

Antimicrobial resistance and strategies for Gram-negative bacteria

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Epidemiology of antimicrobial resistance

➤ Several bias

→ Selection of participating centres

(bedsize,, activity, types of patients, pathologies, length of stay,...)

→ Wide variations in study designs

(many surveillance programs sponsored by industry)

→ Variability/modification of definitions/criteria

→ Differences/changes over time of susceptibility testing methods and/or antibiotics tested (lack of standardisation)

➤ Many « Snapshot » studies, few longitudinal, continuous surveillance studies

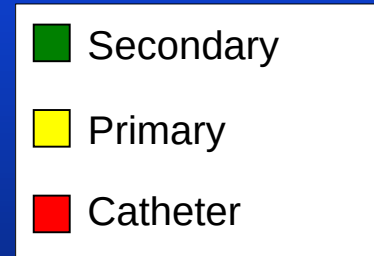
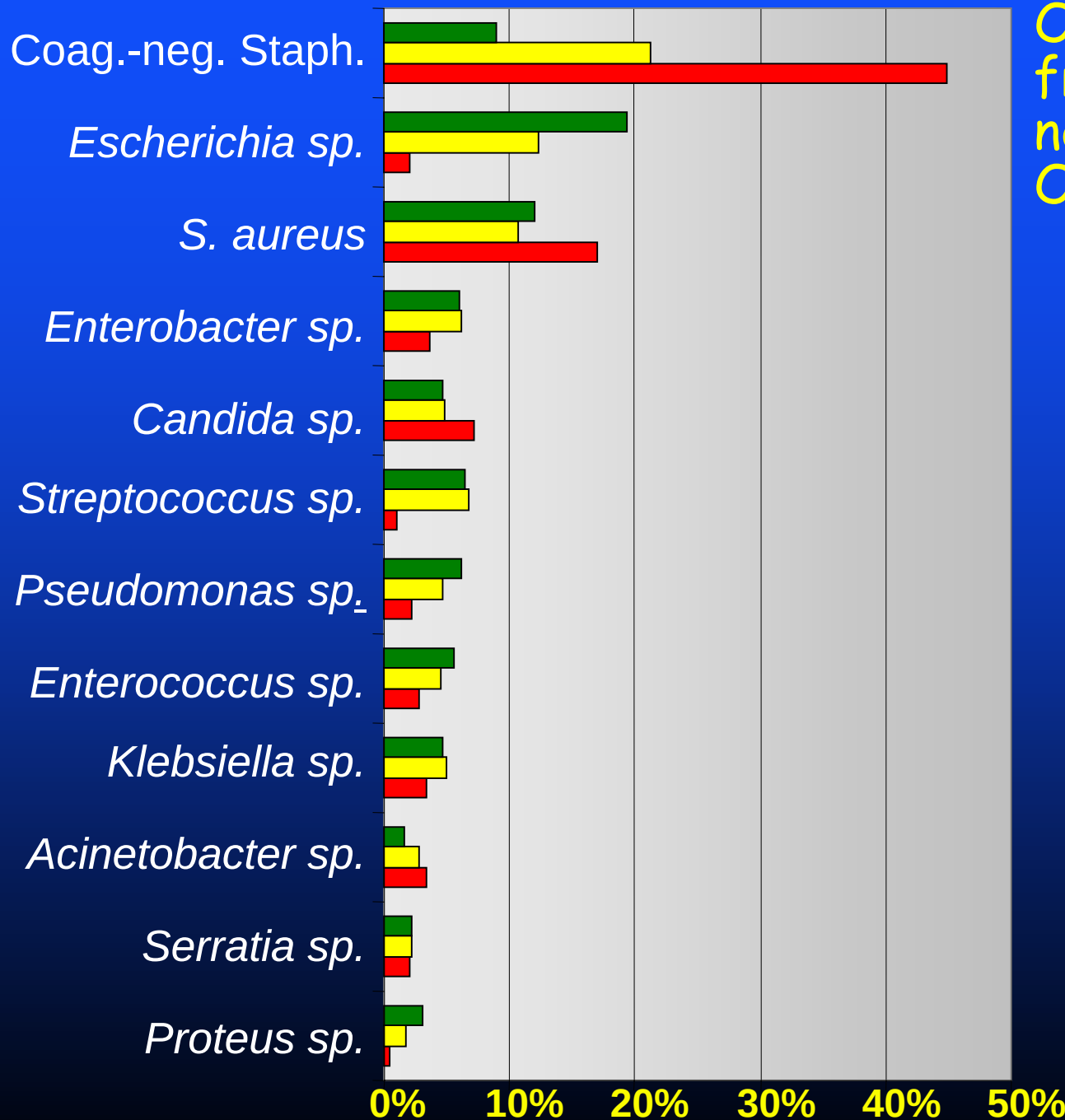
➤ Studies more frequently focused on selected populations (ICUs, Hematology,...) or on selected antibiotics

