

UNIVERSIDADE FEDERAL DO RIO GRANDE DO SUL
Faculdade de Farmácia
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carbapenemase production among *Enterobacteriaceae*

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1 **Title:** Evaluation of rapid phenotypic tests (CARBANP and BLUE-CARBA) for
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3

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19 **ABSTRACT**

20 Carbapenems are considered the last resort for the treatment of multidrug-resistant
21 *Enterobacteriaceae*. The massive use of these agents, in addition to the horizontal
22 transfer of resistance determinants, are responsible for the emergence and spread of
23 carbapenemases. The rapid detection of these enzymes will allow early infection
24 control measures, reducing the risk of therapeutic failure and avoiding the spread of
25 the carbapenemases. The development of rapid tests for carbapenemase detection is
26 mandatory. The aim of this study was to evaluate the performance of the rapid tests
27 CARBA NP and BLUE-CARBA against carbapenemase-producing and non-
28 carbapenemase-producing *Enterobacteriaceae*. A total of 90 isolates – 45
29 carbapenemase-producing- and 45 -non-producing-*Enterobacteriaceae* – were
30 selected for this study. We performed both CARBA NP and BLUE-CARBA as
31 previously described. We also added phenylboronic acid (PBA) in both assays to
32 evaluate the presence of Class A carbapenemases. The sensitivity/specificity were
33 64.44%/97.78% and 91.11%/86.67% for CARBA NP and BLUE-CARBA, respectively.
34 The modified assays with PBA did not provide any reliable results. Our results indicated
35 that the BLUE-CARBA proved to be the best methodology (higher sensitivity) to be
36 used as a screening test for carbapenemase detection.

37 **Keywords:** carbapenemase, *Enterobacteriaceae*, KPC, rapid tests.

38 INTRODUCTION

39 Nowadays, the emergence of carbapenem resistance is one of main concerns
40 regarding antimicrobial resistance among *Enterobacteriaceae*. The problem is even
41 more worrisome in the hospital environment, where resistant strains might be easily
42 transmitted from patient to patient (Peleg *et al.*, 2010). With the emergence of
43 extended-spectrum β -lactamase (ESBL) producing isolates, carbapenems have
44 become the first therapeutic choice for serious infections due to *Enterobacteriaceae*
45 (Pitout *et al.*, 2008). However, in the early 2000s, the first carbapenem-resistant
46 isolates due to the production of carbapenem-hydrolyzing enzymes (carbapenemases)
47 have been reported in *Enterobacteriaceae* and rapidly spread around the globe (Yigit
48 *et al.*, 2001) (Nordmann *et al.*, 2011).

49 The capacity of carbapenem hydrolysis varies according to different carbapenemases
50 but even carbapenemases with low capacity of hydrolysis can confer high resistance
51 levels whether combined with other resistant mechanisms, such as efflux pumps and
52 porin loss (Paterson, 2006).

53 According to Ambler, the carbapenemases can be classified, based on molecular
54 structure, in three classes: A, B and D (Ambler, 1980). Class A includes *Klebsiella*
55 *pneumoniae* Carbapenemase (KPC) and Guiana Extended-Spectrum β -lactamase
56 (GES). These enzymes present a serine residue in the active site and are usually
57 inhibited *in vitro* by phenylboronic acid (PBA) (Pasteran *et al.*, 2009). Although both
58 enzymes have already been reported in Brazil: KPC, first described in 2009 (Monteiro
59 *et al.*, 2009), is endemic and GES, described in 2010 (Picao *et al.*, 2010) has only
60 scattered reports in our country. Recently, a novel class A enzyme, denominated
61 Brazilian *Klebsiella* Carbapenemase (BKC), was reported in Brazil; the latter, however,
62 may not be inhibited by PBA (Nicoletti *et al.*, 2015).

