



Manual to Molecular to MALDI – How Do I Choose?

September 25, 2023

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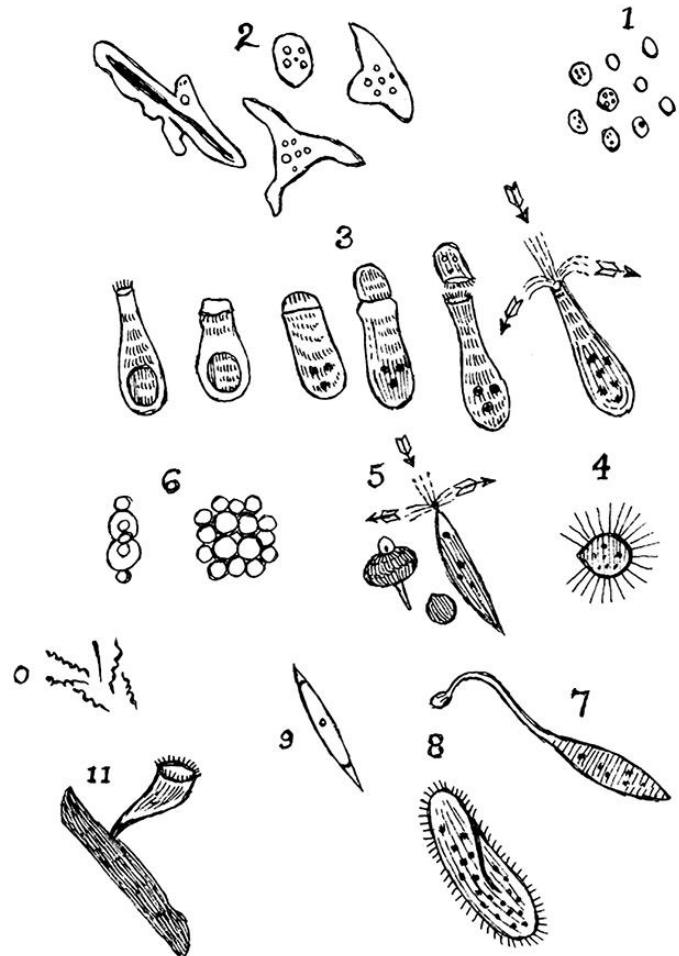
AGENDA

- “Micro” Microbiology History
- Manual Methods
- MALDI-TOF
- Brief Cases
- Care Team
- Discussion

“MICRO” MICROBIOLOGY HISTORY



BIRTH OF CLINICAL MICROBIOLOGY



LEEUWENHOEK'S
ANIMALCULES

- “The Father” – Antonie van Leeuwenhoek
 - 1632-1723
- “The Master” – Louis Pasteur
 - 1822-1895
- “The Father” (Medical Microbiology) – Robert Koch
 - 1843 - 1910

CLINICAL MICRO TO THE 1950s

TABLE V CHARACTERISTICS OF THE STREPTOCOCCI												
GROUP	SPECIES	HEMOLYSIS	LANCEFIELD GROUP	REDUCTION	NH ₄ FROM PEPTONE	SODIUM HIPPURATE	60° C. FOR 30 MIN.	MANNITOL	LACTOSE	TREHALOSE	GROWTH AT	GROWTH IN PRESENCE OF
											10° C.	45° C.
Pyogenic	<i>S. pyogenes</i>	CZ	A	-	+	-	-	+	+	+	-	-
	<i>S. agalactiae</i>	CZ	B	-	+	+	-	-	-	-	-	-
	<i>S. equi</i>	CZ	C	-	+	+	-	-	-	-	-	-
	Group C "human"	CZ	C	-	+	+	-	-	-	-	-	-
Viridans	<i>S. salivarius</i>	G	-	-	-	-	-	-	-	-	-	-
	<i>S. equinus</i>	G	-	-	-	-	-	-	-	-	-	-
	<i>S. bovis</i>	G+	-	-	-	-	-	-	-	-	-	-
Lactic	<i>S. thermophilus</i>	-	-	-	-	-	-	-	-	-	-	-
	<i>S. lactis</i>	-	-	-	-	-	-	-	-	-	-	-
Enterococcus	<i>S. cremoris</i>	-	-	+	+	+	+	+	+	+	+	+
	<i>S. faecalis</i>	G+	-	+	+	+	+	+	+	+	+	+

CZ, Clear zone; G, greening; +, variable.

Gram Stain (Hucker's Modification)
Ammonium oxalate crystal violet is prepared as follows:
Solution A:
Crystal violet 4.0 Gm.
Alcohol, 95% 20.0 c.c.
Solution B:
Ammonium oxalate 0.8 Gm.
Distilled water 80.0 c.c.
Mix solutions A and B and filter.

Lugol's Iodine Solution
Iodine 1.0 Gm.
Potassium iodide 2.0 Gm.
Distilled water 300.0 c.c.
Dissolve the iodine and potassium iodide in 25 c.c. of the water; heat gently if necessary. Make up to 300 c.c. with distilled water and filter.

Safranin for Counterstain
Safranin (Y) 1.0 Gm.
Distilled water 100.0 c.c.

Staining Procedure:
1. Cover film on slide with crystal violet and allow to stand for 1 minute.
2. Wash with water and cover with iodine solution for 1 minute.
3. Pour off the iodine, wash with water, and decolorize with 95 per cent alcohol for 30 seconds or until the washings are no longer blue.
4. Cover with safranin and allow to stand for 1 minute.
5. Wash with water, dry in air and examine.

