

Pastorex[®] Staph Plus/Kit

(Identification of *Staphylococcus aureus*)

355-6356
355-6353

DEFINITION

Pastorex[®] Staph Plus Kit is a rapid agglutination test on slides for simultaneous detection of fibrinogen affinity factor ("Clumping factor"), protein A, and capsular polysaccharides of *Staphylococcus aureus*.

The capacity of Pastorex[®] Staph Plus reagent to recognize capsular polysaccharides of *Staphylococcus aureus* enables it to identify, with great sensitivity, strains of both *Staphylococcus aureus* sensitive to metacillin and strains resistant to metacillin, increasingly responsible for serious nosocomial infections.

PRINCIPLE

Pastorex[®] Staph Plus reagent permits simultaneous detection of:

- fibrinogen-affinity factor known as bound coagulase or "Clumping factor".
- protein A, which has an affinity for the "crystallisable fragment" of immunoglobulin G (IgG).
- capsular polysaccharides of *Staphylococcus aureus*.

It has been shown that the presence of protein A and of factor of affinity for fibrinogen enables identification of *Staphylococcus aureus* and detection by means of latex particles sensitized by fibrinogen and IgG.

It has been observed, however, that certain strains of *Staphylococcus aureus* resistant to metacillin were not agglutinated by these latex particles. A recent study of these strains has shown that they all possess capsular polysaccharide. It is therefore probable that the polysaccharide capsule, covering the whole bacterium under certain conditions (fresh isolation, culture conditions, bacterial clone) masks the protein A and the fibrinogen-affinity factor, thus preventing agglutination of latex particles sensitized only by fibrinogen and IgG. It was on the basis of these observations that the Pastorex[®] Staph Plus reagent was developed (patent pending). This reagent is made up of latex particles sensitized by fibrinogen and IgG on the one hand, and with monoclonal antibodies specific to capsular polysaccharide of *Staphylococcus aureus* on the other. The combination in a single reagent of fibrinogen, IgG and antibodies to capsular anti-polysaccharide means that weakly-capsulated strains of *Staphylococcus aureus* can be recognized just as readily.

In the first case (primary culture, strains resistant to metacillin, strains deficient in protein A and/or fibrinogen-affinity factor) it is above all the capsular anti-polysaccharide antibodies that agglutinate the bacteria. Conversely, in the second case, (strains sensitive to metacillin, or strains that have lost their polysaccharide capsule after sub-culture) bacteria are agglutinated by fibrinogen and IgG. Thus, in the presence of strains of *Staphylococcus aureus* possessing one or more of the following antigens: protein A, factor of affinity for fibrinogen, and capsular polysaccharide, Pastorex[®] Staph Plus suspension agglutinates strongly less than 40 seconds, presenting large clumps readily visible to the naked eye.

PRESENTATION

- **Pack of 50 tests** **code 355-6356**

Each kit contains:

- 1 instruction sheet
- 1 dropper bottle of ready to use latex reagent (1 ml). Particles of red latex sensitized by fibrinogen, IgG and monoclonal antibodies to capsular anti-polysaccharide of *S.aureus*. Contains 0.02% sodium merthiolate and 0.1% sodium azide.
- 1 dropper bottle of ready to use negative control latex reagent (1 ml). Particles of latex sensitised by a solution of bovine albumin. Contains 0.02% sodium merthiolate and 0.1% sodium azide.
- 15 disposable cards

- **Pack of 5 x 50 tests** **code 355-6353**

Each kit contains:

- 5 bottles of ready-to-use reagent (1 ml)
- 5 bottles of ready-to-use negative control reagent (1 ml).
- 60 disposable cards
- 1 instruction sheet

STORAGE

- Reagents: + 2°C to 8°C
- The reagents are stable until the expiration date indicated on the label, in the absence of contamination.
- Latex reagents should never be frozen.

EQUIPMENT REQUIRED (NOT SUPPLIED) (non-exhaustive)

- Inoculating loop for collecting bacterial colonies
- Disinfecting tank or autoclavable waste bin for throwing away cards and rods after use
- All usual laboratory equipment.

PRECAUTIONS

- Never use out-of-date reagents
- Shake the bottles of latex before collecting specimens.
- Do not touch the reactive surface of cards with the fingers.
- All specimens must be considered potentially contagious.
- It is recommended that disposable gloves be worn.
- Throw away disposable inoculating loops as well as used agglutination cards in an autoclavable waste bin or a disinfection tank.
- Comply with Good Laboratory Practice.

PROTOCOL

Inoculation

- Thoroughly homogenize latex reagents.
- Deposit a drop of latex reagent in circles on the agglutination card.
- Deposit a drop of negative control latex reagent in another circle.
- Collect 1 colony of average dimension using an inoculating loop, and emulsify for 10 seconds with the drop of latex.
- Proceed in the same manner with the negative control reagent.
- Homogenise using gentle circular movements of the card for 30 seconds, holding the card under normal lighting, then take a reading.
- Throw the card in a disinfection container.
- Do not re-use.

READING AND INTERPRETATION

• Positive reaction

This is revealed by the formation of agglutinations only with the latex test, visible with the naked eye under normal lighting, within 40 seconds. The agglutinations of latex particles may be larger or smaller, with a pink base that is more or less milky.