63 Class B comprises the Metallo- β -lactamases (MBLs), which include, among others, the
64 recently described New Delhi Metallo- β -lactamase (NDM) and the imipenemase (IMP).
65 These enzymes have a zinc ion in their active site and, therefore, can be inhibited by
66 chelating agents such as EDTA, a characteristic that is exploited in phenotypic assays
67 (Lucena *et al.*, 2014; Shivaprasad *et al.*, 2014). Those enzymes have already been
68 described in Brazil: IMP was first reported in 2005, in São Paulo (Lincopan *et al.*, 2005)
69 and NDM was detected for the first time in a *Providencia rettgeri* isolate from Porto
70 Alegre (Carvalho-Assef *et al.*, 2013). While IMP is described only occasionally, it
71 appears that the NDM is becoming widespread in Brazil. Class D includes the
72 oxacilinases, which have a less pronounced carbapenem hydrolytic capacity,
73 compared to other carbapenemases. The most relevant oxacilinase among
74 *Enterobacteriaceae* is OXA-48, which was related with therapeutic failure when
75 associated with other resistance mechanisms, such as membrane impermeability and
76 efflux (Jacoby *et al.*, 2005). Only a variant of the OXA-48 (OXA-370) was described in
77 Brazil (Sampaio *et al.*, 2013).

78 Patients infected or colonized by carbapenem-resistant isolates are difficult to treat and
79 tend to have a prolonged stay in healthcare facilities (Lee *et al.*, 2013). Therefore,
80 accurate, simple and rapid methodologies for the detection of carbapenem resistance
81 determinants are necessary in order to avoid the dissemination of carbapenemase-
82 positive isolates. For many years, the Modified Hodge Test was considered by the
83 Clinical and Laboratory Standards Institute (CLSI) as a reliable screening phenotypic
84 method for carbapenemase detection, despite the fact that it may present reduced
85 sensitivity and specificity and it was time-consuming (Girlichet *et al.*, 2012). The gold
86 standard method for carbapenemase detection is the genotypic test, including PCR
87 and DNA sequencing. These methodologies present great sensitivity and specificity,

88 but they may be more expensive than the phenotypic methods. Moreover, the
89 genotypic methods are also time-consuming and require special equipment to be
90 performed (Bradford *et al.*, 2004; Monteiro *et al.*, 2012; Tenover *et al.*, 2013).

91 Two phenotypic methodologies (CARBA NP and BLUE-CARBA) have been recently
92 described for the detection of carbapenemases, which are supposed to be rapid and
93 non-expensive. These colorimetric methods are based on the pH reduction due to the
94 hydrolysis of the β -lactam ring present in the carbapenems, which is detected by a pH
95 indicator. CARBA NP, the first methodology described (Nordmann *et al.*, 2012), uses
96 phenol red as pH indicator. This methodology was included in the M100-S25 document
97 of the CLSI (2015) as a screening method for carbapenemase detection. The other
98 methodology, named BLUE-CARBA, uses bromothymol blue as pH indicator and it is
99 supposed to have lower costs (Pires *et al.*, 2013).

100 The aim of this study was to evaluate the performance of two phenotypic tests for
101 carbapenemase detection (CARBA NP and BLUE-CARBA). We also proposed
102 modifications in both methodologies in order to indicate the type of carbapenemase.

103

104 **MATERIAL AND METHODS**

105 Isolates from a previous surveillance study (Rozales *et al.*, 2014) were identified by
106 standard biochemical characterization and the susceptibility for carbapenems was
107 determined by disk-diffusion and interpreted according to CLSI (2015). Isolates
108 resistant to at least imipenem or meropenem were submitted to a Multiplex Real-Time
109 PCR for the genotypic detection of the following carbapenemases: KPC, NDM, OXA-
110 48-like, GES, IMP and VIM (Monteiro *et al.*, 2012).

111 The phenotypic methodologies evaluated in this study use imipenem as substrate and
112 require colonies cultured overnight in Muller-Hinton agar. For CARBA NP (REF),

113 proteins were extracted using B-PERII (Bacterial Protein Extraction Reagent, Thermo
114 Scientific Pierce, Rockford, USA).For each isolate, the protein extraction was
115 incubated with a solution containing phenol red and imipenem. A negative control (only
116 phenol red and imipenem) was included to help color interpretation. The test was
117 considered positive according to the acidification of the solution, i.e., color changes
118 from red to orange or yellow. The test was considered non-interpretable if the color of
119 the negative control was more intense than the test (Nordmann *et al.*,2012).

120 The BLUE-CARBA test (REF) is a similar procedure as CARBA NP and the main
121 differences are the use of bromothymol blue as pH indicator and the fact that a protein
122 extraction is not required. This methodology uses one negative control (bacterial
123 extract and a solution containing bromothymol blue) for each isolate tested. The test is
124 considered positive if the color (initially blue) of test solution turns to green or yellow
125 (Pires *et al.*, 2013).

