

Training on *Mycobacterium tuberculosis* drug susceptibility testing (first and second line LJ DST)

Module 9: Setting of LJ DST isolates

Venue:

Presenter:

Date:

Introduction and Objective

Introduction

- This module details the steps involved in setting LJ DST from clinical isolates.

Objectives:

At the end participants should be able;

- To prepare the bacterial suspension of MacFarland 1.0 turbidity and make the required serial dilutions.
- To set LJ DST from bacterial suspensions of clinical isolates.

Module Outline

- Overview of LJ DST
- Materials required for LJ DST.
- Preparation of 1.0 McFarland bacteria suspension
- Preparation of bacteria dilutions
- LJ DST Inoculation

Over view of LJ DST

- This is a proportional DST technique based on determining the 1% MTBc resistant population that is clinically significant.
- It is based on the principle of comparing the growth on drug free media (**growth control**) to the growth on drug containing media.
- The strain is presumed to be resistant when growth of more than a certain proportion of the inoculum (**critical proportion**) occurs on culture media containing a defined drug concentration(**critical concentration**)

Over view of LJ DST

critical concentration

- 🌐 The lowest concentration of an anti-TB drug in the culture medium at which growth of tubercle bacilli indicates resistance of clinical significance.

critical proportion

- 🌐 The percentage of tubercle bacilli in the inoculum whose growth on culture media containing the critical concentration of an anti-TB drug signifies the clinical ineffectiveness of that drug.

Over view of LJ DST

Growth control:

- 🌐 Culture yielded after inoculation of tubercle bacilli on a culture medium *without* any test drug in order to exhibit unrestricted growth.

Materials/Equipment

Reagents/ materials

- Sterile distilled water
- Calibrated pasture pippetes(1ml and 3 ml)
- Khan tubes.
- Culture isolates positive for MTBc.
- Sterile Inoculation loops
- Universal bottles
- Plain LJ media

Materials

PNB growth control
(500µg/ml)
MacFarland 1.0
Reference strains(H37Rv)

Equipment

- Biosafety cabinet
- Incubator
- Votexer

Materials required for LJ DST setting

1st and 2nd Line LJ DST media of the following critical concentrations:

DRUG	Critical concentration (µg/ml)
Isoniazid	0.2
Rifampicin	40
Ethambutol	2.0
Moxifloxacin	1.0
Levofloxacin	2.0
Amikacin	30

Work procedure(1)

- ***Prepare 1.0 Macfarland bacteria suspension as below:***

- 🌍 With a loop, scrape colonies from all over the culture (try to pick up portions from all colonies and not media because it gives you false turbidity).
- 🌍 Use a sterile, small, thick-walled screw-capped glass tube containing 5-7 sterile glass beads (approximately 3 mm in diameter).
- 🌍 Gently shake the loop over the beads.

Work procedure(2)

Preparation of 1.0 Macfarland suspension(neat suspension):

🌐 Add some drops of sterile saline or distilled water, shake, add 2 further drops and vortex.

🌐 Let stand for 30 minutes to allow the larger aggregates of bacteria to settle.

🌐 Transfer the homogenous upper part of the supernatant into another sterile tube without disturbing the sediment. ***It should not contain any visible clumps.***

Work procedure(3)

Preparation of 1.0 McFarland suspension (neat suspension):

🌐 Adjust the turbidity of the bacterial suspension to match the McFarland standard No.1. it approximates to 1mg of wet bacterial mass/ml

NB;

- If the suspension is too turbid, add some drops of sterile distilled water.
- If the suspension is insufficiently turbid, do not add more cells to the suspension (because mycobacterial cells are difficult to homogenize);
- Let the suspension settle, discard some of the supernatant to concentrate cells, and adjust the turbidity by adding few drops of distilled water.

A Wrong Mcfarland concentration can result into false resistance or false susceptible results?

Work procedure(4)

Preparation of bacteria dilutions:

- Make serial 10-fold dilutions of the standard suspension by diluting sequentially 1.0 ml of the culture suspension in tubes containing 9 ml of sterile distilled water or normal saline (0.85% sodium chloride).
- Make sure to mix each dilution thoroughly.

Work procedure(4)


Preparation of bacteria dilutions:


- Dilutions of 10^{-2} (for Control 1) and 10^{-4} (for Control 2) should be inoculated as the growth controls (that is, LJ medium without any anti-TB agents).
- Some laboratories inoculate duplicate LJ tubes for both Control 1 and Control 2.
- One tube with medium containing each anti-TB agent is inoculated with only the 10^{-2} dilution.

Work procedure (5)

LJ DST DST Inoculation;

 The volume of the inoculum should be 0.1 ml.

 The inoculum should be placed onto the middle two thirds of the slant avoiding the edges.

 Ensure that the inoculum is spread evenly on the middle part of the slide by slightly tilting the inoculated slant.

 Ensure that all tubes are properly labelled.

Work procedure (6)

Incubation

- After inoculation, the tubes may be placed at an angle and are incubated at $37\text{ }^{\circ}\text{C} \pm 1\text{ }^{\circ}\text{C}$.
- Some laboratories incubate the tubes with the screw caps slightly loosened to allow for evaporation of the inoculum.
- Then, after 24-48 hours, the caps are tightened and the tubes are incubated for about 6 weeks.
- Extreme caution should be taken if the caps are left loose since strains of MDR-TB and XDR-TB pose a potentially major biosafety risk.

Work procedure(7)

- Document your work on the LJ DST work sheet/register.
- Read at 4th week, final results for ethambutol and PNB and preliminary results for the rest of the drugs.
- Incubate for more 2 weeks and read final results at 6th week for other drugs.

NB :

1.The inoculated media should always be examined for contamination after 1 week of incubation.

2.Interpretable results for all drugs can be concluded at 4 weeks

Assesment

- Describe the principle behind LJ DST?
- Define Critical concentration and critical proportion as applied in LJ DST?
- What materials are required for LJ DST setting?
- What is the relevance of Macfarland 1.0 in LJ DST?

Summary

- *LJ DST technique is based on the principle of comparing growth on drug containing media to the growth on drug free media to ascertain the 1% clinically significant MTBc population.*
- A Wrong McFarland concentration can result into false resistance or false susceptible results?

References

- GLI TB training package
<http://www.stoptb.org/wg/gli/trainingpackages.asp>
- https://www.who.int/tb/publications/2018/WHO_technical_drug_susceptibility_testing/en/

Acknowledgments

