

LONDON  
SCHOOL of  
HYGIENE  
& TROPICAL  
MEDICINE



LSHTM Research Online

Zallet, J; Olaru, ID; Witt, AK; Vock, P; Kalsdorf, B; Andres, S; Hillemann, D; Kranzer, K; (2018) Evaluation of OMNIgene SPUTUM reagent for mycobacterial culture. The international journal of tuberculosis and lung disease, 22 (8). pp. 945-949. ISSN 1027-3719 DOI: <https://doi.org/10.5588/ijtld.17.0020>

Downloaded from: <http://researchonline.lshtm.ac.uk/4648497/>

DOI: <https://doi.org/10.5588/ijtld.17.0020>

**Usage Guidelines:**

Please refer to usage guidelines at <https://researchonline.lshtm.ac.uk/policies.html> or alternatively contact [researchonline@lshtm.ac.uk](mailto:researchonline@lshtm.ac.uk).

Available under license: <http://creativecommons.org/licenses/by-nc-nd/2.5/>

<https://researchonline.lshtm.ac.uk>

**Manuscript type:** Research article

**Running title:** Sputum decontamination for mycobacteria

**Title:** Evaluation of OMNIgene® SPUTUM reagent for mycobacterial culture

**Authors:** Julia Zallet<sup>1</sup>, Ioana D. Olaru<sup>2,3</sup>, Anne-Kathrin Witt<sup>1</sup>, Petra Vock<sup>1</sup>, Barbara Kalsdorf<sup>2</sup>,  
Sönke Andres<sup>1</sup>, Doris Hillemann<sup>1</sup>, Katharina Kranzer<sup>1,3</sup>

**Affiliations:**

1. National Mycobacterium Reference Laboratory, Research Center Borstel, Borstel, Germany
2. Division of Clinical Infectious Diseases, Research Center Borstel, Borstel, Germany
3. London School of Hygiene and Tropical Medicine, London, United Kingdom

**Corresponding author:**

Ioana D. Olaru: London School of Hygiene and Tropical Medicine, Keppel Street, WC1E 7HT,  
London, United Kingdom

email: ioana-diana.olaru@lshtm.ac.uk

**Keywords:** tuberculosis, TB, mycobacteria, culture contamination

**Word count:** 2142

**Abstract:** 200 words

**References:** 16

**Figures:** 1; **Tables:** 1

## Summary

**Setting:** National Mycobacterium Reference Laboratory, Borstel Germany.

**Objective:** To evaluate the effectiveness of OMNIgene® SPUTUM reagent in comparison to a method using N-acetyl cysteine (NALC)-NaOH with regards to mycobacterial recovery and contamination of broth and solid cultures.

**Design:** Sputum samples from patients with tuberculosis and other respiratory diseases underwent decontamination with either NALC-NaOH-based (MycosDDR™) or OMNIgene® SPUTUM reagent. The decontamination procedure was assigned by block randomization. Samples were inoculated on Löwenstein-Jensen, Stonebrink and mycobacterial growth indicator tubes (MGIT). Mycobacterial recovery from samples spiked with *Mycobacterium tuberculosis* following decontamination was determined.

**Results:** Eighty-five samples were randomized to NALC-NaOH and 84 to OMNIgene® SPUTUM reagent. Mycobacterial recovery was significantly lower for samples processed with OMNIgene® SPUTUM reagent vs. the NALC-NaOH method across all media types. Culture contamination was lower with NALC-NaOH reagent 9.4-12.9% vs. 28.6-29.8% on solid media. No growth was observed in MGIT among samples spiked with 10,600-16,800 CFU of *M. tuberculosis* following decontamination with OMNIgene® SPUTUM reagent.

**Conclusion:** Low mycobacterial recovery, especially in MGIT, observed in this study suggests that OMNIgene® SPUTUM reagent might not be compatible with the MGIT system. More extensive field evaluations of the OMNIgene® SPUTUM reagent are warranted to demonstrate a significant benefit over current methods.

1 **Introduction**

2 Worldwide, an estimated 10.4 million new tuberculosis cases occurred in 2016; with more than a  
3 third of these cases remaining undiagnosed.<sup>1</sup> Rapid and accurate diagnosis of tuberculosis is  
4 critical for timely initiation of treatment and, ultimately, tuberculosis control.