126 Both methodologies (CARBA NP and BLUE-CARBA) were evaluated after two hours,
127 with reads every 15 minutes and any change in the color was considered a positive
128 result.

129 To improve the methodologies, an additional test was proposed: the use of
130 phenylboronic acid as an inhibitor of Class A carbapenemases. This test contained the
131 pH indicator, imipenem, and PBA 0,4 mg/mL, This test was performed in parallel with
132 the original methodologies described above and was interpreted only when the isolate
133 proved to be carbapenemase positive. The carbapenemase was considered of the
134 Class A if the color of solution with PBA was the same as the negative control.

135 **RESULTS**

136 A total of 90 isolates were evaluated in this study: 45 isolates with genotypic test HRM-
137 PCR) negative for carbapenemases and 45 isolates carrying at least one of the
138 carbapenemase as follows: 14 bla_{KPC} , 13 bla_{NDM} , 12 $bla_{OXA-370}$, 4 bla_{GES} and 2 bla_{IMP} .
139 In general both phenotypic tests presented positive results for the isolates bearing
140 bla_{KPC} , bla_{IMP} and bla_{GES} but the CARBA NP failed to detect one isolate with bla_{KPC}
141 and the BLUE CARBA failed to detect one isolate with bla_{GES} . CARBA NP failed to
142 detect many isolates with bla_{NDM} and most isolates with bla_{OXA}_{370} (Table 1). False-
143 positive results were more visualized on the BLUE CARBA than the CARBA NP
144 (Table2). The CARBA NP test presented a sensitivity of 64% and a specificity of 98%,
145 while the BLUE-CARBA presented a sensitivity of 91% and specificity of 87%. All
146 positive results presented color change within 75 minutes of incubation (which did not
147 change after 120 minutes).
148 We could not validate any results of the test using PBA, because we were not able to
149 observe any difference in the color of the solutions with imipenem and the PBA and
150 the color of the solution with imipenem only for all carbapenemase-producing isolates
151 tested.

152

153 **DISCUSSION**

154 Different β -lactamases may present different hydrolytic capacity. Enzymes with high
155 hydrolytic power, such as KPC and most MBLs, can be easily detected by the
156 methodologies evaluated (Nordmann *et al.*, 2011)(Pires *et al.*, 2013).On the other
157 hand, OXA-48 variants, which usually have a weak hydrolytic power of carbapenems,
158 might be missed in clinical laboratories if the detection is guided solely by hydrolysis-
159 based tests.

160 For highly hydrolytic enzymes, the results achieved were considered satisfactory: the
161 percentage of positivity for KPC-, NDM-, and IMP-producers was 92.86%; 69.23% and
162 100%, respectively, on CARBA NP, and 100% for all enzymes on BLUE-CARBA. For
163 the weakly hydrolyzing enzymes, the methodologies presented different results:
164 CARBA NP was able to detect only 8.33% of OXA-370-producing isolates, while 75%
165 of them were detected with the BLUE-CARBA.

166 Although CARBA NP presented lower sensitivity, that test had the highest specificity:
167 as only 2.22% of the carbapenemase-non-producing isolates were considered positive
168 by that test. The BLUE-CARBA presented 13.33% of false-positive results. No
169 correlation was found between true false and false positive, and gender and specie of
170 isolates.

171 Noteworthy the fact that the results of BLUE-CARBA were not easy to interpret
172 because the solution containing the carbapenem and the inoculum (Figure 1 – wells
173 marked with “I”) had the same color or was slightly different from the negative control
174 (Figure 1). That would be even harder to observe in CARBA NP test, whose
175 methodology did not require a negative control for each sample (Figure 2).

176 Considering the tests using phenylboronic acid, we could not obtain interpretable
177 results probably because of the acidic character of the PBA, which interfered with the
178 pH of the solution regardless the activity of the carbapenemases.

179 In conclusion, considering the results of this study, the BLUE-CARBA can be
180 considered the best screening test for carbapenemase detection as this methodology
181 presented higher sensitivity than the CARBA-NP.

182 **REFERENCES**

183 Ambler RP (1980) The Structure of Beta-Lactamases. *Philos Trans R Soc Lond B Biol*
184 *Sci* 289:321-331.

185

186 Bradford PA, Bratu S, Urban C, Visalli M, Mariano N, Landman D, Rahal JJ, Brooks S,
187 Cebular S, Quale, J (2004) Emergence of Carbapenem-Hydrolyzing KPC-2 and
188 Inhibitor-Resistant TEM-30 β -lactamases in New York City. *Clin Infect Dis* 39:55-60.

