

MICROBIOLOGY

Improved recovery of *Clostridium difficile* spores with the incorporation of synthetic taurocholate in cycloserine-cefoxitin-fructose agar (CCFA)

NIKI FRANCIS FOSTER* AND THOMAS VICTOR RILEY*†

*School of Pathology and Laboratory Medicine, The University of Western Australia, Queen Elizabeth II Medical Centre, and †Division of Microbiology and Infectious Diseases, PathWest Laboratory Medicine WA, Queen Elizabeth II Medical Centre, Nedlands, Australia

Summary

Aim: Culture remains important for the detection and typing of *Clostridium difficile*. Culture of *C. difficile* spores can be enhanced on media supplemented with a germinant. Despite this, unsupplemented media continues to be used in some laboratories. The aim of this study was to quantify the effect of the known germinant sodium taurocholate on recovery of *C. difficile* spores and to determine if the supplement impacts on the recovery of vegetative *C. difficile*.

Methods: The recovery on cycloserine-cefoxitin-fructose agar (CCFA) with and without taurocholate, of spore, vegetative, and total cell fractions of broth cultures of eight *C. difficile* isolates was compared.

Results: Taurocholate in CCFA did not inhibit growth of vegetative *C. difficile* and significantly increased recovery of spores ($p=0.04$).

Conclusions: The routine incorporation of taurocholate in CCFA is recommended for improved sensitivity in *C. difficile* culture from specimens.

Keywords: Bacterial, clostridium difficile, culture media, spores, taurocholate.

Received 3 August, revised 6 November, accepted 29 November 2011

INTRODUCTION

Cycloserine-cefoxitin-fructose agar (CCFA) for the isolation of *Clostridium difficile* was first described in 1979¹ and became one of the mainstays for the laboratory diagnosis of *C. difficile* infection (CDI).² Following the introduction of enzyme immunoassays (EIAs) the need for culture declined despite the occasional call for its re-introduction.³ With the advent of more severe disease caused by *C. difficile*⁴ and the recent realisation that EIAs were not particularly sensitive,^{5–7} laboratories are returning to culture for either diagnosis of CDI, epidemiological investigations or evaluation of new tests.⁶ Laboratories that have taken this approach have also moved to either heat or alcohol enrichment of *C. difficile* spores in faecal samples prior to plating on CCFA.^{8,9} However, it is apparent from the literature that some laboratories do not realise that maximum recovery of *C. difficile* spores on CCFA requires the addition of a spore germination enhancer.^{10–12}

Taurocholate is known to enhance recovery of *C. difficile* spores, while not reducing (or improving) growth of vegetative cells.^{13,14} However, some crude preparations of taurocholate inhibit the growth of vegetative *C. difficile* and outgrowth of germinated spores is also affected. Reports show lower recovery of *C. difficile* spores when poorer grades of taurocholate are

used.^{15,16} Some deoxycholate salts that are inhibitory to the growth of vegetative *C. difficile*¹⁷ may be present in these crude extracts. Pure preparations of taurocholate, preferably synthetic preparations, are recommended for optimal recovery of *C. difficile* spores with no inhibition of vegetative cells.¹⁸ With one exception,¹⁷ the above studies were conducted in the 1980s. In this study we re-examine these issues in order to provide contemporary data on the impact of spore germinants on *C. difficile* culture.

MATERIALS AND METHODS

Media

CCFA was prepared by the media section of PathWest Laboratory Medicine (WA), Nedlands, Australia, as described in the original publication,¹ except with reduced agar content (15 g/L), additional parahydroxyphenylacetic acid at 1 g/L, increased 50% egg yolk content (60 mL/L) and halved concentrations of antimicrobials (250 µg/mL cycloserine and 8 µg/mL cefoxitin). CCFA containing taurocholate (TCCFA) also included 0.1% w/v taurocholate added directly to the medium prior to autoclaving. Taurocholate was purchased as synthetic taurocholic acid sodium salt hydrate (Cat. #T4009; Sigma, USA).

