ORIGINAL ARTICLE



Evaluation of CHROMagar[™]-Serratia agar, a new chromogenic medium for the detection and isolation of *Serratia marcescens*

Blanca Pérez-Viso^{1,2} · Sonia Aracil-Gisbert¹ · Teresa M. Coque^{1,3} · Rosa del Campo^{1,2} · Patricia Ruiz-Garbajosa^{1,2} · Rafael Cantón^{1,2}

Received: 5 March 2021 / Accepted: 29 July 2021 / Published online: 7 August 2021 © The Author(s) 2021, corrected publication 2021

Abstract

A comparative analysis of the performance of the new selective chromogenic CHROMagarTM-Serratia culture medium for detection and isolation of *Serratia marcescens* was undertaken. A total of 134 clinical isolates (95 *S. marcescens* with and without carbapenemase production and 39 non-*S. marcescens* isolates) and 96 epidemiological samples (46 rectal swabs and 50 from environmental surfaces) were studied. Diagnostic values when compared with CHROMagarTM-Orientation medium were 96.8% sensitivity, 100% specificity, 100% positive predictive value and 88.5% negative predictive value. In conclusion, CHROMagarTM-Serratia shows an excellent ability for differentiation of *S. marcescens* among clinical isolates and in environmental samples.

Keywords Serratia marcescens · Chromogenic medium · Sensitivity and specificity

During the last years, *Serratia marcescens* has become an important nosocomial pathogen and is one of the microorganisms, along with *Klebsiella pneumoniae*, associated with intensive care unit (ICU) outbreaks. It has been particularly recovered in clinical samples from immunosuppressed patients and in those admitted in neonatal ICUs [1–3].

S. marcescens is the most frequent species of Serratia and causes a wide spectrum of human clinical infections [2]. Although not included in the ESKAPE acronym [4], it is considered a multi-drug resistant (MDR) species within the Enterobacterales. Beta-lactamase production represents the most common resistance mechanisms in S. marcescens, including AmpC β -lactamase, extended spectrum β -lactamases and carbapenem-hydrolysing enzymes. Moreover, it possesses high rates of acquired resistance to

fluoroquinolones and aminoglycosides and is intrinsically resistant to colistin and nitrofurans [5–7].

Within this context, commercial systems for direct detection and identification of *S. marcescens* isolates have been marketed. CHROMagarTM-Serratia (CHROMagar Paris, France) is a new selective chromogenic medium for detection and isolation of *S. marcescens*, irrespective of their antimicrobial susceptibility This selective medium is inhibitory for many microorganisms (mostly Gram-positive and yeast), and the interpretation of the growth of colonies is as follows: *S. marcescens* as turquoise to metallic blue, *Pseudomonas* spp. as natural pigmentation, and *Morganella morganii* as brown. Other Gram-negatives, including *Proteus* spp. and *Providencia* spp., and Gram-positives as well as yeast are inhibited (https://www.chromagar.com/clinical-microbiology-chromagar-serratia-focus-on-serratia-marcescens-87. html?PHPSESSID=62d014b81cdb556a5ccc551351b2b0 ab).

The aim of our study was to evaluate the performance of this medium using a well-characterized collection of isolates and surveillance epidemiological samples prospectively processed (November 2019–January 2020) in the Microbiology Department of Ramón y Cajal University Hospital in Madrid, Spain. We assessed the specificity and sensitivity and determining predictive values to test its efficacy in the clinical setting. Preparation of plates was performed



Rafael Cantón rafael.canton@salud.madrid.org

Servicio de Microbiología, Hospital Universitario Ramón y Cajal and Instituto Ramón y Cajal de Investigación Sanitaria (IRYCIS), Madrid, Spain

Red Española de Investigación en Patología Infecciosa (REIPI), Instituto de Salud Carlos III, Madrid, Spain

³ Centro de Investigación Biomédica en Red de Epidemiología y Salud Pública (CIBER-ESP), Instituto de Salud Carlos III, Madrid, Spain

following the manufacturer's instructions. The ethical committee of our hospital approved the study (ref. 274/19), and all samples were anonymized.

Overall, 134 isolates and 96 samples were used for the evaluation and were seeded directly on the agar plates. The study was divided in two stages: (1) evaluation of the growth of *S. marcescens* and non-S. *marcescens* isolates on the chromogenic medium and (2) evaluation of the growth of *S. marcescens* isolates potentially present in epidemiological surveillance and environmental samples. Workflow is summarized in Fig. 1.