5 New molecular diagnostics with sensitivities of 70-90% to detect *Mycobacterium tuberculosis*  
6 complex DNA in primary samples have changed the diagnostic landscape.<sup>2, 3</sup> However, culture,  
7 using both broth and solid media, remains the standard for establishing the laboratory-based  
8 diagnosis of tuberculosis.

9 The mycobacterial cell wall with its thick and relatively impermeable layer of mycolic acid has  
10 unique characteristics. The complexity of the cell wall represents a challenge to the organism,  
11 requiring specialized mechanisms to allow cell division to occur and resulting in prolonged  
12 generation times compared to gram-positive or -negative bacteria.<sup>4</sup> Respiratory samples are  
13 therefore specially treated, a process called ‘decontamination’ before inoculation and incubation  
14 of broth and solid media. Decontamination and the supplementation of broth and media with  
15 antibiotics and antifungals are intended to prevent overgrowth of the slower growing  
16 mycobacteria by concomitant flora of specimens from non-sterile sites. Decontamination  
17 procedures aim at decreasing viability of gram-positive and -negative bacteria and fungi while  
18 interfering as little as possible with mycobacterial viability and growth.<sup>5</sup>

19 Given the prolonged generation times of mycobacteria compared to other bacteria and fungi,  
20 prolonged transport at ambient temperature may result in overgrowth of contaminants even  
21 before samples have been processed.<sup>6, 7</sup> OMNIgene® SPUTUM reagent (DNA Genotek, Ottawa,  
22 Canada) has been specifically developed to optimise the pre-analytic phase. It is a transport  
23 reagent that liquefies and decontaminates sputum while preserving viability of *M. tuberculosis*

24 for up to 8 days at temperatures as high as 40°C. According to the product information sheet,  
25 OMNIgene® SPUTUM reagent added to sputum samples is directly compatible with all  
26 molecular tests and gold standard tuberculosis tests including smear microscopy and liquid  
27 culture (BD BACTEC™ MGIT™ 960 System, BD, Franklin Lakes, NJ, USA) and the Xpert®  
28 MTB/RIF assay (Cepheid, Sunnyvale, CA, USA).<sup>8,9</sup>

29 This study aimed to evaluate the effectiveness of OMNIgene® SPUTUM reagent with regards to  
30 mycobacterial recovery and contamination of broth and solid cultures versus a commercially  
31 available CE-marked N-acetyl cysteine (NALC)-NaOH method using sputum samples submitted  
32 by patients treated for tuberculosis or admitted for the management of other pulmonary diseases.

33

#### 34 **Methods:**

##### 35 *Sputum samples*

36 Over a period of 10 weeks (August-October 2016) patients admitted to the chest hospital in  
37 Borstel submitted sputum samples on two days of the week; samples were processed on the day  
38 of collection by the National Mycobacterium Reference Laboratory. The method used for  
39 decontamination was assigned by block randomization with the unit of randomization being the  
40 day of the week.

41

##### 42 *Decontamination procedures*

43 Samples were either processed using a CE-marked NALC-NaOH method (MycosDDR™,  
44 IMMY, Norman, USA)<sup>10</sup> or OMNIgene® SPUTUM reagent (DNA Genotek, Ottawa, Canada)<sup>9</sup>  
45 according to the manufacturer's instructions at the time of the study. In brief for the NALC-  
46 NaOH method equal volumes of detergent (2.5% NaOH reagent) were added 1:1 to samples

47 measuring up to 10 ml, samples were split if the volume was >10ml. Samples were incubated  
48 for 15 min at room temperature and vortexed every 5 min for 30 sec. Kit-specific neutralisation  
49 buffer was added until a colour change indicated a neutral pH, followed by 15 min centrifugation  
50 at 3000 x g at 8°C. Supernatants were discarded and pellets re-suspended in kit-specific  
51 resuspension buffer to achieve a final volume of 2 ml. The OMNIgene® SPUTUM reagent was  
52 added in equal volume to each sample. Samples were incubated for 20 min at room temperature  
53 with intermittent vortexing every 5 min, followed by 15 min centrifugation at 3800 g at room  
54 temperature. Supernatants were removed and pellets suspended in sterile water aiming for a final  
55 volume of 2 ml. Before inoculation pH-values were measured using a pH test paper (ChemoLine  
56 GmbH, Hennef, Germany).