Bacterial culture

Eight *C. difficile* isolates were examined (Table 1). To test the media for recovery of vegetative *C. difficile*, 18 h cultures in 10 mL brain heart infusion broth (BHIB) [pre-reduced ≥4 h in a Whitley A35 Anaerobic Workstation (80% N₂, 10% CO₂, 10% H₂, 75% relative humidity)] were prepared from 1 µL loops of 48 h blood agar (BA) cultures. BHIB was incubated statically under anaerobic conditions. Dilutions prepared in pre-reduced trypticase soy broth were plated in duplicate on pre-reduced (≥2 h) CCFA and TCCFA to quantitate total culturable cells.

To determine the proportion of cells that were spores, 1 mL of each BHIB culture was heated at 56°C for 10 min to kill vegetative cells, then diluted and plated in duplicate on pre-reduced CCFA and TCCFA. The remaining proportion of total culturable cells was considered vegetative *C. difficile*.

Dilutions and inoculation of agar plates were performed outside of the anaerobic chamber but were completed and the plates returned to the chamber within 15 min to minimise the effects of oxygen exposure. Only one broth culture was removed from the anaerobic chamber at any time, and the heat treatment of aliquots was performed after inoculation of agar media for quantitation of total culturable cells. Colony counts were performed after 48 h incubation.

The experiment was performed on two separate occasions. To control for any effect of oxygen exposure during the inoculation of agar plates, CCFA plates were inoculated first on the initial occasion, and TCCFA plates were inoculated first when the experiment was repeated. There was no statistically significant difference between experiments for each medium, irrespective of the culture fraction, so the matched data from the two experiments were averaged.

Statistical methods

Data were analysed using GraphPad Instat 3. Matched analyses were performed as paired *t*-tests for parametric data and the Wilcoxon matched pairs test for

Table 1 Characteristics of the isolates used in this study

| Strain | Ribotype | Toxin profile | Characteristics |
|----------------------------|----------|--|---|
| ES 214 | 001 | A ⁺ B ⁺ CDT ⁻ | Common UK ribotype |
| R11446* | 014 | A ⁺ B ⁺ CDT ⁻ | Common Australian ribotype |
| ATCC 43598 | 017 | A ⁻ B ⁺ CDT ⁻ | Outbreak-associated |
| SSCC 28297 [†] | 027 | A ⁺ B ⁺ CDT ⁺ | 'Hypervirulent', outbreak-associated |
| R10725* | 078 | A ⁺ B ⁺ CDT ⁺ | Common international animal ribotype, becoming common in humans |
| AI 35 | | A ⁻ B ⁺ CDT ⁺ | Australian novel pig ribotype |
| ATCC 43255 | | A ⁺ B ⁺ CDT ⁻ | Reference strain |
| Strain 630 (ATCC BAA-1382) | 012 | A ⁺ B ⁺ CDT ⁻ | Reference strain |

* From Anaerobe Reference Laboratory, Cardiff, Wales.

[†] From Dr Luis Arroyo, Guelph, Canada.

non-parametric data. One-tailed *p*-values were determined unless otherwise stated. *p* values that were ≤ 0.05 were considered statistically significant.

RESULTS

The concentrations of vegetative *C. difficile* recovered on TCCFA and CCFA are shown in Table 2. Taking into account the eight test strains, there was no significant reduction in the average concentration of vegetative *C. difficile* in an 18 h culture when determined on TCCFA (TCCFA and CCFA, 6.2×10^7 CFU/mL; paired *t*-test, $p = 0.41$). Furthermore, while concentrations were lower on TCCFA for half of the test strains, these were not significantly lower than on CCFA (Wilcoxon matched-pairs test, $p = 0.06$). This suggests that 0.1% taurocholate is not inhibitory to vegetative *C. difficile*.

The concentration of spores determined was consistently higher on TCCFA than CCFA (Table 3). The increase in average spore concentrations between the media was statistically significant (8.2×10^5 CFU/mL and 1.43×10^5 CFU/mL, respectively; paired *t*-test, $p = 0.04$). This did not influence the concentration of total culturable *C. difficile* which did not significantly differ between the media (6.3×10^7 CFU/mL and 6.1×10^7 CFU/mL, respectively; paired *t*-test, two-tailed $p = 0.70$).

