



European Society of Clinical Microbiology and Infectious Diseases

EUCAST Rapid Antimicrobial Susceptibility Testing (RAST) directly from positive blood cultures

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RAST methodology and performance

Why a standardised rapid method?

- A rapid (and correct) AST result is crucial in the treatment of septicaemia.
- Many microbiology laboratories have developed in-house methods for rapid AST directly from positive blood cultures.
- EUCAST wished to take responsibility for validating one RAST method for positive blood cultures to harmonize between laboratories and ensure reliable results.

EUCAST RAST validation

- Spiked blood culture bottles
 - Isolates with various levels of susceptibility/resistance
 - Tests performed at EDL
 - MIC with BMD was used as a reference
- Multi-laboratory trial
 - Local clinical isolates
 - Local BC systems, MH media and disks
 - Northern Europe 2017: 40 laboratories
 - Southern Europe 2018: 15 laboratories

EUCAST RAST methodology

- EUCAST standard disk diffusion method with modifications of:
 - Inoculum: 100-150 μ L, positive blood culture
 - Incubation time: 4, 6 and/or 8 h (depending on species)
- Developed for:
 - E. coli, K. pneumoniae, S. enterica, P. aeruginosa, A. baumannii,
 S. aureus, E. faecalis, E. faecium and S. pneumoniae

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 - Inoculum: 100-150 μ L, positive blood culture
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Incubation

- 4, 6 and/or 8 hours
 - Read plates within ± 5 minutes of the specified incubation time
 - Re-incubate the plate within 10 minutes
- 16-20 hours intervall
 - Use when it is not possible to read results after 4, 6 and/or 8 hours
 - Breakpoints available for all species

Reading of plates

- General reading instructions
 - Hold the plate at 30 cm distance
- 4, 6 and 8 hours
 - Read plates from the front without lid
 - Read zones only when a clear zone edge is visible
- 16-20 hours
 - Read MH plates from the back of the plate
 - Read MH-F plates from the front without lid

Reading of zones

4, 6 and/or 8 hours



E. coli at 4h incubation

16-20 hours



E. coli at 20h incubation

Readability (%)

The proportion of zone diameters (%) which are possible to read after 4 – 20 h of incubation.

Organism	4 hours (%)	6 hours (%)	8 hours (%)	16-20 hours	
Escherichia coli	90	99	99	100	
Klebsiella pneumoniae	96	98 9		100	
Salmonella enterica	93	100	100	100	
Pseudomonas aeruginosa	-	88	97	100	
Acinetobacter baumannii	99	100	100	ND	
Staphylococcus aureus	55	91	95	100	
Enterococcus faecalis	93	99	100	ND	
Enterococcus faecium	44	93	99	ND	
Streptococcus pneumoniae	68	83	95	100	

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Interpretation of results

- Interpret inhibition zone diameters according to the latest version of the RAST breakpoint tables.
- Leave the report blank if:
 - Cannot read the zone in a reliable way
 - The zone diameter is in the ATU.

Only interpret results for species with RAST breakpoints!



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Area of Technical Uncertainty (ATU)



- No AST report was given for results within ATU
 - ATU after 4 or 6 hours = plates are reincubated.
 - ATU also after 8 hours, retest with standard methodology.
 - ATU after 16-20 hours, retest with standard methodology.

Categorical agreement

Northen and Sothern European study, clinical samples and all species. Number of readable zones 4h: 5811, 6h: 6921, 8h: 6561 Breakpoint version 1.

Incubation	time	4h	6h	8h			
Results calculated on readable zones (%)							
ATU		16	7.5	5.7			
Interpretee	d o S or R	84	93	94			
Erro	rs calculate	d on zones ir	iterpreted to S o	or R (%)			
	mE	0.6	0.6	0.8			
Errors	ME	2.1	1.1	0.9			
	VME	0.2	0.4	0.5			
	_	3.0	2.1	2.2			

Quality Controls (QC)

1. Standard disk diffusion QC – to control AST materials

- 2. RAST QC for implementation and changes of the RAST method
 - 1. From BC bottles with added blood
 - 2. RAST methodology 4, 6, 8 and 16-20 hours reading
 - 3. Practice reading

RAST in a clinical laboratory

Implementation

- Should RAST be perform on all bottles?
- Which incubation time?
- How is the results interpreted?
 - Avoid manual interpretation
 - Incorporate in LIS system
- Staff training
 - Theoretical
 - Practical
- Information to clinician



Incubation start	4h reading	6h reading
8.00	12.00	14.00
9.00	13.00	15.00

Daily routine

- Priorities allocate staff resources
 - Much work in parallel (Gram stain, MALDI-TOF, plating, phone, RAST)

- Read at correct time
 - -Timer
 - -Whiteboard



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LABHUMMER	TID	44164
5633359-	855	1255
563780 staf	930	1330

Results from our clinical lab

• Primary reading time 4h

-First AST results in 5.5 hours from removal of bottle

 Fraction of isolates with completed RAST, in average 78 %

Fraction of isolates with completed RAST Time period 14 months, RAST 4, 6 and 8 hours N=1300 isolates



Categorical agreement

RAST 4, 6 and 8 hours during 1 year

Species			E. coli			S. aureus	_
Incubation time		4h	6h	8h	4h	6h	8h
Number of	isolates tested	138	223	4	68	139	3
Readable z	ones (%)	98	100	75	95	98	100
	R	lesults calcu	lated on rea	adable zone:	s (%)		
Not interpreted to S or R (ATU)		17	11	10	8	10	0
Interpreted	d to S	79	83	90	91	87	100
Interpreted	d to R	4	6	0	1	4	0
	Errors	calculated	on zones int	erpreted to	S or R (%)	_	
Errors	mE	1.3	0.9	0	0	0	0
	ME	0.1	0.5	0	0	0.8	0
	VME	0	0	0	0	0	0
	Total errors:	1.4	1.4	0	0	0.8	0

EUCAST website

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Rapid AST in bloodcultures Organization Public consultations EUCAST News Definitions of 5 Lond P					Rapi	id AST in	bloodcu	Iltures		~
Clinical breakpoints and dosing Rapid AST in blood cultures	Rapid AST directly from blood cultu	re bot	tles							
Calibration files RAST from EUCAST in publications Methods	EUCAST has developed a method for rapid AST (reading at also after 16-20 hours incubation) directly from positive blood rationale is available in JAC.	4, 6 or 8h d culture b	and since / ottles (RAS	April 2022 ST). The						
QC Breakpoints for short incubation Screening for resistance mechanisms	Following the initial development, published in 2019, a clinica performed and published in 2020.	ıl trial in 58	5 la <mark>bora</mark> tori	es was						
FAQ on RAST	These are the essential steps in the RAST method:									

Future

• Breakpoints for new agents and/or breakpoints for additional species when considered relevant by the EUCAST committee

 A similar methodology for urinary tract samples from patients with bloodstream infections – to reduce the time to susceptibility results

Questions?



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