• Negative reaction

In this case, the suspension does not present any agglutinations and will retain its milky appearance with both reagents: latex agglutination test and latex negative control.

• Non-interpretable results

The result is non-interpretable in the case of agglutination of the suspension in both latex reagents: latex agglutination test and latex

negative control. In this case, the presence of free coagulase and of thermostabile DNAse should be looked for.

PERFORMANCES / QUALITY CONTROL OF THE TEST

The growth performances of the media are verified with the following strains:

STRAINS	RESULTS OF AGGLUTINATION
<i>Staphylococcus aureus</i>	Presence of agglutination with latex agglutination test No agglutination with latex control reagent
<i>Staphylococcus epidermidis</i>	No agglutination with latex agglutination test No agglutination with latex control reagent

QUALITY CONTROL OF MANUFACTURER

Every product manufactured and marketed by Bio-Rad is subject to a quality-assurance procedure at all stages, from the reception of raw materials to the marketing of the end-product. Each batch of finished product undergoes quality control and is marketed only if it satisfies the acceptability criteria.

Documentation relative to the production and control of each batch is kept on file.

LIMITATIONS OF THE METHOD

It has been reported that the recently-identified species *Staphylococcus lugdunensis* and *Staphylococcus schleiferi* possess a fibrinogen-affinity factor and could therefore react with detection tests for clumping factor as a function of strains and isolation medium. *Staphylococcus intermedius* and *Staphylococcus hyicus*, found in animal pathology but very rarely isolated in humans, can present a positive reaction with conventional coagulase tests and can thus also react with detection methods for fibrinogen-affinity factor.

Some *streptococci* have a protein which has an affinity for the crystallizing fragment of immunoglobulins and can react with latex.

Non-specific reactions of latex techniques with several species, including *Escherichia coli* and *Candida albicans* have also been reported. These false-positive reactions are avoided if a Gram staining and catalase are carried out on the test colonies prior to the latex test.

BIBLIOGRAPHY

- **BOUTONNIER A., NATO F., BOUVET A., LEBRUN L., AUDURIER A., MAZIE J.C., FOURNIER J.M. (1989):** Direct testing of blood cultures for detection of the serotype 5 and 8 capsular polysaccharides of *Staphylococcus aureus*. J. Clin. Microbiol. **27**: 989-993.
- **FRENEY J., BRUN Y., BES M., MEUGNIER H., GRIMONT F., GRIMONT P.A.D., NERVI C., FLEURETTE J. (1989):** *Staphylococcus lugdunensis* sp. Nov. and *Staphylococcus shleiferi* sp. Nov., two species from human clinical specimens. J. Clin. Microbiol. **38**: 2110-2111.
- **FOURNIER J.M., BOUTONNIER A., BOUVET A. (1989):** *Staphylococcus aureus* strains which are not identified by rapid agglutination methods are of capsular serotype 5. J. Clin. Microbiol. **27**: 1372-1374.
- **HOCHKEPPEL H.K., BRAUN D.G., VISCHER W., IMM A., SUTTER S., STAEUBLI U., GUGGENHEIM R., KAPLAN E.L., BOUTONNIER A., FOURNIER J.M. (1987):** Serotyping and electron microscopy studies of *Staphylococcus aureus* clinical isolates with monoclonal antibodies to capsular polysaccharide types 5 and 8. J. Clin. Microbiol. **25**: 526- 530.
- **FOURNIER J.M., BOUTONNIER A., BOUVET A., AUDURIER A., GOLDSTEIN F., PIERRE J., BURE A., LEBRUN L., HOCHKEPPEL H.K. (1987):** Predominance of capsular polysaccharide type 5 among oxacillin-resistant *Staphylococcus aureus*. J. Clin. Microbiol. **25**: 1932-1934.
- **FOURNIER J.M., HANNON K., MOREAU M., KARAKAWA W.W., VANN W.F. (1987):** Isolation of type 5 capsular polysaccharide from *Staphylococcus aureus*. An. Inst. Pasteur/Microbiol. **138**: 561-567.
- **RUANE P.J., MORGAN M.A., CITRON D.M., MULLIGAN M.E. (1986):** Failure of rapid agglutination methods to detect oxacillin-resistant *Staphylococcus aureus*. J. Clin. Microbiol. **24**: 490-492.
- **KLOOS W.E., SCLEIFER K.H. (1986):** *Staphylococcus* Bergey's manual of systematic bacteriology. **Vol 2**: 1013-1035.
- **FOURNIER J.M., VANN W.F., KARAKAWA W.W., ARBEIT R., SCHNEERSON R.S., ROBBINS J.B. (1985):** Method for the serological typing of the capsular polysaccharides of *Staphylococcus aureus*. J. Clin. Microbiol. **22**: 445-447.
- **JEAN PIERRE H., DARBAS H., JEANROUSSENQ A., BOYER G.:** Pathogenicity in T cases of *Staphylococcus shleiferi*, a recently described species.
- **KLOOS W.E., SMITH P.B. (1980):** Aerobic bacteria: *Staphylococci*. Manual of clinical Microbiology 3rd ed. American Society for Microbiology, Washington DC: 83-87.
- **ESSERTS I., RADEBOLD K. (1980):** Rapid and reliable identification of *Staphylococcus aureus* by a latex agglutination test. J. Clin. Microbiol.: 641-643.