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Paper Poster Session III

MRSA - still there and threatening

Reliability of the Xpert MRSA Gen3 assay and the BD MAX MRSA XT assay to detect genetically diverse *mecA/mecC* MRSA and *mecA* drop-out MSSA isolates

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**Objectives.**

Early screening for MRSA carriage is essential to limit the dissemination of such isolates in hospitals and/or to consider decolonization of patients for reducing risk of infection during hospital stay. Different molecular kits are available to detect MRSA in nasal swabs. They are mostly based on primers targetting the *mecA* gene and the SCCmec-OrfX junction. Increasing reports of atypical SCCmec cassettes, novel *mec* gene and ever more diverse genetic backgrounds in MRSA strains as well as emergence of *mecA* drop-out isolates prompted us to test the accuracy of the last versions of Xpert MRSA Gen3 assay (XpertA) (cepheid) and the BD MAX MRSA XT assay (BDA) (Becton Dickinson) using a selection of *S. aureus* isolates.

**Materials and methods.**

One hundred fourteen isolates were included : i) Group 1: 53 MRSA isolates (*mecA*-positive, n= 43 ; *mecC*-positive, n= 10), belonging to 33 different *spa*-types and representing the main clones circulating in Europe on the basis of literature review; ii) Group 2: 37 randomly-choosen MRSA isolates harbouring various atypical SCCmec cassette on the basis of molecular data (StaphyType microarrays (Alere) and/or Kondo's PCR); iii) Group 3: 16 randomly-choosen *mecA*-drop-out MSSA, defined as MSSA with residual marker(s) of SCCmec cassette on the basis of microarrays.

All isolates were tested using XpertA and BDA kits according to manufacturers.

**Results.**

Among the 53 MRSA isolates in Group 1, all isolates were correctly identified as MRSA except one for XpertA (*spa*-t037) and three for BDA (*spa*-t001, *spa*-t091,*spa*-t064). All *mecC* isolates were detected by both reagents.

Among the 47 MRSA isolates of Group 2, 8 isolates (*spa*-t008, -t030, -t127, -t190, -t1614) using BDA and only one isolate (*spa*-t777) using XpertA were misclassified.

Finally, all the 26 *mecA* drop-out isolates (Group 3) were identified as MSSA whatever the assay used.

**Conclusions.**

Xpert MRSA Gen3 assay (XpertA) showed a higher accuracy to identify the clinical MRSA clones that are currently circulating in Europe compared to BD MAX MRSA XT assay (BDA) with 2 versus 11 misclassifications, respectively. These misclassifications are due to MRSA isolates/clones with new or variant SCCmec cassette. The discrepancies between XpertA and BDA are likely related to a different range of primers targetting SCCmec cassette that is likely more wide and optimised in XpertA kit.

These data confirmed the permanent need for epidemiological watch for manufacturers involved in the market of molecular screening of MRSA to be able to quickly adapt their kits to the constant emergence of new MRSA clones harbouring new SCCmec cassettes.