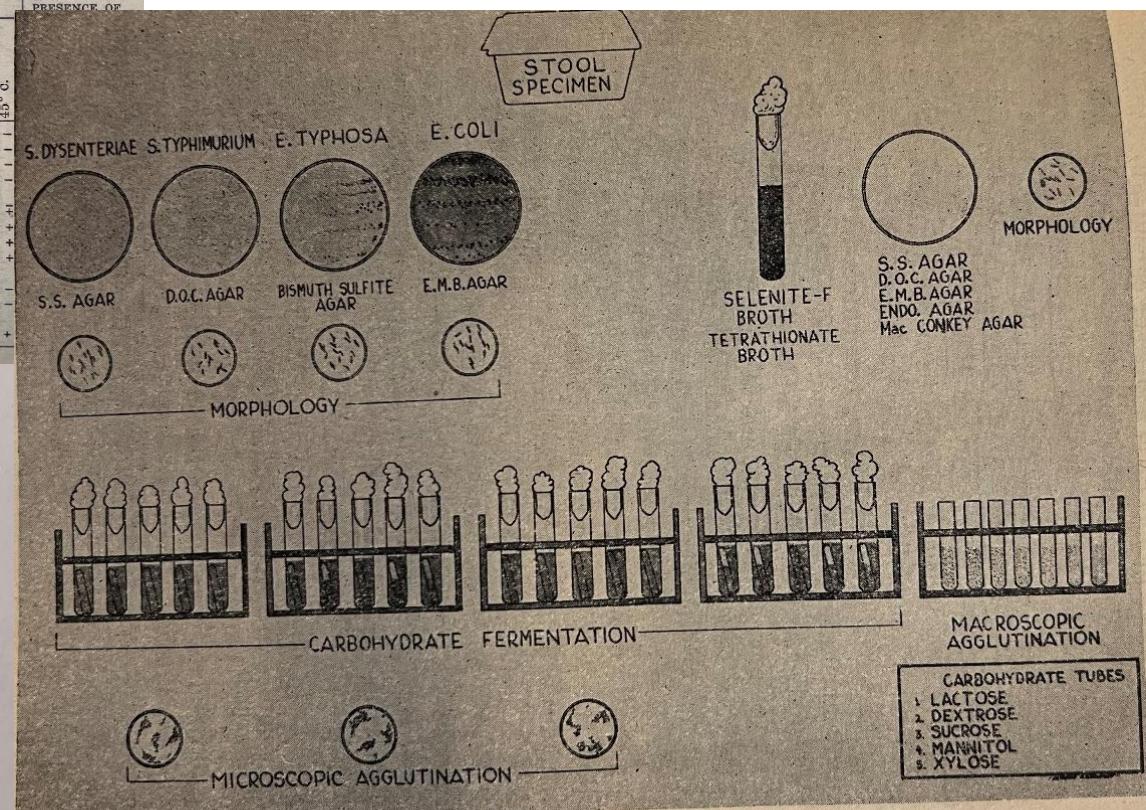


Fig. 95.—The laboratory diagnosis of colon-salmonella-typhoid-dysentery organisms.

Mosby 1946

CLINICAL MICRO TO THE 1970s

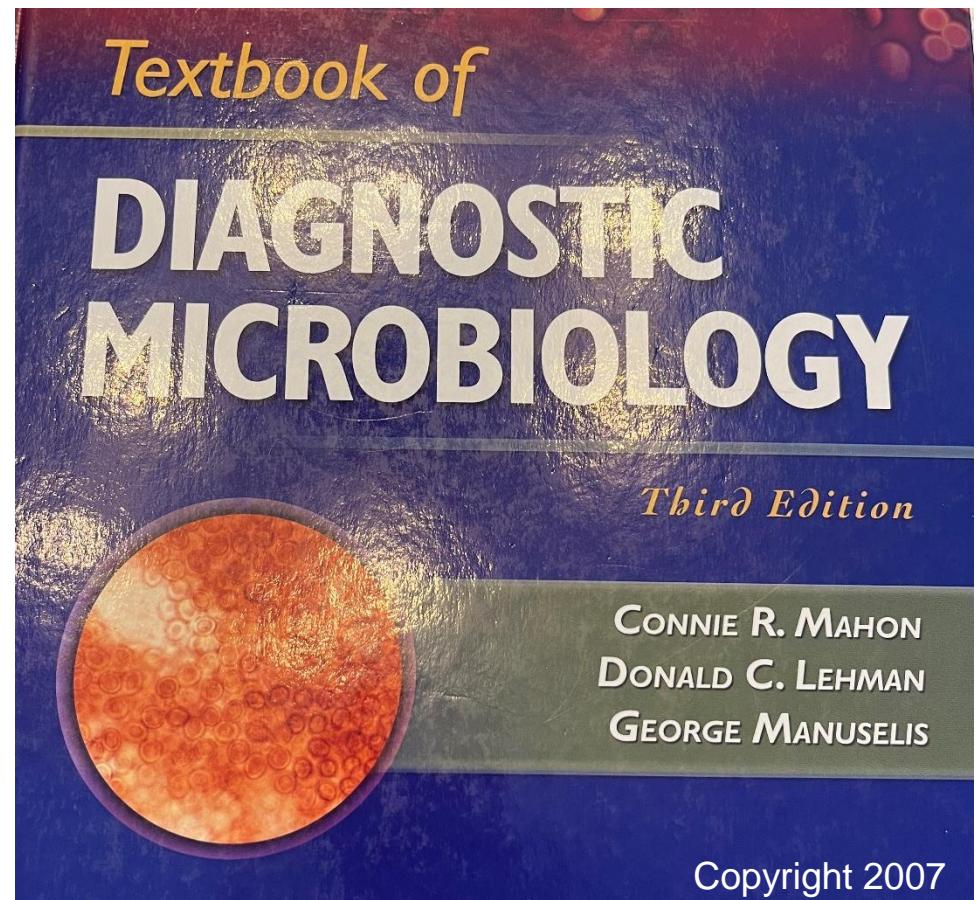
Characteristic	Staphylococci	Enterococci	Streptococci	Aerococci	Alloiococci	Planococci	Stomatococci	MacrocoCCI	Micrococci	Rothia
Strict aerobe	—	—	—	—	+	+	—	±	+	—
Facultative anaerobe	d	+	+	+	—	—	+	±	—	+
Motility	—	d	—	—	—	+	—	—	—	—
Growth on NaCl agar	—	—	—	—	—	—	—	—	—	—
5% NaCl	+	+	d	+	+	+	—	+	+	—
6.5% NaCl	+	+	d	+	+	+	—	+	+	—
12% NaCl	d	(±)	—	+	ND	+	—	+	+	—
Catalase	+	—	—	—	±	+	—	±	d	—
Benzidine test	+	—	—	—	—	+	+	+	+	±
Anaerobic acid from glucose	d	+	+	(+)	ND	—	—	—	—	+
Lysostaphin (200 µg/mL)	—	+	+	+	ND	+	—	—*	+	+
Erythromycin (0.04 µg/mL)	+	+	—	ND	ND	ND	+	—†	ND	—
Bacitracin (0.04-U disk)	+	+	d	—	ND	ND	—	+	—	—