Interestingly, despite ensuring minimum oxygen exposure during the inoculation of media, the medium inoculated last in each experiment often performed significantly better for the recovery of vegetative and therefore total *C. difficile* [paired *t*-test of TCCFA versus CCFA; Experiment 1 (TCCFA inoculated last), $p = 0.01$ for both; Experiment 2 (CCFA inoculated last), $p = 0.02$ and $p = 0.03$, respectively]. This effect was not seen during spore recovery.

Table 2 Recovery of vegetative *C. difficile* (CFUs $\times 10^6$ /mL) from an 18 h culture, using TCCFA and CCFA

| Strain | Experiment 1 | | Experiment 2 | | Average (SD) | |
|------------|--------------|-------|--------------|--------------|--------------------|---------------------|
| | TCCFA | CCFA | TCCFA | CCFA | TCCFA | CCFA |
| ES 214 | 70.0 | 61.3 | 48.8 | 89.3 | 59.4 (15.0) | 75.3 (19.8) |
| R11446 | 60.2 | 47.5 | 19.7 | 20.0 | 39.9 (28.7) | 33.7 (19.4) |
| ATCC 43598 | 29.4 | 12.2 | 12.8 | 15.0 | 21.1 (11.7) | 13.6 (2.0) |
| SSCC 28297 | 22.0 | 17.4 | 80.9 | 119.3 | 51.4 (41.7) | 68.3 (72.0) |
| R10725 | 80.8 | 64.0 | 110.6 | 109.9 | 95.7 (21.1) | 86.9 (32.5) |
| AI 35 | 98.1 | 45.9 | 77.9 | 87.8 | 88.0 (14.3) | 66.9 (29.7) |
| ATCC 43255 | 151.7 | 130.8 | 125.1 | 149.1 | 138.4 (18.8) | 140.0 (12.9) |
| 630 | 4.4 | 1.8 | 6.4 | 9.4 | 5.4 (1.4) | 5.6 (5.4) |

Bold indicates the medium with the highest colony count.

DISCUSSION

When quantitative recovery of *C. difficile* is important or low numbers of *C. difficile* are expected from a clinical specimen or environmental sample, a sensitive culture medium is required. The bile salt taurocholate is a known germination factor for *C. difficile* spores.^{14,17} As such, it is commonly incorporated into culture media, improving recovery of *C. difficile*.^{13,14,19,20} Although Buggy *et al.*¹³ found slightly lower vegetative *C. difficile* counts on media containing synthetic taurocholate compared to media without taurocholate, this difference was not significant. Bliss *et al.*²⁰ reported poorer recovery of *C. difficile* on TCCFA in one of eight patient weekly surveillance time-points and *C. difficile* was isolated later on this medium in one of 36 patients, while Wilson *et al.*¹⁴ reported no recovery of *C. difficile* on TCCFA in one of 60 culture positive (CCFA or TCCFA) human faecal specimens. Later, Buggy *et al.*¹⁹ could not culture *C. difficile* on TCCFA in three of 67 culture-positive (CCFA or TCCFA) environmental samples. In general, however, vegetative *C. difficile* grew equally well on either medium in these studies and *C. difficile* detection was better on TCCFA because of enhanced recovery of *C. difficile* spores. While in the present study the most efficient medium for vegetative *C. difficile* recovery differed between strains, there was no significant difference in the average concentration on TCCFA compared to CCFA in matched analyses. The average count on TCCFA was higher than on CCFA. Overall, synthetic taurocholate did not significantly reduce recovery of vegetative *C. difficile*.

