



REGAN-LOWE AGAR

- For in vitro use only -

Catalogue No. PR35 & PR36

Our Regan-Lowe Agar can be used for the primary isolation of *Bordetella pertussis* from clinical specimens. We offer two formulations, a non-selective medium (PR36) and a selective medium containing cephalixin (PR35).

Bordetella was first cultured on a charcoal-based medium by Pollack in 1947. Our current formulation is based on the innovative research of Mishulow, Sharpe, and Cohen who devised a non-selective beef-heart charcoal agar for the preparation of pertussis vaccines. The high nutrition value of this medium made isolation of *Bordetella* difficult since the lengthy incubation time required by *Bordetella* allowed contaminating nasopharyngeal flora to overgrow it. Numerous researchers tried incorporating different antibiotics with varying degrees of success. Regan and Lowe as well as Sutcliffe and Abbott when using the first generation cephalosporin, cephalixin, reported the best suppression of nasopharyngeal flora. Cephalixin was superior when compared to other antimicrobials being used at that time including penicillin and methicillin. Regan and Lowe were the first researchers to use both a charcoal-based enrichment transport medium (TR35 Regan-Lowe Transport Medium) and a selective charcoal agar to selectively isolate *Bordetella* and to their credit Regan-Lowe Agar has become synonymous with charcoal agar.

Numerous peptones and extracts and the addition of defibrinated horse blood makes Regan-Lowe Agar especially nutritious. Nicotinic acid is an essential growth factor, and its addition is a necessity, as shown by Proom, to cultivate *Bordetella* species. Charcoal and starch are the two detoxifying agents that help neutralize toxic fatty acids and metabolites contained in the medium.

Formula per Litre of Medium

Beef Extract.....	10.0 g
Meat Peptone.....	10.0 g
Soluble Starch	10.0 g
Sodium Chloride.....	5.0 g
Charcoal	4.0 g
Nicotinic Acid	0.001 g
Agar.....	12.0 g
Horse Blood (Defibrinated).....	100.0 mL

Additional Ingredients per Liter:

PR35 Regan-Lowe Agar

Cephalixin.....	0.04 g
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pH 7.4 ± 0.2 at 25°C.

Recommended Procedure

General Procedure for PR35 & PR36

1. Allow medium to adjust to room temperature prior to inoculation.
2. Inoculate sample and perform a four-quadrant streak to obtain well-isolated colonies.
3. Incubate plates at 35°C in a moist aerobic atmosphere (60-70% humidity). [To obtain a moist environment, place inoculated plates into a **partially** sealed container along with some damp paper towels]
4. Check plates daily and incubate plates for a minimum of 7 days before reporting plates as negative.

Recommended Clinical Diagnosis Procedure

1. Collect specimen from the posterior nasopharynx (not the throat) using a Dacron™ or calcium alginate swab (not cotton).
2. Place specimen swab into Regan-Lowe Transport Media (Dalynn TR35) for enrichment and transport of potential *B. pertussis* isolates. (Swabs can remain in the transport medium for up to 48 hours as it serves as an enrichment step)
3. Once in the laboratory, streak the specimen swab onto a selective Regan-Lowe Agar plate with antibiotics (PR35).
4. Incubate plates at 35°C in a moist aerobic atmosphere (60-70% humidity). [To obtain a moist environment, place inoculated plates into a **partially** sealed container along with some damp paper towels]
5. Check plates daily for growth. Incubate plates a minimum of seven days before reporting specimen plates as negative. (A 12 day incubation period may be warranted as a 1996 study reported a 18% increase in recovery of isolates)
6. If characteristic *Bordetella* colonies are observed, select one or two well-isolated colonies, and subculture them onto a non-selective Regan-Lowe Agar plate (Dalynn PR36) so further testing can be performed from pure culture.

Interpretation of Results

Bordetella pertussis colonies appear as small, greyish-white, glistening colonies on Regan-Lowe Agar usually within 72 hours. Selective plates containing Cephalixin require prolonged incubation and typically good growth is observable after 5 to 6 days of incubation. *B. parapertussis* grows quicker and mature colonies usually become visible after 48 hours of incubation.

Some clinical laboratory use a direct

fluorescent antibody (DFA) test to detect *Bordetella*, however DFA cannot replace culturing methods due to its low sensitivity and low specificity. Sensitivity is directly correlated with the number of *B. pertussis* cells contained in the sample therefore specimens lacking sufficient numbers will give false negatives. The potential for cross reactivity with resident respiratory flora can also be quite high resulting in the poor specificity of DFA. DFA can provide rapid results and therefore it can be a valuable companion test when used in conjunction with classical culturing methods. Rapid detection and confirmation can be done by PCR, which shows both a high specificity and sensitivity.

- *Patients whose disease has progressed beyond the catarrhal or paroxysmal stage, or have undergone antimicrobial treatment make detection and isolation of Bordetella detection more difficult and may result in false negatives*
- *Some organisms such as Pseudomonas species may grow on Regan-Lowe Agar*
- *The presence of cephalixin in the selective medium retards the growth of Bordetella and a minimum incubation period of 4 or 5 days is required for visible growth*

Quality Control

Organism	Expected Result	
	PR35 (with AB)	PR36 (w/o AB)
<i>Bordetella pertussis</i> ATCC 8467	Growth	Growth
<i>Staphylococcus aureus</i> ATCC 25923	Inhibition	Growth
<i>Escherichia coli</i> ATCC 25922	Inhibition	Growth

AB = Antibiotic (Cephalixin)

