

Technical Information

Enterococcus Confirmatory Agar

Product Code: DM 1392

Application: - Enterococcus Confirmatory Agar is recommended for confirming the presence of Enterococci in water supplies and other sources.

Composition**

| Ingredients | Gms / Litre |
|----------------------------|-------------|
| Casein enzymic hydrolysate | 5.000 |
| Yeast extract | 5.000 |
| Dextrose | 5.000 |
| Sodium azide | 0.400 |
| Methylene blue | 0.010 |
| Agar | 15.000 |
| Final pH (at 25°C) | 8.0±0.2 |

**Formula adjusted, standardized to suit performance parameters

Principle & Interpretation

Enterococci are found as normal flora in the gastrointestinal tracts of humans and animals. They are becoming increasingly important agents of human diseases largely because of their resistance to antimicrobial agents to which other Streptococci are generally susceptible⁽³⁾. The *Enterococcus* is a subgroup of the fecal Streptococci group that includes *Enterococcus faecalis*, *Enterococcus faecium*, *Enterococcus gallinarum*, and *Enterococcus avium*⁽¹⁾. Enterococci are differentiated from other Streptococci by their ability to grow in 6.5% sodium chloride, at pH 9.6 and at 10°C and 45°C⁽¹⁾. The enterococcal portion of the faecal *Streptococcus* group is a valuable bacterial indicator for determining the extent of faecal contamination of recreational surface waters⁽¹⁾. Sandholzer and Winter⁽²⁾ devised Enterococcus Confirmatory Agar for the detection of Enterococci in water supplies, swimming pools, sewage etc.

Casein enzymic hydrolysate, yeast extract, dextrose provide essential growth nutrients for Enterococci. Sodium azide inhibits contaminating flora. The positive presumptive tests are confirmed by inoculating from Enterococcus Presumptive Broth (DM1419) to Enterococcus Confirmatory slant-broth combination prepared with an Azide Agar medium (Enterococcus Confirmatory Agar, DM1392) overlaid with a Salt Azide Penicillin Broth (Enterococcus Confirmatory Broth, DM1394). A negative catalase test is considered confirmed positive evidence of the presence of Enterococci. Single strength medium can be used for small inoculum. Production of acid and turbidity in an azide presumptive broth when incubated at 45°C is considered positive presumptive evidence for the presence of Enterococci, which is confirmed by inoculating on Confirmatory Agar (DM1392).

Methodology

Suspend 30.41 grams of powder media in 1000 ml distilled water. Shake well & heat to dissolve the medium completely. Dispense in 100 ml quantities in tubes and sterilize by autoclaving at 15 lbs pressure (12 1°C) for 15 minutes. Allow the agar tubes to cool in a slanted position.

Warning: Sodium azide has a tendency to form explosive metal azides with plumbing materials. It is advisable to use enough water to flush off the disposables.

Quality Control

Physical Appearance

Light yellow to yellow homogeneous free flowing powder

Gelling

Firm, comparable with 1.5% Agar gel

Colour and Clarity of prepared medium

Light blue coloured clear to slightly opalescent gel forms in tubes as slants



Dehydrated Culture Media
Bases / Media Supplements

Reaction

Reaction of 3.04% w/v aqueous solution at 25°C. pH : 8.0±0.2

pH range 7.80-8.20

Cultural Response/ characteristics

DM 1392: Cultural characteristics observed after an incubation at 45°C for 18-24 hours.

| Organism | Inoculum (CFU) | Growth |
|---|----------------|----------------|
| <i>Escherichia coli</i> ATCC 25922 | $\geq 10^3$ | inhibited |
| <i>Enterococcus faecalis</i> ATCC 29212 | 50-100 | good-luxuriant |

Storage and Shelf Life

Dried Media: Store below 30°C in tightly closed container and use before expiry date as mentioned on the label.

Prepared Media: 2-8° in sealable plastic bags for 2-5 days.

Further Reading

1. Eaton A. D., Clesceri L. S. and Greenberg A. E., (Ed.), 1998, Standard Methods for the Examination of Water and Wastewater, 20th Ed., American Public Health Association, Washington, D.C.
2. Sandholzer and Winter, 1946, Commercial Fisheries Leaflet T1a
3. Edwards M. S., Baker C. J., 1990, Principles and Practice of Infectious Diseases, 3rd Ed., pp 1554-1563, New York

Disclaimer :

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