Modified from Bannerman TL: Staphylococcus, micrococcus, and other catalase-positive cocci that grow aerobically. In Murray PR et al, editors: *Manual of clinical microbiology*, ed 8, Washington, DC, 2003, ASM Press.

+, 90% or more species or strains positive; ±, 90% or more species or strains weakly positive; —, 90% or more species or strains negative; d, 11% to 89% of species or strains positive; (), delayed reaction; ND, not determined.

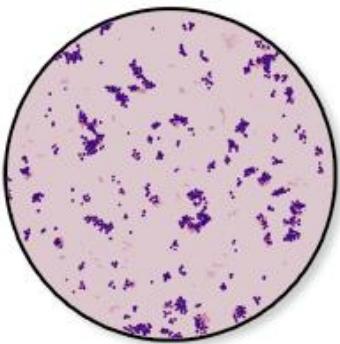
* Some strains of *M. luteus*, *M. roseus*, and *M. sedentarius* demonstrate susceptibility to lysostaphin, presumably because of contaminating levels of endo-β-N-acetylglucosaminidase activity.

† A few *Micrococcus* strains demonstrate high-level (minimal inhibitory concentration >1µg/mL) erythromycin resistance.

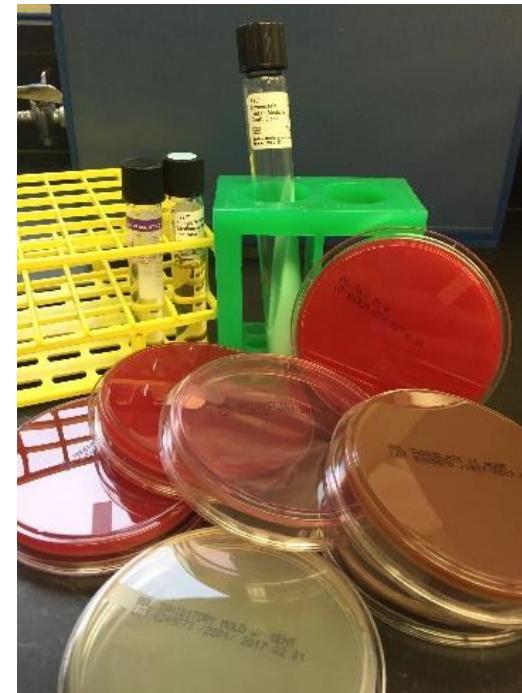


MANUAL METHODS

MANUAL METHODS



Medlineplus.gov

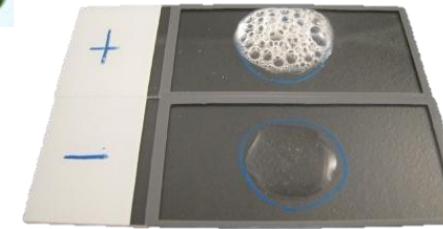


- Non-Selective
- Selective
- Solid vs. liquid
- Fungal
- AFB

MANUAL METHODS



Microbenotes.com



AUTOMATED IDENTIFICATIONS

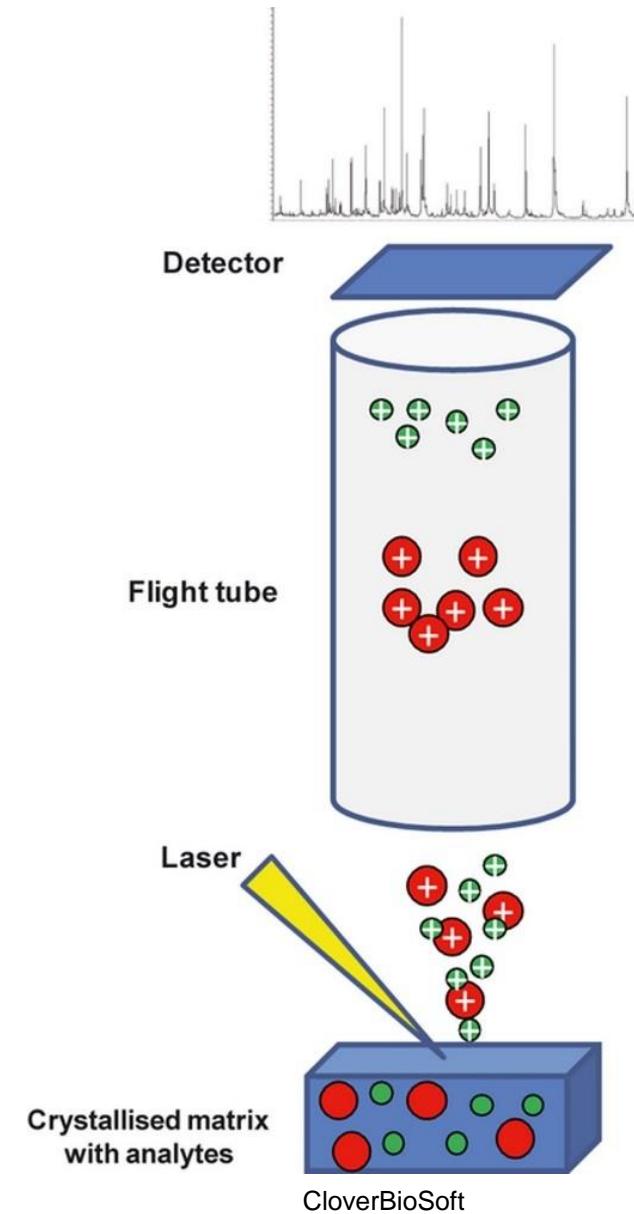
- Less hands on time
- Easier reagent management
- Space saving
- **Faster time to result**



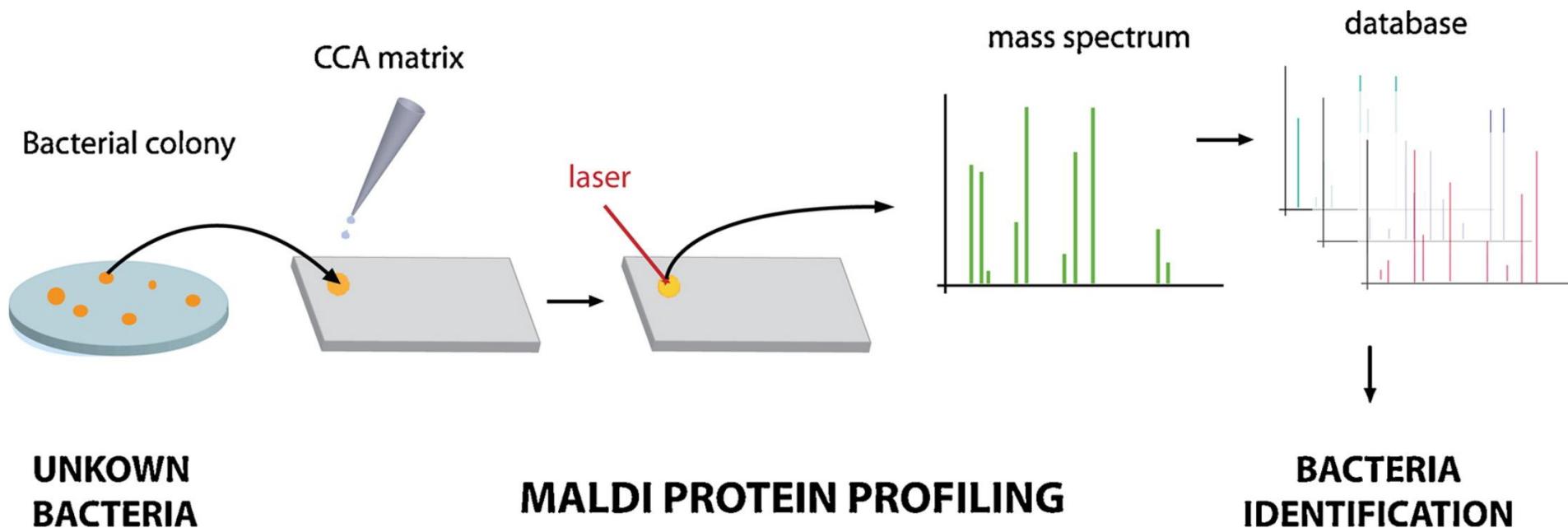
MALDI-TOF

MALDI-TOF

- Protein detection – MALDI-TOF
- Organism growth needed
- Organism + laser = protein fragments
- Can ID bacteria, yeasts, and molds
- Database dependent