189

190 Carvalho-Assef AP, Pereira PS, Albano RM, Beriao GC, Chagas TP, Timm LN, Da
191 Silva RC, Falci DR, Asensi MD (2013) Isolation of NDM-producing *Providencia rettgeri*
192 in Brazil. *J Antimicrob Chemother* 68:2956-2957.

193

194 CLSI (2015). *Performance Standards of Antimicrobial Susceptibility Testing*; Wayne,
195 PA: Clinical and Laboratory Standards Institute.

196

197 Gilrich D, Poirel L, Nordmann P (2012) Value of the Modified Hodge Test for Detection
198 of Emerging Carbapenamases in *Enterobacteriaceae*. *J Clin Microbiol* 50: 477-479.

199

200 Hrabák J, Chudáckova E, Papagiannitsis CC (2014) Detection of Carbapenamases in
201 *Enterobacteriaceae*: a Challenge for Diagnostic Microbiological Laboratories. *Clin*
202 *Microb and Infect* 20:839-853.

203

204 Jacoby GA, Munoz-Price LS (2005) The New β -lactamases. *N Engl J Med* 352: 380-
205 391.

206 Lee CR, Cho IH, Jeong BC, Lee SH (2013) Strategies to Minimize Antibiotic
207 Resistance. *Int J Environ Res Public Health* 10:4274-4305.
208

209 Leekha S, Terrell CL, Edson RS (2011) General Principles of Antimicrobial Therapy.
210 *Mayo Clin Proc* 86:156-167.
211

212 Lincopan N, McCulloch JA, Reinert C, Cassettari VC, Gales AC, Mamizuka EM (2005)
213 First Isolation of Metallo-beta-lactamase-producing Multiresistant *Klebsiella*
214 *pneumoniae* from a Patient in Brazil. *J Clin Microbiol* 43:516-519.
215

216 Lucena A, Dalla Costa LM, Nogueira Kda S, Matos AP, Gales AC, Raboni SM (2014)
217 Comparison of Phenotypic Tests for the Detection of Metallo-beta-lactamases in
218 Clinical Isolates of *Pseudomonas aeruginosas*. *Enferm Infecc Microbiol Clin* 32:625-
219 630.
220

221 Monteiro J, Santos FS, Asensi MD, Peirano G, Gales AC (2009) First Report of KPC-
222 2-Producing *Klebsiella pneumoniae* Strains in Brazil. *Antimicrob Agents Chemother*
223 53:333-334.
224

225 Monteiro J, Widen RH, Pignatari AC, Kubasek C, Silbert S (2012) Rapid Detection of
226 Carbapenemase Genes by Multiplex Real-Time PCR. *J Antimicrob Chemother* 67:906-
227 909.

228 Nicoletti AG, Marcondes MF, Martins WM, Almeida LG, Nicolás MF, Vasconcelos AT,
229 Oliveira V, Gales AC (2015) Characterization of BKC-1 Class A Carbapenemase from
230 *Klebsiella pneumoniae* Clinical Isolates in Brazil 59:5159-5164.
231

232 Nordmann P, Naas T, Poirel L (2011) Global Spread of Carbapenemase-producing
233 *Enterobacteriaceae*. Emerg Infect Dis 17:1791-1798.
234

235 Nordmann P, Poirel L, Dortet L (2012) Rapid Detection of Carbapenemase-producing
236 *Enterobacteriaceae*. Emerg Infect Dis 18:1503-1507.
237

238 Pasteran F, Veliz O, Ceriana P, Lucero C, Rapoport M, Alborno E, Gomez S, Corso
239 A, Re LNG (2015) Evaluation of the Blue-Carba Test for Rapid Detection of
240 Carbapenemases in Gram-Negative Bacilli. J Clin Microbiol 53:1996-1998.
241

242 Paterson DL (2006) Resistance in Gram-Negative Bacteria: *Enterobacteriaceae*. Am J
243 Med 119:S20-28; discussion S62-70.
244

245 Peleg AY, Hooper DC (2010) Hospital-Acquired Infections Due to Gram-Negative
246 Bacteria. N Engl J Med 362:1804-1813.
247

248 Picao RC, Santos AF, Nicoletti AG, Furtado GH, Gales AC (2010) Detection of GES-
249 5-producing *Klebsiella pneumoniae* in Brazil. J Antimicrob Chemother 65:796-797.

