infections.

Infections and the most common cause of nosocomial bloodstream infections. At present, CoNS includes 41 recognized taxa of which 21 types represent etiological agents in human diseases. CoNS are laboratory. Interest in CoNS is increasing because of their role as the commonly isolated organisms in the clinical microbiology laboratory during the study period. The organisms isolated and identified provisionally as CoNS (n=86) were identified further by using a standard protocol for identification. Presently, the genus of Staphylococcus consists of at least 40 species of gram-positive catalase-positive cocci, including in the recent time proposed S. microti. Ten of the particular species also contain subdivisions with subspecies designations. Along with the coagulase-negative Staphylococcus (CoNS), the subset, 18 species have been isolated from the clinical samples. Until recently, five species of CoNS have been frequently implicated in nosocomial infections. Clinical studies have indicated Staphylococcus epidermidis, Staphylococcus haemolyticus, Staphylococcus warneri and Staphylococcus hominis as the predominant prevalent CoNS in hospital infections. Staphylococcus are epidemic while they are mostly found living on the skin and mucous membranes of mammals. They may be found in the mouth, blood, mammary glands, intestine, genitourinary and upper respiratory tracts of the host. Staphylococcus generally have a kind or symbiotic relationship with their host; although, they may improve the lifestyle of a pathogen if they increase entry into the host tissue by or symbiotic relationship with their host; although, they may improve the lifestyle of a pathogen if they increase entry into the host tissue by

INTRODUCTION

Since 1980, almost late-onset or nosocomial infections in neonatal nurseries in industrialized countries were caused by Staphylococcus aureus and Gram-negative bacilli. For the back 20 years, whereas, Coagulase-negative Staphylococcus (CoNS) have predominated and been responsible for at least half of all late-onset infections. Presently, the genus of Staphylococcus consists of at least 40 species of gram-positive catalase-positive cocci, including in the recent time proposed S. microti. Ten of the particular species also contain subdivisions with subspecies designations. Along with the coagulase-negative Staphylococcus (CoNS), the subset, 18 species have been isolated from the clinical samples. Until recently, five species of CoNS have been frequently implicated in nosocomial infections. Clinical studies have indicated Staphylococcus epidermidis, Staphylococcus haemolyticus, Staphylococcus warneri and Staphylococcus hominis as the predominant prevalent CoNS in hospital infections. The resistance to antimicrobial agents through Staphylococcus is increasing in trouble. In India, Methicillin resistance in Coagulase-negative Staphylococcus (CoNS) differs from 22.5% to 64.8% and another antibiotic shows more resistance Methicillin resistance in Coagulase-negative Staphylococcus (CoNS). MATERIALS AND METHODS

This Descriptive cross-sectional study was carried out in the Department of Microbiology of National Institute of Medical Sciences (NIMS) University, Jaipur, District- Jaipur, Rajasthan, India for a period of nine months (Jan. 2019 to September 2019). A total number of 297 were found culture positive from all clinical specimens in the laboratory during the study period. The organisms isolated and identified provisionally as CoNS (n=86) were identified further by using a standard protocol for identification. The present study was carried out on total 86 Coagulate Negative Staphylococcus (CoNS) were isolated from 297 different clinical samples like Urine, Blood, Pus, Sputum, High Vaginal Swab and ET Secretion, etc. from all age's group and both sex attending OPD & IPD departments in hospital, during the study period. Isolation of different isolates was confirmed by various tests like Colony Characters, Morphology by Gram's stain and Biochemical tests like Catalase and Coagulate Test were done for isolation of Coagulate Negative Staphylococcus (CoNS). Antimicrobial susceptibility testing was performed by modified Kirby Bauer method as per the CLSI guidelines. Antibiotics tested were Amikacin (AK), Ciprofloxacin (CIP), Clindamycin (CD), Erythromycin (E), Gentamycin (GEN), Linezolid (LZ), Nitrofurantoin (NIT), Penicillin G(P), Vancomycin (VA), Ampicillin (AMP), Cefotaxime (CTX), Cefoxitin (CX), Norfloxacin (NX), Teicoplanin (TEI).

RESULTS

A total of 297 samples were isolated from the processed all clinical specimens. Out of them, 86 (28.95%) CoNS isolates were found to be clinically significant. See (Fig No. 1). The role of CoNS as a pathogen, especially nosocomial and opportunist is increasing. The antimicrobial susceptibility of CoNS is extremely eligible to permit a more precise determination of host-pathogen relationship and observation of pathogenicity.
collected, 86 (14.06%) samples were identified as Coagulase Negative Staphylococcus (CoNS), which is similar to other by Roopa et al., (2015) were out of the total number of 723 relevant clinical samples and, 112 (15.4%) samples detected growth of Coagulase Negative Staphylococcus (CoNS) on culture.

In the present study, the most common infection caused by CoNS was abscesses and wound infections (31.39%) followed by urinary tract infection (24.42%). The current study matches with Singhal et al (2006)17 and Shiv Kumar et al (2018)16 where reported 30.1% cases of abscesses and wound infection and 43.33% cases of urinary tract infections due to CoNS.

In our study Blood (11.62%), 15.12% from Sputum, 2.33% from HVS. In other studies like Shiv Kumar et al (2018)16 which study Blood (16.67%), 10% from Sputum, 8.33% from HVS. This difference may be due to a difference in the availability of samples.

In our Study, the Vancomycin was the most sensitive in all the isolates. A similar result was found by Roopa et al., (2015)17 where Vancomycin was 100% sensitive. Penicillin-G was the most Resistant Antibiotic in CoNS in our study; similar to Habeeb Khadri et al., (2010).18

CONCLUSIONS:
The role of CoNS as pathogen, particularly nosocomial and opportunistic pathogenic condition is increasing. Identification and antimicrobial susceptibility of CoNS are highly desirable to permit a more precise determination of host-pathogen relationship and knowledge of pathogenicity and give a primary treatment for Coagulase-negative Staphylococcus used antibiotic Clindamycin, Erythromycin and Amikacin more sensitive other than Vancomycin and Linezolid.

REFERENCES