In stage 1, we determined sensitivity and specificity of the CHROMagarTM-Serratia medium using three different sets of isolates: (I) S. marcescens isolates obtained from blood cultures (n = 45); (II) carbapenemase-producing S. marcescens isolates recovered from clinical and surveillance samples (n=50); and (III) a set of isolates (n=39) obtained from blood cultures with an identification different from S. marcescens, including Gram-positive (1 Enterococcus faecium, 2 Enterococcus faecalis, 1 Enterococcus raffinosus, 2 Staphylococcus aureus, 1 Staphylococcus hominis) and Gramnegative (12 Escherichia coli, 4 Klebsiella pneumoniae, 4 Morganella morganii, 1 Acinetobacter baumannii, 1 Acinetobacter pittii, 2 Proteus mirabilis, 1 Moraxella catarrhalis, 1 Pseudomonas aeruginosa, 1 Enterobacter cloacae, 2 Citrobacter freundii, 1 Citrobacter koseri, 1 Providencia stuartii, 1 Stenotrophomonas maltophilia) microorganisms. Sets I and II of isolates permitted evaluation of the sensitivity of the medium and determination of potential false-negative results; the aim of including carbapenemase-producing and non-carbapenemase-producing S. marcescens isolates is to demonstrate if CHROMagarTM-Serratia medium is able to detect the presence of *S. marcescens* when harbouring these resistance mechanisms. Set III of isolates allowed to evaluate the specificity of the medium and to determine potential false-positive results.

On the other hand, in stage 2, we determined the detection performance of the CHROMagarTM-Serratia medium using samples recovered from environmental abiotic surfaces (sinks and drains) collected in the ICU environment (n=50) and rectal swabs obtained in routine epidemiological surveillance studies from ICU patients with the aim to detect colonization by MDR microorganisms (n=46). These samples allowed the evaluation of positive and negative predictive values.

Besides, all isolates and samples included in our study were seeded in parallel in CHROMagarTM-Orientation Medium (BD, USA) which is a general differential medium mainly used in urine specimens. This medium can also partially differentiate *S. marcescens* colonies (turquoise colour) as they are grouped in the same colour grade with *Klebsiella* and *Enterobacter* spp. Plates of this medium were incubated at 37 °C for 24 h.

All colony growths from both stages were submitted for identification confirmation by MALDI-TOF (Bruker Daltonics, Germany) [8]. Moreover, 16S rRNA PCR amplification and sequencing were used for further identification when needed [9].

Overall results of *S. marcescens* growth, comparing both culture media, are presented in Table 1.

In stage 1 of the work, in which we included 134 isolates (95 *S. marcescens* isolates and 39 non-*S. marcescens*

Fig. 1 Bacterial isolates and samples used in CHROMagarTM-Serratia chromogenic medium evaluation

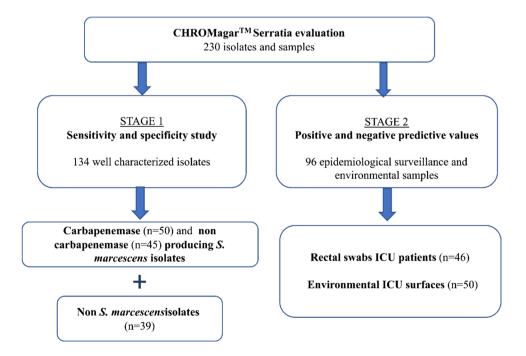




Table 1 Growth in CHROMagar™ Serratia and CHROMagar™-Orientation

Isolates and samples $(n=230)$	Growth of S. marcescens in:		Growth of no S. marcescens in:	
	CHROMagar TM - Serratia	CHROMagar TM -Orientation	CHROMagar TM - Serratia	CHROMagar TM -Orientation
S. marcescens isolates:				
- Non-carbapenemase-producing $(n=45)$	42 (93.3%)	42 (93.3%)	0 (0.0%)	0 (0.0%)
- Carbapenemase-producing $(n = 50)$	50 (100%)	50 (100%)	0 (0.0%)	0 (0.0%)
No-Serratia isolates:				
- Gram-negatives $(n=32)$	0 (0.0%)	0 (0.0%)	5 (15.6%) ¹	28 (87.5%)
- Gram-positives $(n=7)$	0 (0.0%)	0 (0.0%)	0 (0.0%)	6 (85.7%)
Rectal swabs $(n=46)$	$1(2.2\%)^2$	$1(2.2\%)^2$	$3(6.52\%)^3$	44 (95.6%)
ICU environmental surfaces $(n=50)$	43 (86%) ⁴	43 (86%)	3 (6%)	10 (20%) ⁵