57

#### 58 *Mycobacterial culture*

59 Following decontamination 100 µl of the resuspended pellet were inoculated on Löwenstein-  
60 Jensen (LJ) and Stonebrink slants (Artelt-ENCLIT GmbH, Wyhra, Germany) supplemented with  
61 antimicrobial drugs (polymyxin B, amphotericin B, carbenicillin, and trimethoprim [PACT]). In  
62 addition, 500 µl of the resuspended pellet were inoculated in mycobacterial growth indicator  
63 tubes (MGIT, Becton Dickinson, Heidelberg, Germany) supplemented with an antimicrobial  
64 mixture containing polymyxin B, amphotericin B, nalidixic acid, trimethoprim, and azlocillin  
65 (PANTA) and incubated at 37° for a maximum of 42 days. Solid media were reviewed weekly  
66 for growth of mycobacteria for a total of 8 weeks. Contamination and mycobacterial recovery  
67 rates were calculated stratified by media and decontamination method. In addition, time to  
68 positivity in days was determined for broth (MGIT). For positive MGITs an aliquot of 1 ml was  
69 taken from the bottom of the tube, centrifuged for 10 min at 3600 x g and the supernatant

70 discarded. 10 µl of the pellet were used to prepare a microscopy slide. Following heat fixation,  
71 Kinyoun staining was performed to determine the presence of acid fast bacilli or other bacteria.  
72 The remaining pellet was resuspended in 500 µl of NaCl, 50 µl were inoculated on Columbia  
73 blood agar (Beckton Dickinson, Heidelberg, Germany) and incubated at 37 C for 24 hours. A  
74 positive MGIT was classified as contaminated if no acid-fast bacilli were seen on microscopy  
75 and other non-acid-fast bacteria were present on microscopy and/or on blood agar. Identification  
76 of mycobacteria was performed using the Genotype HAIN CM or TBC (HAIN Lifescience,  
77 Nehren, Germany) as per the manufacturers' instructions.

78

#### 79 *Spiked samples*

80 A suspension of 1.5% methylcellulose (Sigma-Aldrich, Germany) was spiked with *M.*  
81 *tuberculosis* H37Rv aiming for a final concentration of 10,000-20,000 colony-forming units  
82 (CFU)/ml. 100 µl of the undiluted suspension and serial dilutions (1 in 10, and 1 in 100) were  
83 inoculated in  
84 7H10 agar plates in duplicates and incubated at 37°C for 4 weeks. CFU were determined by  
85 calculating the mean of all six 7H10 agar plates taking the dilution into account.

86 To determine the effect of NALC-NaOH decontamination and OMNIgene® SPUTUM reagent  
87 on viability of mycobacteria 2 ml of the bacterial suspension underwent processing with NALC-  
88 NAOH or OMNIgene® SPUTUM reagent prior to inoculation. The bacterial suspension without  
89 any pre-treatment served as a growth control.

90 LJ and Stonebrink slopes were inoculated with 100 µl, while MGIT were inoculated with 500 µl  
91 resuspended sediment (or the untreated bacterial suspension). Samples were set up in duplicate

92 and experiments were repeated on two different days (experiment I and II). Cultures on solid  
93 media were checked weekly for mycobacterial growth.

94

#### 95 *Statistical analysis*

96 Collected data were entered in an Excel database (Microsoft Office). Statistical analysis was  
97 performed using Stata version 14 (Stata-Corp, TX, USA). We compared the proportion of  
98 contaminated cultures using the NALC-NaOH method as a reference. The  $\chi^2$  was used to  
99 evaluate differences in proportions. The Wilcoxon Rank sum test was used to compare medians.  
100 The level of significance was set at  $\alpha=0.05$ .

101

#### 102 *Ethics*

103 Individual patient consent was obtained. The study was approved by the Ethical Committee of  
104 the University of Lübeck, Germany (#16-209).