Clostridium difficile spores and vegetative cells were shed by infected patients in their faeces at concentrations of approximately 10^4 – 10^7 CFU per gram.^{21,22} While vegetative

Table 3 Recovery of *C. difficile* spores (CFUs $\times 10^3$ /mL) from an 18 h culture, using TCCFA and CCFA

| Strain | Experiment 1 | | Experiment 2 | | Average (SD) | |
|------------|---------------|-------|---------------|-------|------------------------|---------------|
| | TCCFA | CCFA | TCCFA | CCFA | TCCFA | CCFA |
| ES 214 | 1980.0 | 225.0 | 725.0 | 160.0 | 1352.5 (887.4) | 192.5 (46.0) |
| R11446 | 260.5 | 26.5 | 291.0 | 29.0 | 275.8 (21.6) | 27.8 (1.77) |
| ATCC 43598 | 140.0 | 41.5 | 160.0 | 39.5 | 150.0 (14.1) | 40.5 (1.41) |
| SSCC 28297 | 535.0 | 100.0 | 605.0 | 220.0 | 570.0 (49.5) | 160.0 (84.9) |
| R10725 | 4240.0 | 18.0 | 1425.0 | 100.0 | 2832.5 (1990.5) | 59.0 (58.0) |
| AI 35 | 915.0 | 145.0 | 625.0 | 155.0 | 770.0 (205.1) | 150.0 (7.07) |
| ATCC 43255 | 780.0 | 655.0 | 395.0 | 375.0 | 587.5 (272.2) | 515.0 (198.0) |
| 630 | 2.6 | 0.5 | 2.6 | 0.3 | 2.6 (0.1) | 0.4 (0.1) |

Bold indicates the medium with the highest colony count.

C. difficile survived for up to 3 h in room air, dependent on moist conditions,²² it is *C. difficile* spores that allow the organism to remain viable for months in an aerobic environment, resisting desiccation and disinfection.²³ Therefore, one is more likely to encounter viable *C. difficile* spores rather than vegetative cells in environmental samples, and in much lower numbers,²⁴ supporting the use of TCCFA.

The present study recovered *C. difficile* from 18 h cultures to preferentially test the effect of taurocholate on vegetative *C. difficile*. While TCCFA did not significantly improve recovery of total *C. difficile* from an 18 h culture rich in vegetative *C. difficile*, the enhanced recovery of *C. difficile* spores from the culture infers that total *C. difficile* recovery from environmental samples would be better on this medium. How relevant is this to the examination of clinical specimens? Vegetative cells were more common in faecal samples of patients prior to treatment for *C. difficile* infection, while spores were more common after treatment had commenced.²² Other than this study, little is known about the *C. difficile* vegetative cell versus spore ratio in human faecal specimens. Nevertheless, with the presence of competing background organisms in clinical specimens potentially limiting *C. difficile* detection by culture, the popular use of heat or ethanol shock to kill background vegetative cells (including *C. difficile*), and the findings of our study and previous studies that there is no reduction in vegetative cell recovery on TCCFA compared to CCFA, the potential for better *C. difficile* enumeration through the improved recovery of spores supports the universal use of TCCFA over CCFA despite the (approximately 50%) increase in cost of the medium as a result of this change.

Conflicts of interest and sources of funding: The authors declare no conflict of interest.

Address for correspondence: Dr N. F. Foster, School of Pathology and Laboratory Medicine (M502), The University of Western Australia, 35 Stirling Highway, Crawley, WA 6009, Australia. E-mail: niki.foster@uwa.edu.au