250 Pires J, Novais A, Peixe L (2013) Blue-carba, an Easy Biochemical Test for Detection
251 of Diverse Carbapenemase Producers Directly from Bacterial Cultures. J Clin Microbiol
252 51:4281-4283.

253

254 Shivaprasad A, Antony B, Shenoy P (2014) Comparative Evaluation of Four
255 Phenotypic Tests for Detection of Metallo-beta-Lactamase and Carbapenemase
256 Production in *Acinetobacter baumannii*. J Clin Diagn Res 8:Dc05-08.

257

258 Yigit H, Queenan AM, Anderson GJ, Domenech-Sanchez A, Biddle JW, Steward CD,
259 Alberti S, Bush K, Tenover FC (2001) Novel Carbapenem-Hydrolyzing β -Lactamase,
260 KPC-1, from a Carbapenem-Resistant Strain of *Klebsiella pneumoniae*. Antimicrob
261 Agents Chemother 45: 1151–1161.

262

263 Tenover FC, Canton R, Kopl JA, Ryan J, Weirl F, Ruiz-Garbajosa P, LaBombardi V,
264 Persing DH (2013) Detection of Patients Colonized with Carbapenemases-Producing
265 Gram-Negative Bacilli Using the Xpert MDRO Assay. Journal of Clinical Microbiology
266 51:3780-3787.

267

268 Yong D, Toleman MA, Giske CG, Cho HS, Sundman K, Lee K, Walsh TR (2009)
269 Characterization of a New Metallo-beta-lactamase gene, bla(NDM-1), and a Novel
270 Erythromycin Esterase Gene Carried on a Unique Genetic Structure in *Klebsiella*
271 *pneumoniae* Sequence Type 14 from India. Antimicrob Agents Chemother 53:5046-
272 5054.

273 **Table 1.** Results of rapid tests CARBA NP and BLUE-CARBA for carbapenemase- producing
 274 *Enterobacteriaceae*.

Isolate ID	Bacteria gender and specie	Carbapenemas e	CARBA NP	Time until Positive (min) in CARBA NP	BLUE-CARBA	Time until Positive (min) in BLUE-CARBA
1101F	<i>Morganella morganii</i>	KPC	-	NA	+	30
1345F	<i>Enterobacter cloacae</i>	KPC	+	15	+	15
1373F	<i>Enterobacter cloacae</i>	KPC	+	15	+	15
1388F	<i>Enterobacter cloacae</i>	KPC	+	15	+	15
1389F	<i>Klebsiella oxytoca</i>	KPC	+	45	+	15
1390F	<i>Serratia marcescens</i>	KPC	+	15	+	15
3401F	<i>Klebsiella pneumoniae</i>	KPC	+	15	+	15
3409F	<i>Klebsiella pneumoniae</i>	KPC	+	15	+	15
3436F	<i>Escherichia coli</i>	KPC	+	15	+	15
3440F	<i>Enterobacter aerogenes</i>	KPC	+	15	+	15
3443F	<i>Klebsiella pneumoniae</i>	KPC	+	15	+	15
3445F	<i>Klebsiella pneumoniae</i>	KPC	+	15	+	15
3446F	<i>Klebsiella pneumoniae</i>	KPC	+	15	+	15
3818F	<i>Klebsiella pneumoniae</i>	KPC	+	15	+	15
821F	<i>Enterobacter cloacae</i>	NDM	+	30	+	15
871F	<i>Enterobacter cloacae</i>	NDM	+	15	+	45
1233F	<i>Enterobacter cloacae</i>	NDM	+	15	+	30
2007F	<i>Klebsiella pneumoniae</i>	NDM	+	15	+	15
2130F	<i>Enterobacter cloacae</i>	NDM	+	15	+	15
2610F	<i>Escherichia coli</i>	NDM	-	NA	+	15
2612F	<i>Citrobacter freundii</i>	NDM	+	45	+	15
2748F	<i>Klebsiella oxytoca</i>	NDM	-	NA	+	15
3035F	<i>Klebsiella pneumoniae</i>	NDM	-	NA	+	15
3304F	<i>Enterobacter cloacae</i>	NDM	-	NA	+	15
3320F	<i>Enterobacter cloacae</i>	NDM	+	15	+	15
3763F	<i>Klebsiella oxytoca</i>	NDM	+	15	+	15
3768F	<i>Klebsiella oxytoca</i>	NDM	+	15	+	15