¹4/4 M. *morganii* y 1/1 *P. aeruginosa* grew in CHROMagar[™] Serratia but with brown and white colour, respectively, different than turquoise-blue which is the one expected for *S. marcescens* growths; ²*S. marcescens* and *P. aeruginosa* grew simultaneously in CHROMagar[™]-Serratia in one rectal swab. ³Two more *P. aeruginosa* grew CHROMagar[™]-Serratia. ⁴Simultaneous growth of *P. aeruginosa* in 3 samples in which *S. marcescens* also grew. ⁵Additional growth in CHROMagar[™]-Orientation among others of *E. coli*, *K. pneumoniae*, *E. cloacae*, *C. freundii* and *E. faecium*.

isolates), we detected the presence of S. marcescens in 92 isolates, both in CHROMagarTM-Serratia and CHROMagarTM-Orientation. In the group of non-S. marcescens, CHROMagarTM-Serratia was able to inhibit the growth of all species except for M. morganii and P. aeruginosa which were expected to grow but in a different colour (brown and white, respectively) than S. marcescens isolates, while in CHROMagarTM-Orientation, all species tested were able to grow. The inhibition of most of the microorganisms implies a relevant characteristic of CHROMagarTM-Serratia. Nevertheless, we observed negative growths of 3 S. marcescens isolates in both chromogenic media. Interestingly, false-positive growths were absent, and the sensitivity and specificity of CHROMagarTM-Serratia were 96.9% and 100%, respectively.

In stage 2 in which we included 96 samples (50 environmental surfaces and 46 surveillance rectal swabs), we did not detect the growth of *S. marcescens* in 46 samples in CHROMagarTM-Serratia, but we isolated different species in CHROMagarTM-Orientation medium. These results confirmed that the new culture medium was able to inhibit other species different from *S. marcescens* when using samples containing complex communities. Nevertheless, in 6 samples, we did not obtain any growth in either culture medium. Taking this into account, positive and negative predictive values were 100% and 88.5%, respectively.

We must underline that in 6 isolates of the non-carbapenemase-producing *S. marcescens* group and in 3 environmental samples where *S. marcescens* was isolated, the colour of the colonies was pink and not turquoise-blue as expected, although the fact of having growth on the plate of CHROMagarTM-Serratia already implies the possible presence of *S. marcescens* colonies (Figure S1). The limit of detection (LOD) of *S. marcescens* in CHROMagarTM-Serratia was assessed using 4 isolates, 3 carbapenemase-producing *S. marcescens* isolates, and the ATCC 13,880 (NCTC 10,211) *Serratia marcescens* strain. A suspension in saline NaCl 0.9% in a density of 0.5 McFarland ($ca. 2 \times 10^8$ CFU/ml) was used, followed by serial tenfold dilutions. Limit of detection of the medium was ~ 1×10^1 CFU/ml in the four isolates tested.

Different methods have been used over the years for the identification of Serratia species, including conventional biochemical test and API galleries, bacterial typing, and currently MALDI-TOF mass spectrometry. Although chromogenic media have been mainly developed for the isolation of specific bacterial species, they can also be used for bacterial presumptive identification [10]. In this study, we evaluated the CHROMagarTM-Serratia chromogenic medium for both purposes. The potential interest of including this medium in the routine of clinical microbiology laboratories is to facilitate the investigation and/or detection of outbreaks caused by MDR S. marcescens, particularly in the hospital setting where not only patients are involved but also environmental reservoirs. All S. marcescens isolates included in our study were associated with patients in the ICU or with the nosocomial environment. Part of the tested collection were MDR isolates, including carbapenemase producers.

As far as we know, this is the first study testing the performance of CHROMagarTM-Serratia in the detection and isolation of *S. marcescens* and its ability for the inhibition of other microorganisms. We must point out that despite the positive results in the evaluation on the performance of CHROMagarTM-Serratia, further MALDI-TOF identification was needed to confirm growth colonies. The sensitivity of CHROMagarTM-Serratia was close to 97% with 100% of specificity. Note that three false-negative results were



obtained with no one false-positive result. Moreover, positive and negative predictive values were 100% and 88.5%, respectively. It should be noted that 100% concordance was observed when compared CHROMagarTM-Serratia medium with CHROMagarTM-Orientation medium, but the main advantage of the evaluated medium lies on its specific selective properties, facilitating direct detection of *S. marcescens* isolates (colour growth).