105

#### 106 **Results**

107 A total of 169 samples from 34 patients were included in the study, 85 samples were randomized  
108 to NALC-NaOH and 84 to OMNIgene<sup>®</sup> SPUTUM reagent. Most samples were submitted by  
109 patients on treatment for drug susceptible tuberculosis (n=82) and multi-drug resistant  
110 tuberculosis (n=74). There was no difference in sample distribution across methods (figure 1,  
111  $p<0.01$ ).

112 The proportion of samples revealing growth of *M. tuberculosis* was significantly lower for  
113 samples processed using the OMNIgene<sup>®</sup> SPUTUM reagent compared to samples processed  
114 with the NALC-NaOH method across all media (table 1). In the MGIT system only 6 (7.1%)



115 samples grew *M. tuberculosis* following treatment with OMNIgene<sup>®</sup> SPUTUM reagent  
116 compared to 17 (20%) when using the NALC-NaOH method. Median time to positivity was 9.5  
117 days for the NALC-NaOH method and 13.9 days for OMNIgene<sup>®</sup> SPUTUM reagent. In the  
118 OMNIgene<sup>®</sup> SPUTUM reagent group more than a quarter of samples inoculated on LJ or  
119 Stonebrink were contaminated compared to 9.4-12.9% in the NALC-NaOH group. In contrast  
120 only 7.1% of samples processed using OMNIgene<sup>®</sup> SPUTUM reagent were contaminated in the  
121 MGIT compared to 20% of samples in the NALC-NaOH group. The median pH of the  
122 resuspended pellet was neutral (7) for samples treated with NALC-NaOH compared to 8.5 for  
123 samples undergoing the OMNIgene<sup>®</sup> SPUTUM reagent method.

124 Spiked samples had a mean of 16,800 CFU of *M tuberculosis* per ml in the first experiment and  
125 10,600 CFU in the second experiment. The mean (average of the duplicate samples) time to  
126 culture positivity was 8.2 and 9.6 days for the growth control tubes and 11.5 and 12.0 days for  
127 suspensions treated with NALC-NaOH. No growth was recorded for suspensions treated with  
128 OMNIgene<sup>®</sup> SPUTUM reagent after 6 weeks of incubation. On solid media growth of *M.*  
129 *tuberculosis* was observed in samples undergoing either method (OMNIgene<sup>®</sup> SPUTUM reagent  
130 or NALC-NaOH), albeit growth was reduced for samples treated with OMNIgene<sup>®</sup> SPUTUM  
131 reagent.

132

### 133 **Discussion**

134 This study found that samples decontaminated using OMNIgene<sup>®</sup> SPUTUM reagent had lower  
135 mycobacterial recovery than those processed using the NALC-NaOH-based method.

136 Contamination rates on solid media were higher in samples treated with OMNIgene<sup>®</sup> SPUTUM  
137 reagent compared to NALC-NaOH.

138 According to the manufacturer, the OMNIgene® SPUTUM reagent is compatible with both solid  
139 media and MGIT. However, in this study we found significantly decreased mycobacterial  
140 recovery both on solid media and in MGIT when samples were processed using OMNIgene®  
141 SPUTUM reagent. For solid media, the increase in culture contamination might have directly  
142 impaired mycobacterial recovery due to overgrowth of the contaminant organisms. Time to  
143 culture positivity in MGIT appeared to be longer, although the number of positive samples was  
144 low. Furthermore, mycobacteria could not be recovered from broth using samples spiked with *M.*  
145 *tuberculosis*. Other studies have also found an increase in time to positivity when using  
146 OMNIgene® SPUTUM reagent in combination with the MGIT system.<sup>11, 12</sup> This might suggest  
147 that one or more of the components of the OMNIgene® SPUTUM reagent might interfere with  
148 components in the MGIT or directly with mycobacterial growth. While the exact components of  
149 OMNIgene® SPUTUM reagent are unknown, the product safety data sheet lists sodium dodecyl  
150 sulphate (SDS) 1-5%.<sup>13</sup> It is well established the SDS is not compatible with the MGIT system  
151 due to its strong binding to proteins present in the medium which can in turn impair  
152 mycobacterial growth (and possibly that of other bacteria).<sup>14</sup> This would result in both poor  
153 recovery and delayed time to detection, but also in relatively low “contamination rates”. Another  
154 explanation of the low proportion of positive cultures across all media is the alkali pH following  
155 re-suspension. A high pH may cause injury or death to mycobacteria and delayed mycobacterial  
156 revival resulting in growth delays.<sup>15</sup>