1888F	<i>Klebsiella pneumoniae</i>	IMP	+	15	+	15
3349F	<i>Enterobacter cloacae</i>	IMP	+	15	+	15
1047F	<i>Klebsiella pneumoniae</i>	GES	+	60	-	NA
1597F	<i>Kluyvera intermedia</i>	GES	+	15	+	15
2818F	<i>Providencia rettgeri</i>	GES	+	15	+	15
3691F	<i>Serratia marcescens</i>	GES	+	75	+	75
1534F	<i>Citrobacter freundii</i>	OXA-370	-	NA	+	15
1636F	<i>Escherichia coli</i>	OXA-370	-	NA	+	15
2169F	<i>Klebsiella pneumoniae</i>	OXA-370	-	NA	+	60
2246F	<i>Klebsiella pneumoniae</i>	OXA-370	-	NA	-	NA
2494F	<i>Klebsiella pneumoniae</i>	OXA-370	-	NA	+	60
2592F	<i>Enterobacter aerogenes</i>	OXA-370	-	NA	+	15
2729F	<i>Klebsiella oxytoca</i>	OXA-370	-	NA	+	15
2807F	<i>Enterobacter cloacae</i>	OXA-370	-	NA	+	30
3023F	<i>Providencia stuartii</i>	OXA-370	-	NA	-	NA
3149F	<i>Klebsiella pneumoniae</i>	OXA-370	+	30	+	15
3284F	<i>Enterobacter cloacae</i>	OXA-370	-	NA	+	30
3704F	<i>Klebsiella pneumoniae</i>	OXA-370	-	NA	-	NA

275 NA, not applicable.

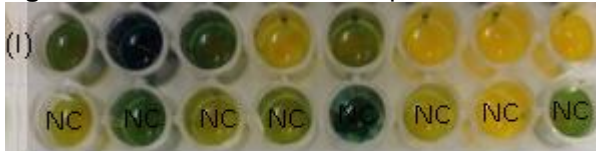
Table 2. Results of rapid tests CARBA NP and BLUE-CARBA for non-carbapenemase-producing *Enterobacteriaceae*.

Isolate ID	Bacteria gender and specie	CARBA NP	Time until Positive (min) in CARBA NP	BLUE-CARBA	Time until Positive (min) in BLUE-CARBA
3310F	<i>Morganella morganii</i>	-	NA	-	NA
3314F	<i>Enterobacter cloacae</i>	-	NA	+	30
3316F	<i>Klebsiella pneumoniae</i>	-	NA	+	60
3318F	<i>Klebsiella pneumoniae</i>	-	NA	+	30
3326F	<i>Enterobacter aerogenes</i>	-	NA	-	NA
3328F	<i>Enterobacter cloacae</i>	-	NA	-	NA
3330F	<i>Klebsiella pneumoniae</i>	-	NA	-	NA
3331F	<i>Enterobacter cloacae</i>	-	NA	-	NA
3332F	<i>Morganella morganii</i>	-	NA	-	NA
3336F	<i>Proteus mirabilis</i>	-	NA	-	NA
3340F	<i>Klebsiella pneumoniae</i>	-	NA	-	NA
3348F	<i>Klebsiella pneumoniae</i>	-	NA	-	NA
3362F	<i>Enterobacter cloacae</i>	-	NA	-	NA
3363F	<i>Enterobacter cloacae</i>	-	NA	+	15
3370F	<i>Enterobacter cloacae</i>	-	NA	-	NA
3372F	<i>Klebsiella pneumoniae</i>	-	NA	-	NA
3373F	<i>Klebsiella pneumoniae</i>	-	NA	-	NA
3376F	<i>Klebsiella pneumoniae</i>	-	NA	-	NA
3394F	<i>Morganella morganii</i>	-	NA	-	NA
3404F	<i>Morganella morganii</i>	-	NA	-	NA
3421F	<i>Klebsiella pneumoniae</i>	-	NA	-	NA
3423F	<i>Morganella morganii</i>	-	NA	-	NA
3424F	<i>Enterobacter cloacae</i>	-	NA	-	NA
3428F	<i>Providencia stuartii</i>	-	NA	-	NA
3437F	<i>Enterobacter cloacae</i>	-	NA	-	NA
3442F	<i>Enterobacter cloacae</i>	-	NA	-	NA

