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## INTRODUCTION

- The emergence of multidrug-resistant *Mycobacterium tuberculosis* (MTB) and the close association of MTB with HIV accentuates the need for simple, rapid and affordable methods of anti-TB susceptibility testing, especially in resource constrained settings
- The resazurin microtitreplate assay (REMA) is an innovative colorimetric assay using redox indicator salts to detect MTB cell growth and viability in a week.

## AIMS/OBJECTIVES

- To assess the performance of the REMA assay against the gold standard DST (drug susceptibility testing) method in a high TB burden reference laboratory.

## RESULTS

Preliminary data:

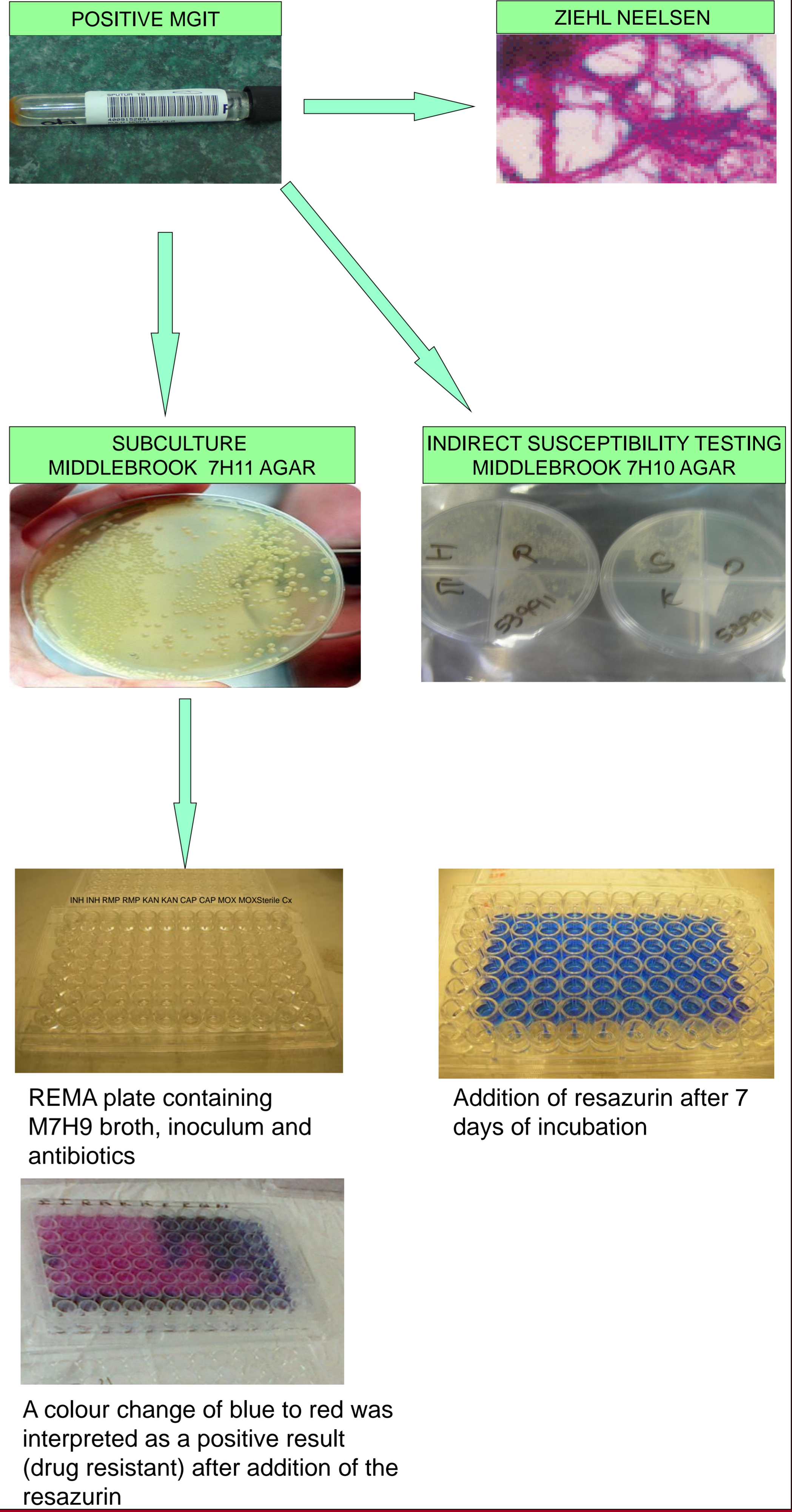
- The sensitivity and specificity of the REMA was found to be 89% (24/27) and 88% (8/9) respectively for the diagnosis of MDR-TB
- Hundred percent of the fully susceptible MTB isolates were correctly detected when compared to the gold standard DST
- Time to detection was within a week of plate inoculation.

## METHODS

- Forty well characterised MTB isolates comprising of **27 MDR-TB, 10 susceptible and 3 mono-resistant** were evaluated against 1<sup>st</sup> and 2<sup>nd</sup> line antituberculous drugs by the colorimetric method using the Resazurin Microtitre plate Assay (REMA)
- Isolates were characterised using the indirect susceptibility testing method on Middelbrook 7H10 (M7H10) agar [rifampicin (1ug/ml), isoniazid (0.2ug/ml), kanamycin (2ug/ml), moxifloxacin (2ug/ml)]
- REMA testing was performed in a 96 well microplate containing Middelbrook 7H9 broth (M7H9) and antituberculous drugs [isoniazid (8.0-0.125ug/ml), rifampicin (8.0-0.25ug/ml), kanamycin (20-2.5ug/ml) and moxifloxacin (0.06-8.0ug/ml)]
- Plates were incubated at 37°C for 8 days

## METHODS

### LABORATORY PROCEDURES



## CONCLUSION

- The REMA study has shown to have good correlation and improved turnaround times in comparison to the conventional DST
- In a high throughput tuberculosis reference laboratory, the REMA has shown to be useful for the diagnosis of MDR-TB