157 The results of this study are in contrast with a study conducted in Nepal showing increased  
158 mycobacterial detection and decreased culture contamination in samples processed using the  
159 OMNIgene® SPUTUM reagent. However, cultures were performed on solid media only and  
160 incubation time of sputum samples with OMNIgene® SPUTUM reagent was prolonged (up to 8

161 days) rather than 20 min.<sup>16</sup> Length of incubation might influence performance of OMNIgene<sup>®</sup>  
162 SPUTUM reagent. A study from Uganda reported lower proportions of positive cultures among  
163 samples processed on the day of collection using OMNIgene<sup>®</sup> SPUTUM reagent compared to  
164 NALC-NaOH, albeit the number of same-day processed samples was low.<sup>12</sup> However, across all  
165 incubation durations, the number of samples revealing mycobacterial growth was lower in the  
166 OMNIgene<sup>®</sup> SPUTUM reagent group compared to the standard of care.<sup>12</sup>  
167 Recently, Genotek changed the OMNIgene<sup>®</sup> SPUTUM reagent sample processing instructions.  
168 The minimum incubation time was increased from 20 to 30 min. The instructions now  
169 recommend adding phosphate-buffered saline (PBS) to the mix of sputum samples and  
170 OMNIgene<sup>®</sup> SPUTUM reagent before centrifugation. Generally longer incubation times might  
171 be beneficial, while adding PBS might result in diluting some of the SDS, and the pH might get  
172 closer to neutrality.  
173 Our study did not show any benefit of OMNIgene<sup>®</sup> SPUTUM reagent over NALC-NaOH with  
174 regards to contamination. This is in contrast with the findings from other studies reporting lower  
175 culture contamination rates when using OMNIgene<sup>®</sup> SPUTUM reagent.<sup>12, 16</sup> The difference  
176 might be explained by differences in patient populations. The majority of patients submitting  
177 sputum samples for this study were on treatment for drug susceptible or resistant tuberculosis  
178 and hence contamination rates were particularly high. The studies from Nepal and Uganda only  
179 included patients who had symptoms suggestive of tuberculosis, but were not yet on treatment.  
180 The strengths of this study are its cluster randomized design, the use of a challenging patient  
181 population and the combined approach of using both patient samples and spiked samples. The  
182 study is limited by its small sample size and the low number of positive samples.

183 In conclusion, this study suggests that OMNIgene<sup>®</sup> SPUTUM reagent might not be compatible  
184 with the MGIT system. This is supported by the lower proportion of positive cultures across  
185 solid culture and broth and the prolonged time to culture positivity. Rigorous field evaluations of  
186 the OMNIgene<sup>®</sup> SPUTUM reagent are needed to demonstrate a significant benefit over currently  
187 used methods.

188

189 **Acknowledgements:** We are grateful to all the laboratory staff at the National Mycobacterium  
190 Reference Laboratory who processed the samples and to the patients who participated in the  
191 study. We also would like to acknowledge Dr Jan Heyckendorf who supported enrolment of  
192 patients.

193

194 **Conflict of interest:** Kits for decontamination were provided free of charge from the  
195 manufacturers. None of the companies had any influence on the results of the study.

**Table 1. Contamination and mycobacterial recovery**

	<b>Result</b>	<b>NALC-NaOH MycoDDR™</b> N=85 N (%)	<b>OMNIGene®</b> N=84 N (%)	<b>P value</b>
Löwenstein-Jensen	Growth of <i>M. tuberculosis</i>	18 (21.2%)	13 (15.5%)	0.006
	Contamination	8 (9.4%)	24 (28.6%)	
	No growth	59 (69.4%)	47 (56.0%)	
Stonebrink	Growth of <i>M. tuberculosis</i>	18 (21.2%)	14 (16.7%)	0.028
	Contamination	11 (12.9%)	25 (29.8%)	
	No growth	56 (67.9%)	45 (54.6%)	
Mycobacterial Growth Indicator Tubes	Growth of <i>M. tuberculosis</i>	17 (20.0%)	6 (7.1%)	0.001
	Contamination	17 (20%)	6 (7.1%)	
	No growth	51 (60.0%)	72 (85.7%)	
pH of the resuspended pellet, median (interquartile range)		7 (6.75; 7)	8.5 (8; 8.5)	0.001

**Figure 1.** Method used for decontamination according to diagnosis.

Each pair of bars represents an individual patient; black bars show samples processed using MycoDDR™ while light bars show samples processed using OMNIgene® SPUTUM reagent.