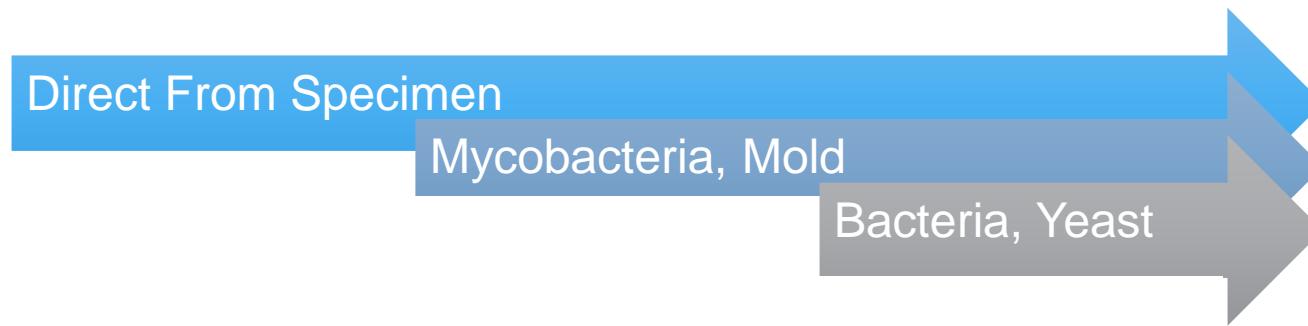


MALDI-TOF



Identification of bacteria using mass spectrometry techniques. Krasney et al. 2013

MALDI-TOF



FUTURE MALDI?



Direct from Specimen



Fully Automated



Workflow Improvements



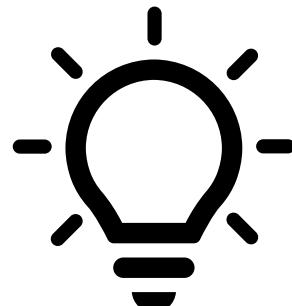
Affordability



Resistance Profiles



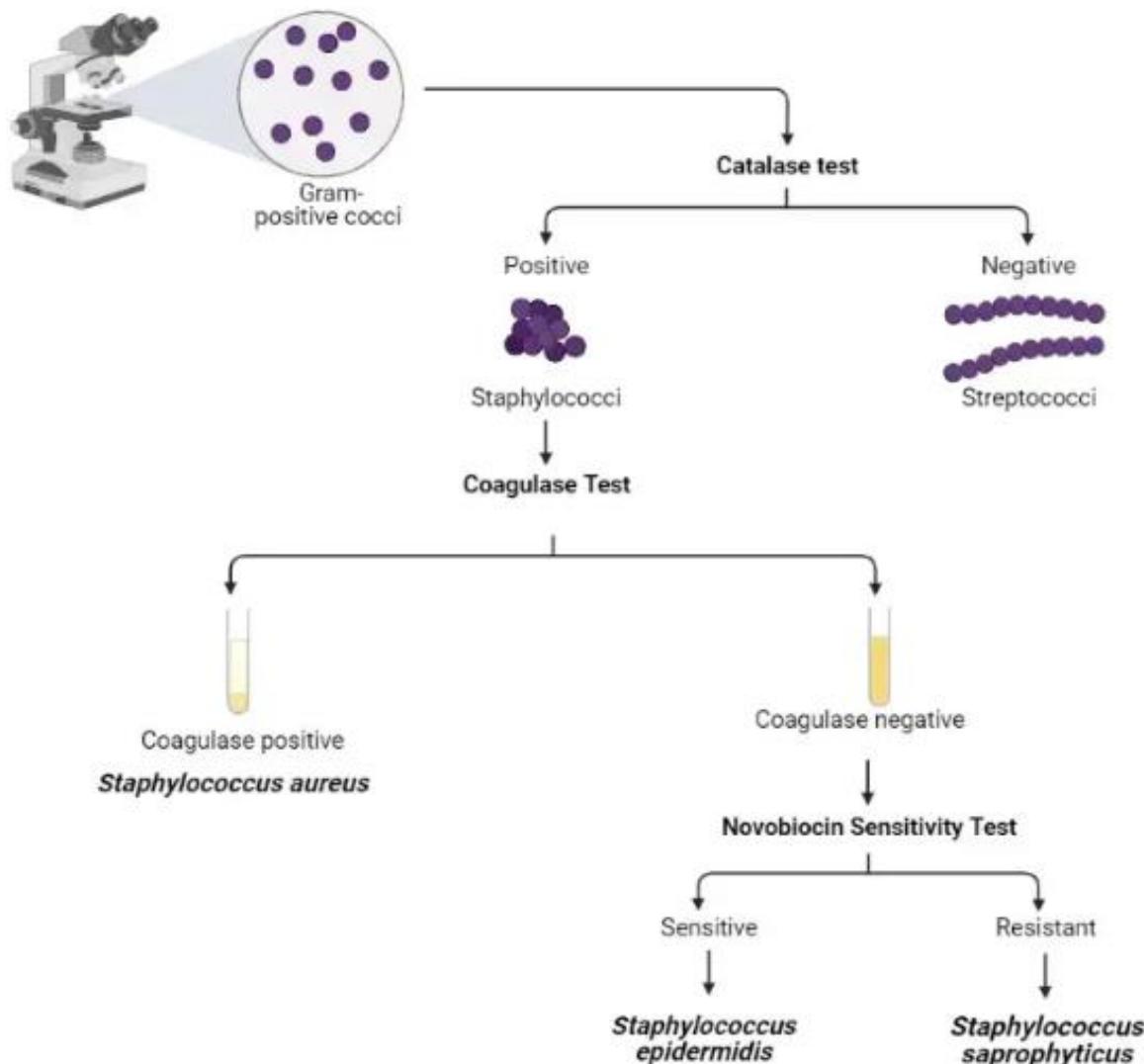
Space Improvements



Your thoughts?