On the contrary, we observed 6 *S. marcescens* isolates with pink colony growth both in CHROMagarTM-Serratia and CHROMagarTM-Orientation media in which natural production of prodigiosin conferring a red pigmentation could be the explanation of the colour of the colonies [11, 12]. A similar observation was obtained with 3 rectal swabs.

In summary, this study evaluating the use of CHROMagarTM-Serratia medium shows an excellent ability to differentiate *S. marcescens* clinical isolates allowing us to differentiate between its growth and other Gram-negative ones in an easy way of interpretation. Moreover, this medium was also adequate for the detection of *S. marcescens*, including carbapenemase producers, in epidemiological and environmental samples in the clinical setting. This characteristic gives an advantage to this chromogenic medium for its implementation in clinical microbiology laboratories when *S. marcescens* is involved in nosocomial outbreaks in which both clinical and environmental samples need to be investigated.

Supplementary Information The online version contains supplementary material available at https://doi.org/10.1007/s10096-021-04328-w.

Acknowledgements We thank CHROMagarTM for sending us the culture media for the assay purpose. We thank also the Intensive Care Unit and Service of Microbiology staff from the University Hospital Ramón y Cajal and Mary Harper for English correction of the manuscript.

Funding BP-V was supported with a contract co-financed by the European Social Fund trough of the Youth Employment Operational Program and Youth Employment (YEI), reference PEJ15/BIO/TL-0237, and a contract in the European Project H2020 FAST-bact: a novel fast and automated test for antibiotic susceptibility testing for Gram-positive and Gram-negative bacteria (Horizon H2020-FTIPilot-2016, reference 730713) and currently is supported with a contract from Instituto de Salud Carlos III, Spain (iPFIS program ISCIII-AES-2019/002740, ref IFI19/00013). SAG is supported by the Regional Government of Madrid (Plan de Empleo Juvenil PEJ-2019-PRE/BMD-15330).

Declarations

Conflict of interest The authors declare no competing interests.

Open Access This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing,

adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit http://creativecommons.org/licenses/by/4.0/.

References

- Morosini MI, Cantón R (2018) Changes in bacterial hospital epidemiology. Rev Esp Quimioter 31(Suppl 1):23–26
- Mahlen SD (2011) Serratia infections: from military experiments to current practice. Clin Microbiol Rev 24(4):755–791
- Moles L, Gómez M, Moroder E, Jiménez E, Escuder D, Bustos G, Melgar A, Villa J, Del Campo R, Chaves F, Rodríguez JM (2019) Serratia marcescens colonization in preterm neonates during their neonatal intensive care unit stay. Antimicrob Resist Infect Control 9(8):135
- Boucher HW, Talbot GH, Bradley JS, Edwards JE, Gilbert D, Rice LB, Scheld M, Spellberg B, Bartlett J (2009) Bad bugs, no drugs: no ESKAPE! An update from the Infectious Diseases Society of America. Clin Infect Dis 48(1):1–12. https://doi.org/10.1086/ 595011
- Yu VL (1979) Serratia marcescens: historical perspective and clinical review. N Engl J Med 300(16):887–893
- González GM, de J T-R, Campos CL, Villanueva-Lozano H, Bonifaz A, Franco-Cendejas R, López-Jácome LE, Bobadilla Del Valle M, Llaca-Díaz JM, Ayala-Gaytán JJ, Castañón-Olivares LR, Tinoco JC, Andrade A (2020) Surveillance of antimicrobial resistance in Serratia marcescens in Mexico. New Microbiol 43:34–37
- Simsek M (2019) Determination of the antibiotic resistance rates of Serratia marcescens isolates obtained from various clinical specimens. Niger J Clin Pract 22:125–130
- Dingle TC, Butler-Wu SM (2013) MALDI-TOF mass spectrometry for microorganism identification. Clin Lab Med 33(3):589–609. https://doi.org/10.1016/j.cll.2013.03.001
- Woo PC, Lau SK, Teng JL, Tse H, Yuen KY (2008) Then and now: use of 16S rDNA gene sequencing for bacterial identification and discovery of novel bacteria in clinical microbiology laboratories. Clin Microbiol Infect 14(10):908–934. https://doi.org/10. 1111/j.1469-0691.2008.02070.x
- Perry JD (2017) A decade of development of chromogenic culture media for clinical microbiology in an era of molecular diagnostics. Clin Microbiol Rev 30:449–479
- Fernández RA (2002) Metodos fenotípicos y genotípicos de análisis intraespecífico en Serratia marcescens. Tesis Doctoral. Madrid: Universidad Complutense
- Hejazi A, Falkiner FR (1997) Serratia marcescens. J Med Microbiol 46(11):903–912

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