Surveillance studies on resistance among Gram-negative organisms

- Community-acquired and nosocomial pathogens
 - *Enterobacteriaceae*
 - *Pseudomonas aeruginosa*
- Data gathered from local, Belgian multicentric studies (1995-2004)
 - NPRS program (1995-2001): ICU only (15-25 centres)
 - MYSTIC program (1998-2004); ICU, hematology, CF, general wards (8 centres)
 - EARSS (2001-2003); invasive *E. coli* infections, hospitalwide (27 centres)
 - Others

Escherichia coli

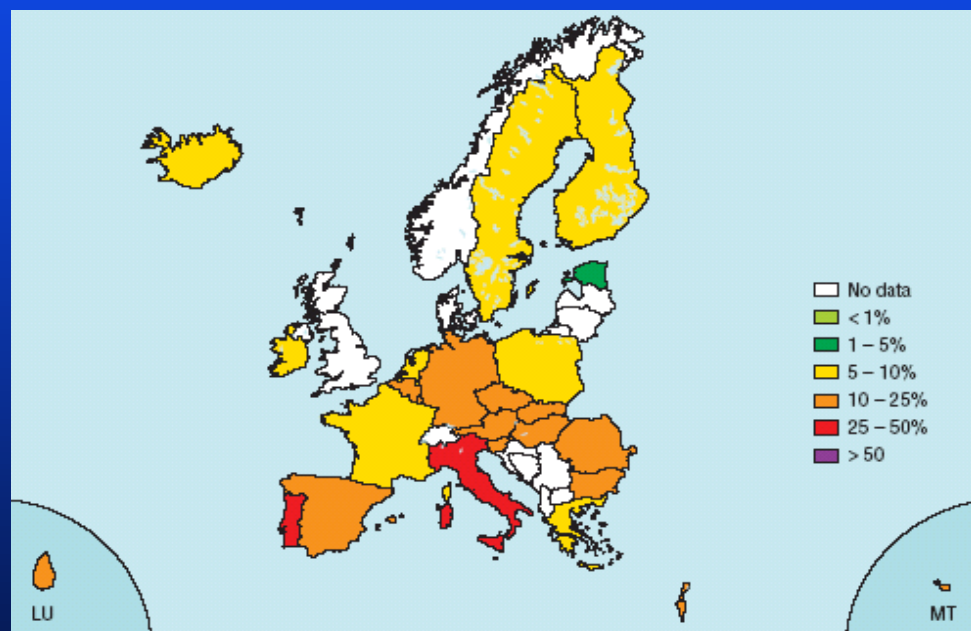
Organisms most frequently isolated in nosocomial bacteremia Oct 1992-Juin 2001



