + SHV28	4	>32	4	_	_	This study
K. pneumoniae BERc	TEM-1 + SHV-28	1	4	1	_	_	This study
K pneumoniae 648736°	SHV-2a	0.25	2	0.38	Weak positive	_	This study
K pneumoniae MFKc	CTX-M-15 + SHV-11	1.5	>32	6	Weak positive	_	This study
K pneumoniae SIMe	CTX-M-15 + TEM-1 + SHV-1	3	>32	3	-	_	This study
K pneumoniae RFD ^c	CTX-M-15 + TFM-1 + SHV-1	15	>32	4	Weak positive	Weak positive	This study
K pneumoniae SHMc	CTX-M-15 + TEM-1 + SHV-11	3	>32	1	-	Weak positive	This study
K. pneumoniae FOS ^c	CTX-M-15 + TEM-1 + SHV-11	6	>32	>32	+	Weak positive	This study
K. pneumoniae LEG ^c	CTX-M-15 + TEM-1 + SHV-12	0.75	>32	3	_	-	This study
1				-)

^{*a*} Abbreviations: IMP, imipenem; ETP, ertapenem; MP, meropenem.

^b Reduced susceptibility to ertapenem due to overexpressed AmpC.

^c Reduced susceptibility to ertapenem due to porin deficiency.

^d ND, not determinable, due to inhibition of growth of the *E. coli* JM109 strain along the tested isolate.



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

in particular with NDM-1-producing *Enterobacteriaceae* (Table 1). The effect of zinc might be multiplied by increasing the stability of the enzyme and/or by modifying porin expression (6). The addition of zinc sulfate did not modify the specificity of the test (38.9% with or without zinc sulfate).

This study showed that the MHT technique is highly sensitive for detecting class A, B, and D carbapenemases after addition of zinc in the culture medium. However, the limitations of the MHT in terms of clinical performance remain its lack of specificity and the delay in obtaining the results (24 to 48 h) after isolation of a bacterial colony.

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