BRIEF CASES

CASE STUDY 1



CASE STUDY 1

- Change in practice from CoNS to *Staphylococcus* XXX
- Realization that some *Staphylococcus* spp. can be pathogenic
- Limited information on antimicrobial susceptibility testing
 - Oxacillin resistance – *Staphylococcus haemolyticus* (87%), *Staphylococcus epidermidis* (71%), *Staphylococcus hominis* (54.1%)
- Increased the identification of CoNS by 85%

✓ | Research Article | 18 June 2015

f t in e

Implementation of Matrix-Assisted Laser Desorption Ionization-Time of Flight Mass Spectrometry in Routine Clinical Laboratories Improves Identification of Coagulase-Negative Staphylococci and Reveals the Pathogenic Role of *Staphylococcus lugdunensis*

Authors: Xavier Argemi, Philippe Riegel, Thierry Lavigne, Nicolas Lefebvre, Nicolas Grandpré, Yves Hansmann, Benoit Jaulhac, Gilles Prévost, Frédéric Schramm | [AUTHORS INFO & AFFILIATIONS](#)

CASE STUDY 2

- 71 year old male, end-stage lung disease presents for double lung transplant
- Pre- and Post-Transplant BALs exhibited yeast on Calcofluor white preparations
- 2 days post-transplant cultures were positive for yeast, no definitive ID by differential chromogenic media
- MALDI-TOF – no ID, VITEK2 Yeast ID – *Candida haemulonii*
- ID from CDC – *Candida auris*

JOURNAL ARTICLE

Donor-Derived Transmission of *Candida auris* During Lung Transplantation

Marwan M Azar, Sarah E Turbett, Jay A Fishman, Virginia M Pierce 

Clinical Infectious Diseases, Volume 65, Issue 6, 15 September 2017, Pages 1040–1042,
<https://doi.org/10.1093/cid/cix460>

Published: 17 May 2017 Article history ▾

MOLECULAR DIAGNOSTICS



CARE TEAM



WHAT IS ANTIMICROBIAL STEWARDSHIP

- “**Stewardship**” – the activity of protecting and being responsible for something
- “**Antimicrobial stewardship**” involves practices to foster appropriate / prudent use of antimicrobials in human and animal health and plant protection ¹



1) WHO 2016

A PRUDENT, RESPONSIBLE USE OF ANTIBIOTICS

A set of interventions for improving antimicrobial prescribing:

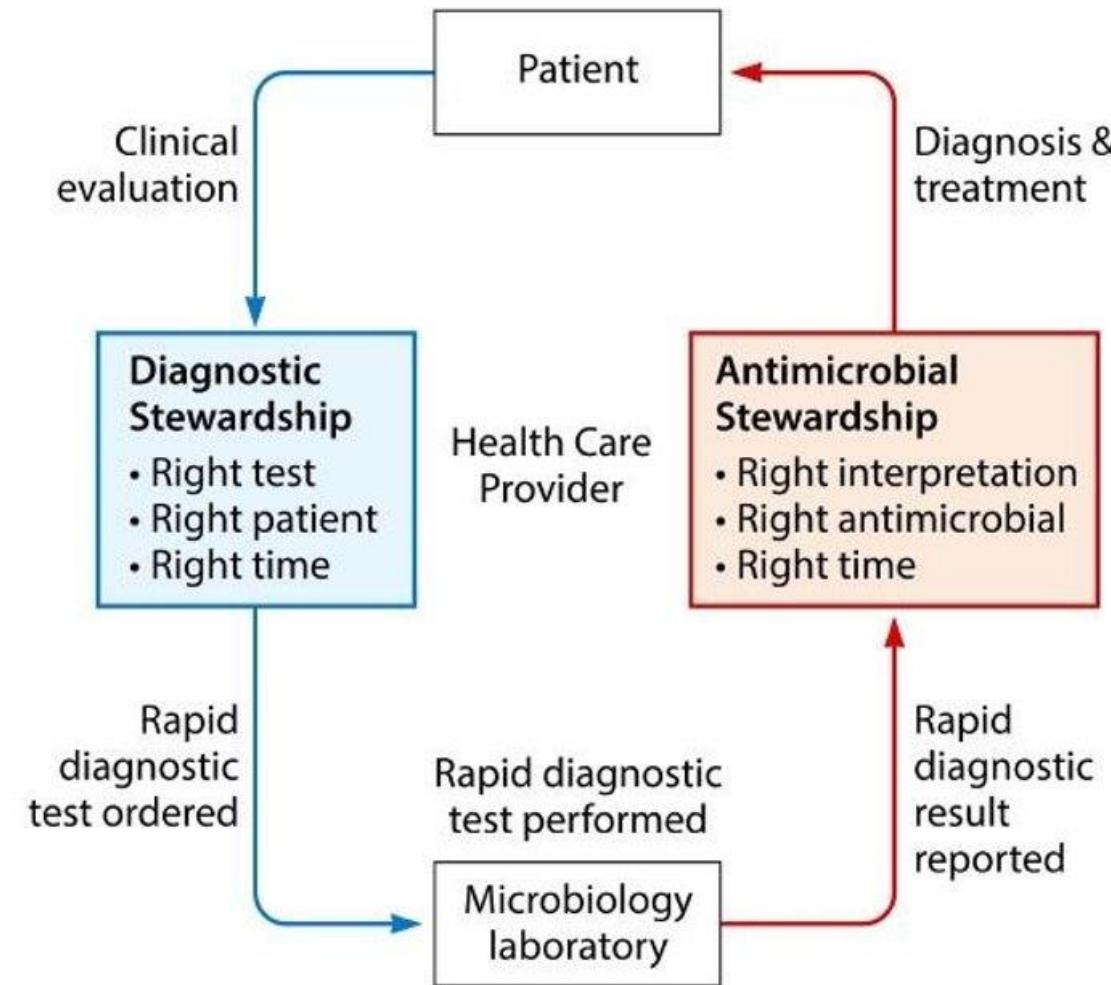
- Right antibiotic
- Right indication
- Right dose & route
- Right duration
- Causing the least harm to the patient and future patients



Diagnostic testing has a key-role to play !