3444F	<i>Klebsiella pneumoniae</i>	-	NA	-	NA
3445F	<i>Klebsiella pneumoniae</i>	-	NA	-	NA
3452F	<i>Morganella morganii</i>	-	NA	-	NA
3457F	<i>Klebsiella oxytoca</i>	-	NA	-	NA
3459F	<i>Klebsiella pneumoniae</i>	-	NA	-	NA
3460F	<i>Klebsiella pneumoniae</i>	-	NA	-	NA
3479F	<i>Enterobacter cloacae</i>	-	NA	-	NA
3481F	<i>Enterobacter cloacae</i>	-	NA	-	NA
3485F	<i>Klebsiella pneumoniae</i>	+	15	+	15
3495F	<i>Enterobacter cloacae</i>	-	NA	-	NA
3497F	<i>Klebsiella oxytoca</i>	-	NA	+	30
3498F	<i>Klebsiella pneumoniae</i>	-	NA	-	NA
3510F	<i>Klebsiella pneumoniae</i>	-	NA	-	NA
3511F	<i>Klebsiella pneumoniae</i>	-	NA	-	NA
3548F	<i>Klebsiella pneumoniae</i>	-	NA	-	NA
3560F	<i>Enterobacter aerogenes</i>	-	NA	-	NA
3571F	<i>Serratia marcescens</i>	-	NA	-	NA
3597F	<i>Klebsiella pneumoniae</i>	-	NA	-	NA
3599F	<i>Klebsiella pneumoniae</i>	-	NA	-	NA

278 NA, not applicable.

279 **Figure 1.** Tests with difficult interpretations on BLUE-CARBA assay.



280 NC, negative control, bromothymol blue solution containing bacterial/protein extract .I, bromothymol
281 blue solution containing bacterial/protein extract and imipenem;
282

283

284 **Figure 2.**Tests with difficult interpretations on CARBA NP assay.



285 NC, negative control, fenol red solution containing bacterial/protein extract. I, fenol red solution
286 containing bacterial/protein extract and imipenem:
287



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INSTRUCTIONS TO AUTHORS

- [Scope of the journal](#)
- [Submission of a manuscript](#)
- [Publication of a manuscript](#)
- [Preparation of a manuscript](#)

Scope of the journal

As from 01/01/2015, the Brazilian Journal of Microbiology will be accepting texts announcing new publically available genomes in our new "Genome Announcements" section. The purpose of this section is to allow authors of a genome submission to inform the readers of BJM that a novel complete genome sequence of a microbiological organism is now publically available and of interest to the scientific community. The genome announcement does not preclude future publication of a detailed full scientific paper later in BJM or elsewhere. The scope for Genome Announcements in BJM is outlined below:

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- Communication of complete genomes of viruses, phages, bacteria, archaea, fungi and protozoa will be considered;
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- The text must contain sequencing methodology, including number and size of reads generated, assembly methods used, steps taken for scaffolding and genome finishing, when applicable, and methods used for feature annotation and curation if carried out;

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Industrial Microbiology: Bacterial Fermentation

- biosynthesis and bioconversion of natural products, including antibiotics, xenobiotics, and macromolecules produced by bacteria.
- molecular aspects of bacterial biotechnology

Fungal Fermentation

- biosynthesis and bioconversion of natural products, including antibiotics, xenobiotics, and macromolecules produced by fungi
- molecular aspects of fungal biotechnology

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- applications of microorganisms (bacteria and fungi) for food production

Food Safety and Quality

- food borne diseases
- food spoilage
- microbial ecology in foods

Medical Microbiology: Bacterial Pathogenesis

- genetic, biochemical, and structural basis of bacterial pathogenesis

Fungal Pathogenesis

- genetic, biochemical, and structural basis of pathogenesis of fungi

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Bacteriology

- studies of medically-important bacteria

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- studies of medically-important virus

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- microbial interactions

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- bioremediation
- environmental considerations for genetically engineered microorganisms

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Bacterial Physiology

- bacterial biochemistry, biophysics, metabolism, cell structure, stress response, growth, differentiation and other related process

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- Materials and Methods
- Results
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- c. **Book**
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