References

- George WL, Sutter VL, Citron D, Finegold SM. Selective and differential medium for isolation of *Clostridium difficile*. *J Clin Microbiol* 1979; 9: 214–9.
- Bowman RA, Riley TV. Laboratory diagnosis of *Clostridium difficile*-associated diarrhoea. *Eur J Clin Microbiol Infect Dis* 1988; 7: 476–84.
- Delmee M, Van Broeck J, Simon A, et al. Laboratory diagnosis of *Clostridium difficile*-associated diarrhoea: a plea for culture. *J Med Microbiol* 2005; 54: 187–91.
- McDonald LC, Killgore GE, Thompson A, et al. An epidemic, toxin gene-variant strain of *Clostridium difficile*. *N Engl J Med* 2005; 353: 2433–41.
- Planche T, Aghaizu A, Holliman R, et al. Diagnosis of *Clostridium difficile* infection by toxin detection kits: a systematic review. *Lancet Infect Dis* 2008; 8: 777–84.
- Carroll KC. Tests for the diagnosis of *Clostridium difficile* infection: the next generation. *Anaerobe* 2011; 17: 170–4.
- Eastwood K, Else P, Charlett A, Wilcox M. Comparison of nine commercially available *Clostridium difficile* toxin detection assays, a real-time PCR assay for *C. difficile* tcdB, and a glutamate dehydrogenase detection assay to cytotoxin testing and cytotoxigenic culture methods. *J Clin Microbiol* 2009; 47: 3211–7.
- Marler LM, Siders JA, Wolters LC, et al. Comparison of five cultural procedures for isolation of *Clostridium difficile* from stools. *J Clin Microbiol* 1992; 30: 514–6.
- Hanff PA, Zaleznik DF, Kent KC, et al. Use of heat shock for culturing *Clostridium difficile* from rectal swabs. *Clin Infect Dis* 1993; 16 (Suppl 4): S245–7.
- Luna RA, Boyanton BL Jr, Mehta S, et al. Rapid stool-based diagnosis of *Clostridium difficile* infection by real-time PCR in a children's hospital. *J Clin Microbiol* 2011; 49: 851–7.
- Quinn CD, Sefers SE, Babiker W. C. Diff Quik Chek complete enzyme immunoassay provides a reliable first-line method for detection of *Clostridium difficile* in stool specimens. *J Clin Microbiol* 2010; 48: 603–5.
- Zheng L, Keller SF, Lyerly DM, et al. Multicenter evaluation of a new screening test that detects *Clostridium difficile* in fecal specimens. *J Clin Microbiol* 2004; 42: 3837–40.
- Buggy BP, Wilson KH, Fekety R. Comparison of methods for recovery of *Clostridium difficile* from an environmental surface. *J Clin Microbiol* 1983; 18: 348–52.
- Wilson KH, Kennedy MJ, Fekety FR. Use of sodium taurocholate to enhance spore recovery on a medium selective for *Clostridium difficile*. *J Clin Microbiol* 1982; 15: 443–6.
- Wilson KH. Efficiency of various bile salt preparations for stimulation of *Clostridium difficile* spore germination. *J Clin Microbiol* 1983; 18: 1017–9.
- Kamiya S, Yamakawa K, Ogura H, Nakamura S. Effect of various sodium taurocholate preparations on the recovery of *Clostridium difficile* spores. *Microbiol Immunol* 1987; 31: 1117–20.
- Sorg JA, Sonenshein AL. Bile salts and glycine as cogerminants for *Clostridium difficile* spores. *J Bacteriol* 2008; 190: 2505–12.
- Brazier JS. Role of the laboratory in investigations of *Clostridium difficile* diarrhea. *Clin Infect Dis* 1993; 16 (Suppl 4): S228–33.
- Buggy BP, Hawkins CC, Fekety R. Effect of adding sodium taurocholate to selective media on the recovery of *Clostridium difficile* from environmental surfaces. *J Clin Microbiol* 1985; 21: 636–7.
- Bliss DZ, Johnson S, Clabots CR, et al. Comparison of cycloserine-cefoxitin-fructose agar (CCFA) and taurocholate-CCFA for recovery of *Clostridium difficile* during surveillance of hospitalized patients. *Diagn Microbiol Infect Dis* 1997; 29: 1–4.
- Mulligan ME, Rolfe RD, Finegold SM, George WL. Contamination of a hospital environment by *Clostridium difficile*. *Curr Microbiol* 1979; 3: 173–5.
- Jump RL, Pultz MJ, Donskey CJ. Vegetative *Clostridium difficile* survives in room air on moist surfaces and in gastric contents with reduced acidity: a potential mechanism to explain the association between proton pump inhibitors and *C. difficile*-associated diarrhea? *Antimicrob Agents Chemother* 2007; 51: 2883–7.
- Vonberg RP, Kuijper EJ, Wilcox MH, et al. Infection control measures to limit the spread of *Clostridium difficile*. *Clin Microbiol Infect* 2008; 14 (Suppl 5): 2–20.
- Shapey S, Machin K, Levi K, Boswell TC. Activity of a dry mist hydrogen peroxide system against environmental *Clostridium difficile* contamination in elderly care wards. *J Hosp Infect* 2008; 70: 136–41.