New Product Announcement

Remel VACC Agar

Remel VACC Agar is now available for primary, selective isolation of ESBL (Extended-Spectrum ß-Lactamase) producing *Enterobacteriaceae*. ESBL-producing gram-negative bacilli are increasingly important nosocomial pathogens in healthcare facilities.[1] ESBLs inactivate broad-spectrum cephalosporins, such as cefotaxime and ceftazidime and cause clinically significant resistance in several strains of *Enterobacteriaceae*.

Background on ESBL-producing *Enterobacteriaceae*

- >20% of *Klebsiella* isolates from patients in intensive care units have been identified as ESBL-producers.[2]
- In a study conducted from 2000 to 2005, there were 17,872 inpatients screened for rectal colonization with ESBL-producing *Enterobacteriaceae.* The colonization rate doubled during this study.[3]
- During the same study cited above, 8.5% of colonized patients developed a subsequent bloodstream infection.[3]
- Surveillance screening is useful for infection control and antimicrobial stewardship in controlling the proliferation of ESBL-producing bacteria.
- The use of VACC Agar can facilitate earlier identification of colonized patients and can help reduce the cost of surveillance screening.

Remel VACC Agar

- Product number – R01954; 10 Plates/Pk
- Medium contains vancomycin, amphotericin B, ceftazidime, and clindamycin as selective agents to inhibit commensal organisms commonly found in the large intestines
- Simple procedure – inoculate, incubate, and read plate at 24 to 48 hours
- Further biochemical testing and confirmation of resistance is required for definitive identification
- Contact your local Technical Sales Representative for more information, including pricing

Order Information

Order Entry: 800-255-6730
Order Entry Fax: 800-621-8251
Technical Service: 800-447-3641

References

1. Paterson, D.L. and R.A. Bonomo. 2005. Clin. Microbiol. Rev. 18:657-686.
2. National Nosocomial Infection Surveillance (NNIS) System. 1999. Am. J. Infect. Control. 27:520-532.
3. Reddy, P., M. Malczynski, A. Obias, S. Reiner, N. Jin, J. Huang, G.A. Noskin, and T. Zembower. 2007. Clin. Infect. Dis. 45:845-852

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