CDC

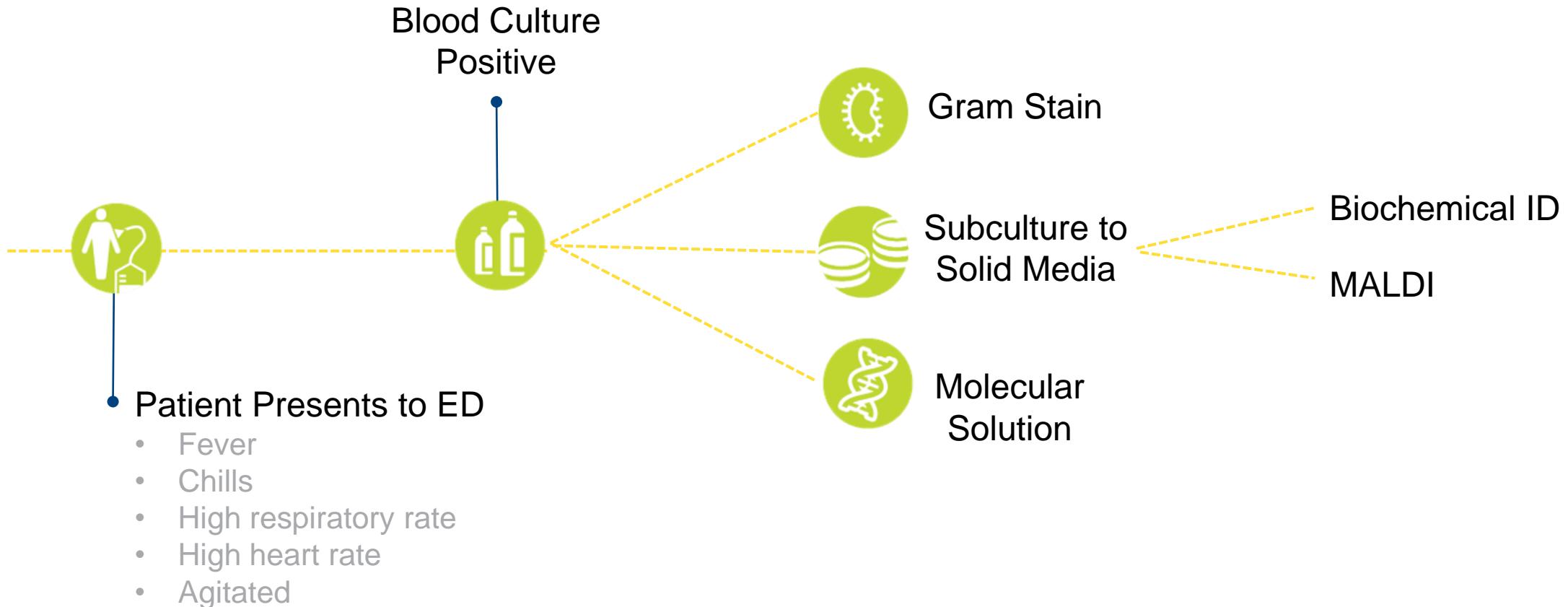
ANTIMICROBIAL STEWARDSHIP TEAM



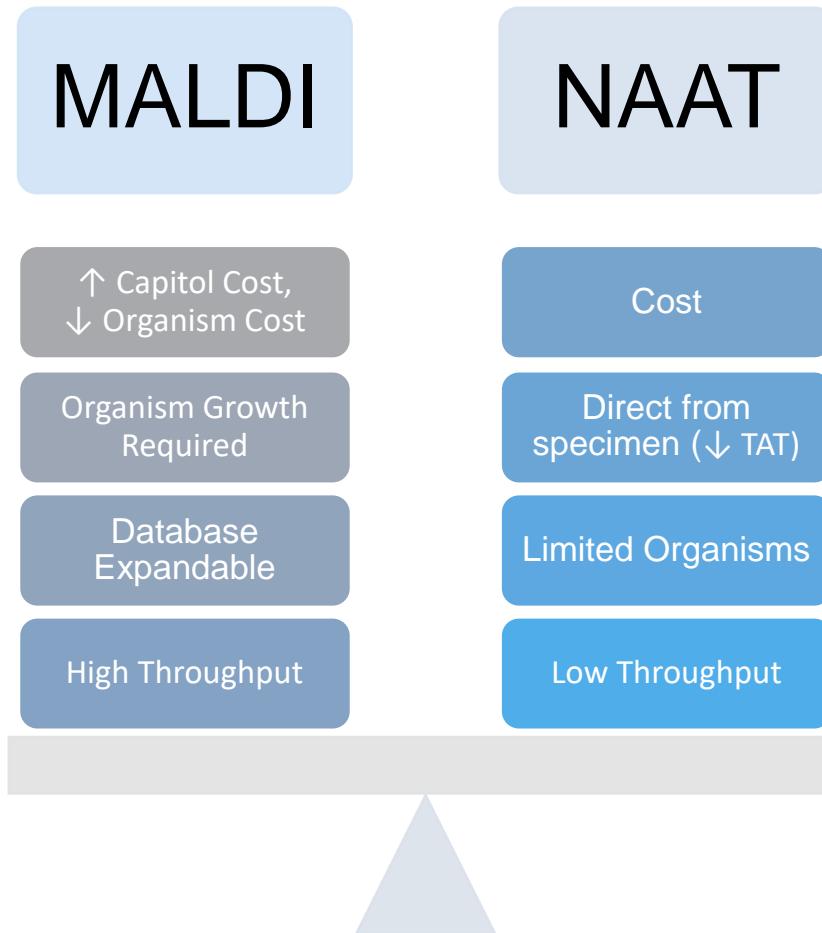
Messacar K, et al. J Clin Microbiol. 2016.

