

# BIPEA Proficiency - testing scheme for Staphylococcal Enterotoxin detection in milk

Sabrina BOUAKACHE, Anne TIRARD, Sandrine BIOGEAUD, Abdelkader BOUBETRA

Bureau Interprofessionnel d'Études Analytiques (BIPEA) - 189 rue d'Aubervilliers, 75018 PARIS, France. Tel. +33 1 40 05 26 30

Corresponding author: sbouakache@bipea.org

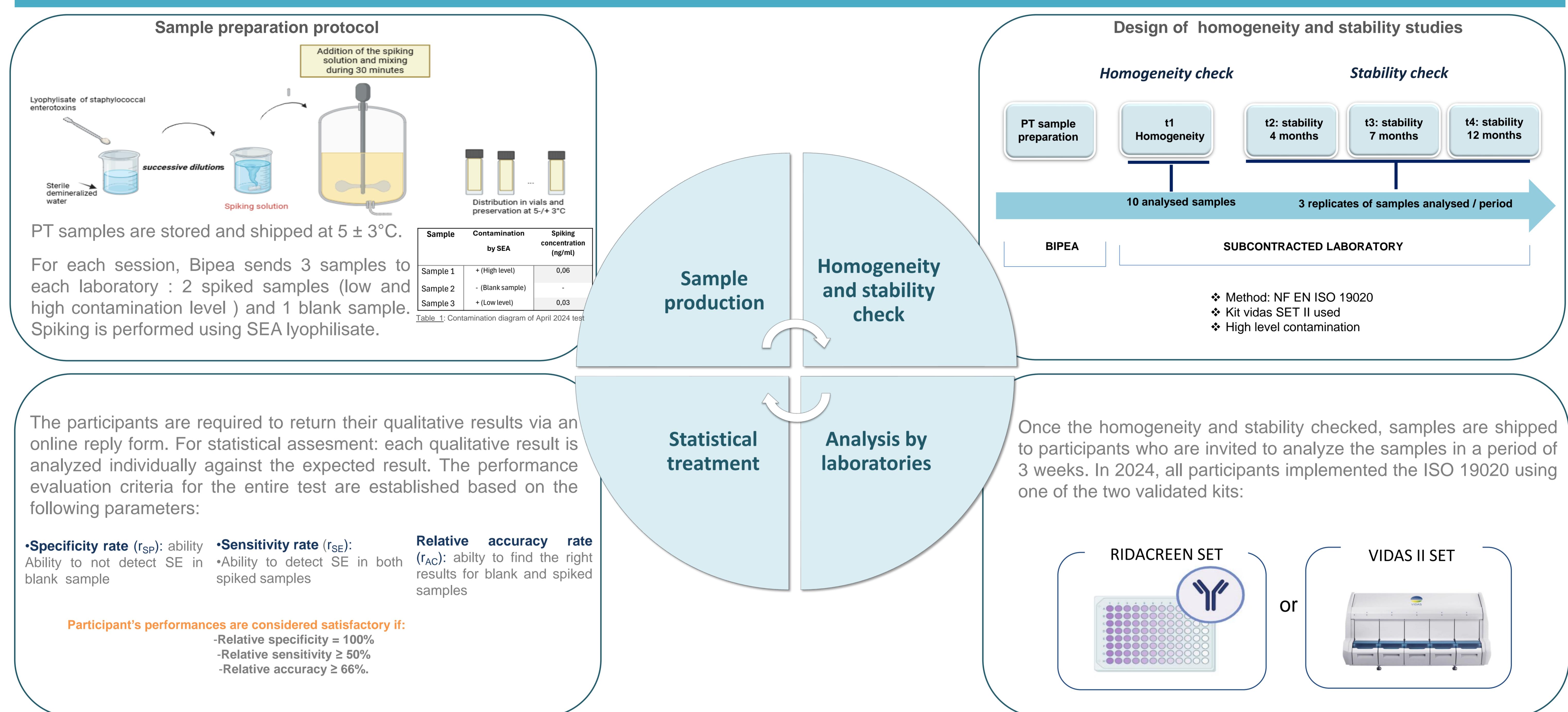
## INTRODUCTION

BIPEA is a European non-profit organization gathering more than 2900 member laboratories in the world throughout 130 countries. It offers more than 220 regular proficiency testing programs in various fields including microbiology.

Enterotoxins are toxic proteins produced by pathogenic bacteria such as *Staphylococcus aureus* and are responsible for foodborne illnesses that can cause severe gastrointestinal disorders. They are commonly found in products like milk and meat, which provide favorable conditions for the growth of *Staphylococcus aureus* and the production of its enterotoxins. Regulations set limits, require standard detection methods, and ensure the monitoring of sensitive foods.