DS= drug-susceptible; TB = tuberculosis, MDR = multidrug resistant

## References

1. Global tuberculosis report 2017: World Health Organization, Geneva, 2017.
2. Steingart K R, Schiller I, Horne D J, Pai M, Boehme C C, Dendukuri N. Xpert(R) MTB/RIF assay for pulmonary tuberculosis and rifampicin resistance in adults. *Cochrane Database Syst Rev* 2014;10.1002/14651858.CD009593.pub3CD009593.
3. Nathavitharana R R, Cudahy P G, Schumacher S G, Steingart K R, Pai M, Denkinger C M. Accuracy of line probe assays for the diagnosis of pulmonary and multidrug-resistant tuberculosis: a systematic review and meta-analysis. *Eur Respir J* 2017;49.
4. Hett E C, Rubin E J. Bacterial growth and cell division: a mycobacterial perspective. *Microbiol Mol Biol Rev* 2008;72:126-156.
5. Collins, C. H., et al. *Organization and Practice in Tuberculosis Bacteriology*, Elsevier Science, 1985. Chapter 6, Cultural methods; p 44-7.
6. Dutt A K, de Miranda F, Brown L, Stead W W. Tuberculosis bacteriologic reliability. Sputum specimens submitted by mail. *JAMA*. 1977;238:886-887.
7. Paramasivan C N, Narayana A S, Prabhakar R, Rajagopal M S, Somasundaram P R, Tripathy S P. Effect of storage of sputum specimens at room temperature on smear and culture results. *Tubercle*. 1983;64:119-124.
8. DNA Genotek Product Data Sheet PD-BR-00195. Available at: [www.dnagenotek.com](http://www.dnagenotek.com). Retrieved 2 July 2017.
9. DNA Genotek. Product Data Sheet. <http://www.dnagenotek.com/ROW/pdf/PD-PR-00596.pdf> Retrieved 17 July 2017.

10. IMMY MycoDDR Product information sheet. Available from:  
<http://www.immy.com/bluejuice/wp-content/uploads/2017/06/MycoDDR-2.5-PI.pdf>. Retrieved 17 July 2017.
11. Tagliani E, Alagna R, Tafaj S, Hafizi H, Cirillo D M. Evaluation of Mycobacterium tuberculosis viability in OMNIgene-SPUTUM reagent upon multi-day transport at ambient temperature. *BMC Infect Dis* 2017;17:663.
12. Kelly-Cirino C D, Musisi E, Byanyima P, et al. Investigation of OMNIgene.SPUTUM performance in delayed tuberculosis testing by smear, culture, and Xpert MTB/RIF assays in Uganda. *J Epidemiol Glob Health* 2017;7:103-109.
13. DNA Genotek. OMNIgene SPUTUM Data Safety Sheet. Available from  
<http://www.dnagenotek.com/US/pdf/PD-MSDS-00069.pdf>. Accessed December 2017.
14. Pfyffer G E, Welscher H M, Kissling P. Pretreatment of clinical specimens with sodium dodecyl (lauryl) sulfate is not suitable for the mycobacteria growth indicator tube cultivation method. *J Clin Microbiol* 1997;35:2142-2144.
15. Peres R L, Maciel E L, Morais C G, et al. Comparison of two concentrations of NALC-NaOH for decontamination of sputum for mycobacterial culture. *Int J Tuberc Lung Dis* 2009;13:1572-1575.
16. Maharjan B, Shrestha B, Weirich A, Stewart A, Kelly-Cirino C D. A novel sputum transport solution eliminates cold chain and supports routine tuberculosis testing in Nepal. *J Epidemiol Glob Health* 2016;6:257-265.