DISCUSSION

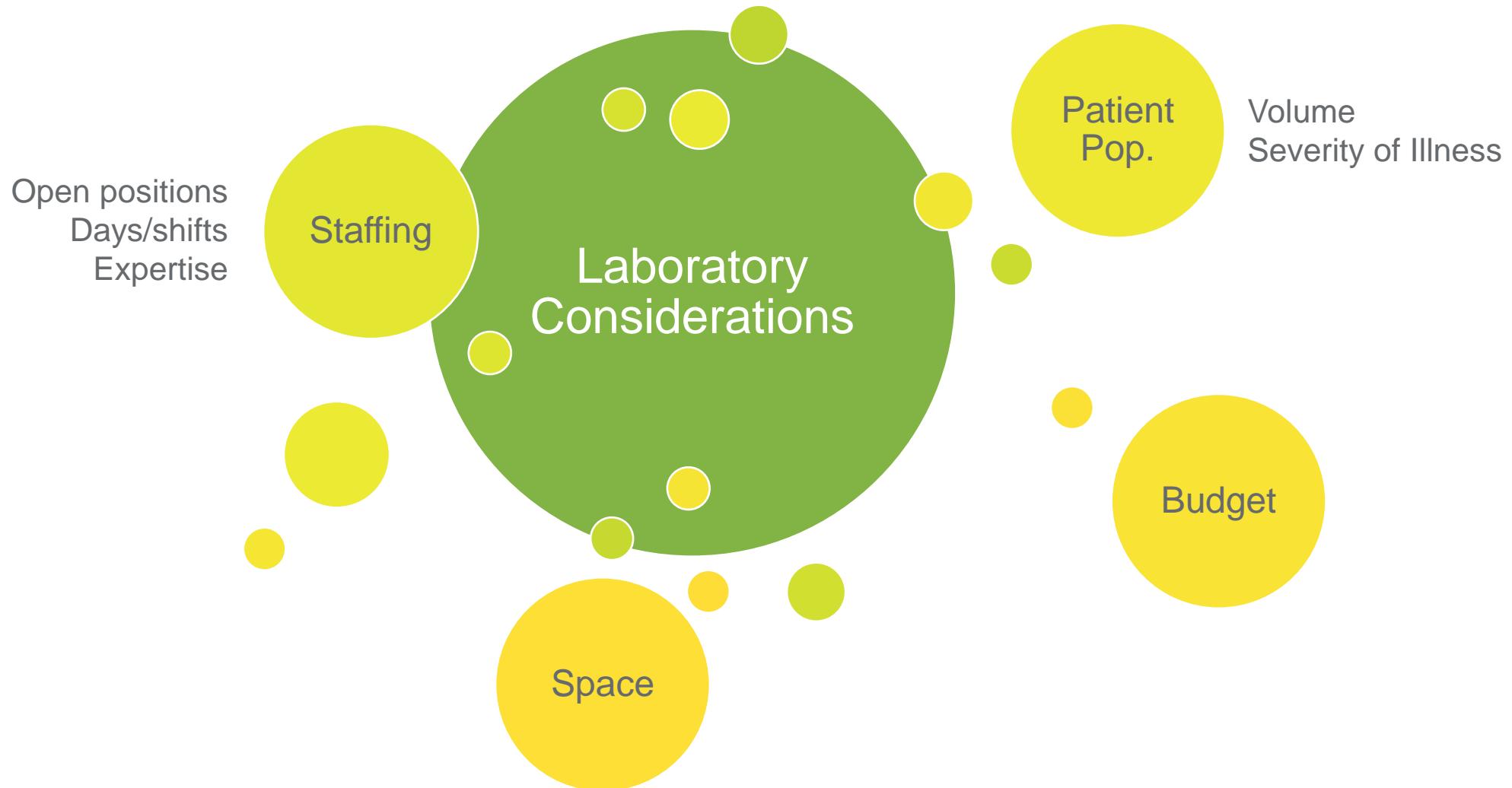
SEPSIS WORKFLOW

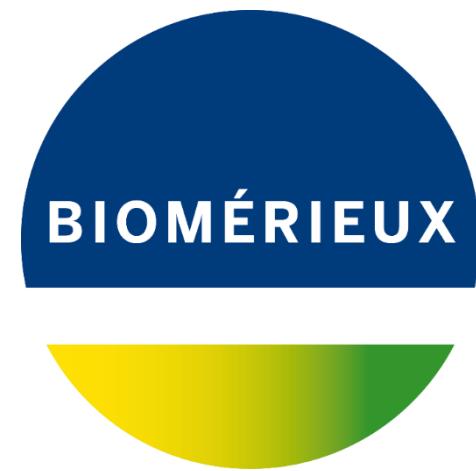


MALDI VS. NAAT?



WHAT DO YOU CHOOSE?





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PIONEERING DIAGNOSTICS

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