However, because detecting these toxins remains a challenge, notably due to their low concentration levels in food, laboratories need to obtain recognition of their analytical procedures by customers and accreditation bodies according to the ISO 17025 standard [1]. To meet this demand, in 2021, BIPEA established an international Proficiency Testing Scheme (PTS) to evaluate laboratory performance in analyzing *Staphylococcal* enterotoxins (SE) in food. BIPEA is the only one PT organizer that propose a real food matrix spiked with SE concentrations comparable to those encountered in real-life. Thus, these samples have a big interest in accreditation procedure, training of analysts and method development and validation. This PT involves about 20 laboratories worldwide and is composed of two trials per year. The design is conducted in compliance with EN ISO 17043 [2], will be described, with a focus on the April 2024 trial. This process includes the preparation of spiked samples through to the statistical processing of participant results, following ISO 13528 [3].

## METHODOLOGY



## RESULTS and DISCUSSION

### HOMOGENEITY RESULTS

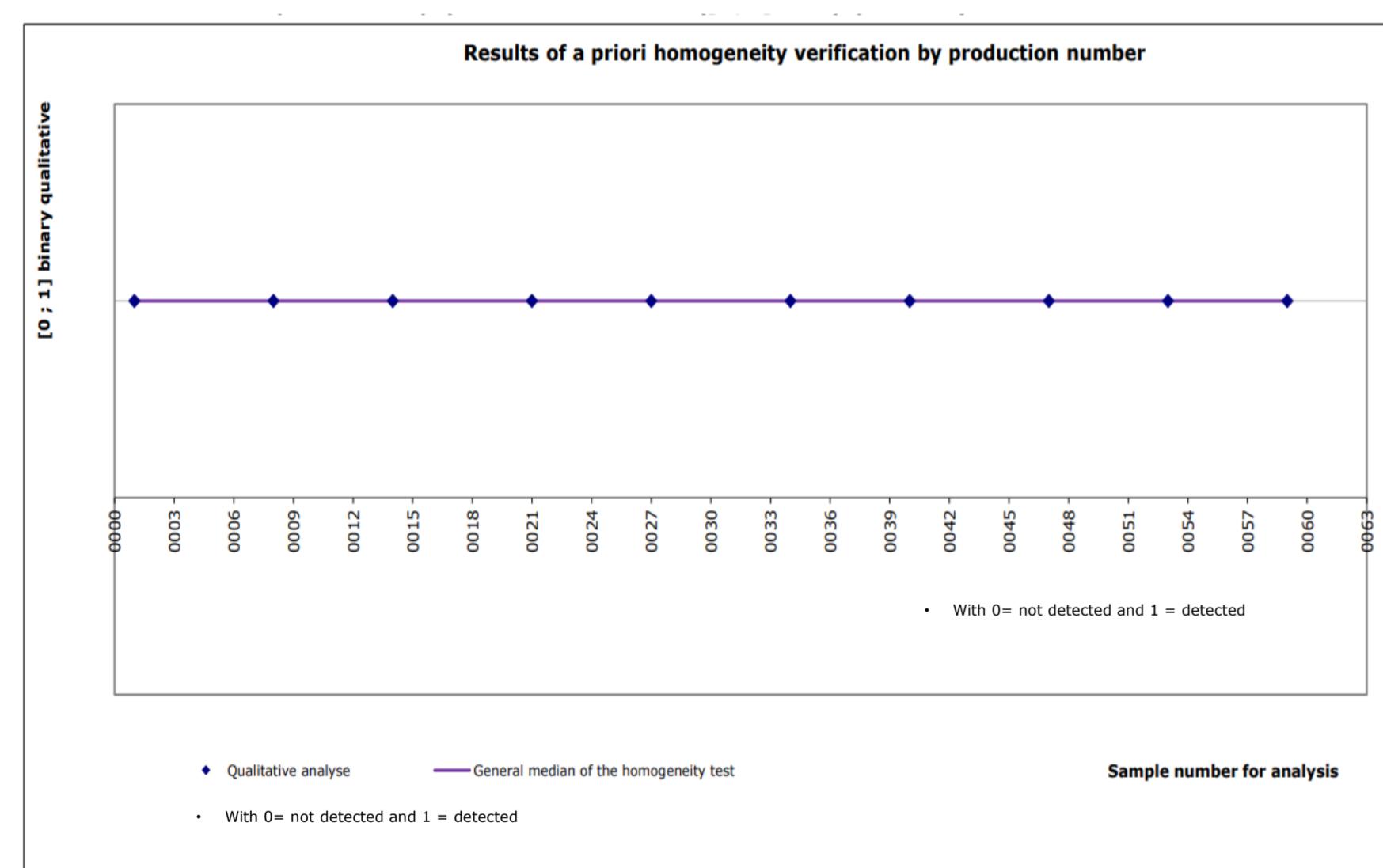


Figure 1: Homogeneity of April 2024 test samples for staphylococcal enterotoxin detection (0,1) binary qualitative)

All homogeneity samples were tested positive. This result confirms the homogeneity of the batch (sample 1).

Laboratory	Contamination			Specificity rate $r_{SP}$ (%)	Sensitivity rate $r_{SE}$ (%)	Relative Accuracy rate $r_{AC}$ (%)
	Blank	low level	high level			
1	not detected	detected	detected	100	100	100
2	not detected	detected	detected	100	100	100
3	not detected	detected	detected	100	100	100
4	not detected	detected	detected	100	100	100
5	not detected	detected	detected	100	100	100
6	not detected	detected	detected	100	100	100
7	not detected	detected	detected	100	100	100
8	not detected	detected	detected	100	100	100
9	not detected	detected	detected	100	100	100
10	not detected	detected	detected	100	100	100
11	not detected	detected	detected	100	100	100
12	not detected	detected	detected	100	100	100
13	not detected	detected	detected	100	100	100
14	not detected	detected	detected	100	100	100
15	not detected	detected	detected	100	100	100
16	not detected	not detected	detected	100	50	67
17	not detected	detected	detected	100	100	100
18	not detected	not detected	detected	100	50	67
19	not detected	detected	detected	100	100	100

Table 3: Overview results by laboratory of April 2024 test

### TEST RESULTS

The results of the Proficiency Test from April 2024, along with the evaluation of the 19 participating laboratories, are summarized in the table (left).

➤ The performance of the participating laboratories was generally satisfactory, particularly concerning relative specificity. No laboratory reported false-positive results for enterotoxin detection, indicating excellent reliability of the methods used to avoid false positives.

➤ Regarding relative sensitivity, the results of the laboratories were considered satisfactory, except for two laboratories that achieved relative sensitivity below 66% ( $r_{SE} < 66\%$ ). However, the false-negative results were observed on samples with low contamination levels.

➤ False-negative results remain a major concern for laboratories, particularly for low-contaminated samples.

➤ This issue is closely related to the detection limits of the methods used, which must be as low as possible to avoid missing contaminated batches.

A pie chart (right) also illustrates the distribution of methods used by laboratories during the test, highlighting the predominance of VIDAS SET II (75%) over RIDASCREEN (25%).

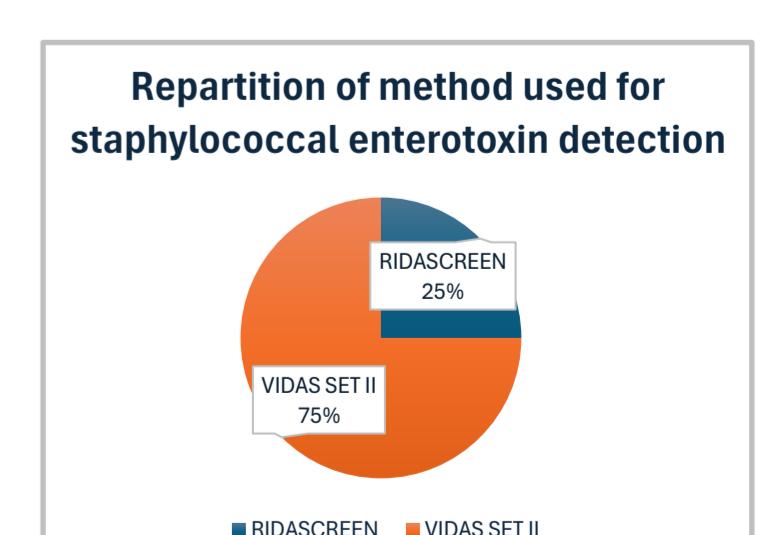


Figure 2: Pie chart of method used by laboratory for SE detection (April 2024 test)

## CONCLUSION

A PT program for detection of Staphylococcal Enterotoxins in milk, gathering about 20 laboratories around the world/year, was successfully implemented. These PT are interesting not only for laboratories, who can prove the reliability of their results to obtain recognition of their analytical performances by customers and accreditation bodies, but also to provide a vision of the potential and limits of the performed method. In the future, it would be valuable for laboratories participating in the test to provide more detailed qualitative results by specifying the types of Staphylococcal Enterotoxins (SEA to SEE) detected. Additionally, the inclusion of quantitative data, such as the concentration of enterotoxins in milk, could be proposed.

Impact of the stability study: SEA is very stable in milk matrix (> one year). Big batch could be prepared for several PTs. Such stability would also allow the production of External Reference Materials (ERMs), providing additional support for laboratories seeking to retest the sample.