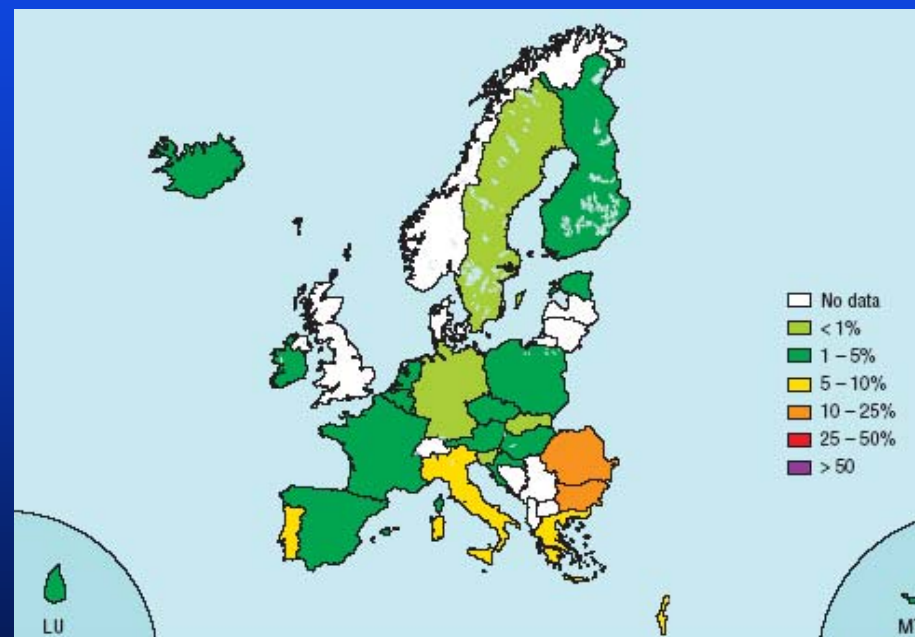


Antimicrobial resistance of *Escherichia coli* invasive isolates from blood

EARSS report- 2003



FQ-resistance

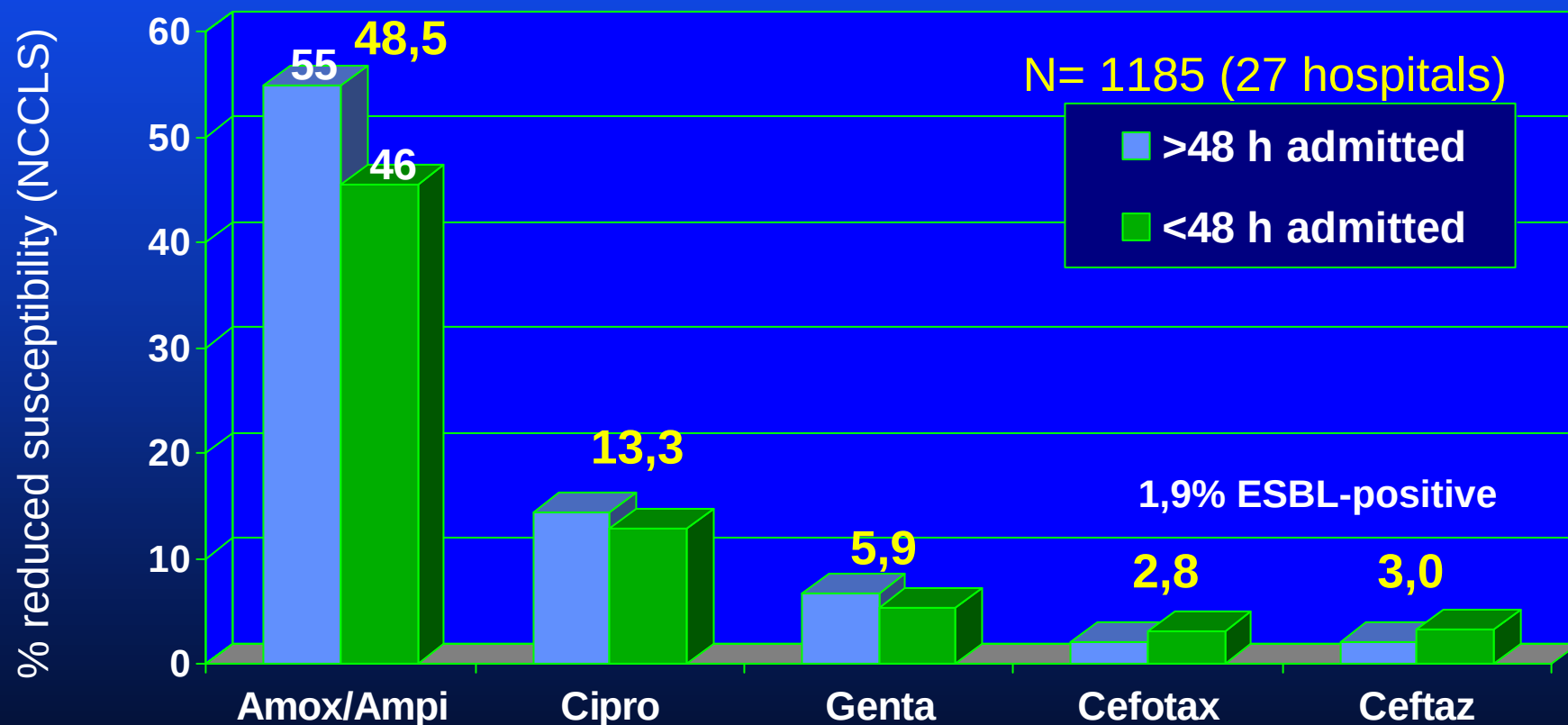


C3 G-resistance



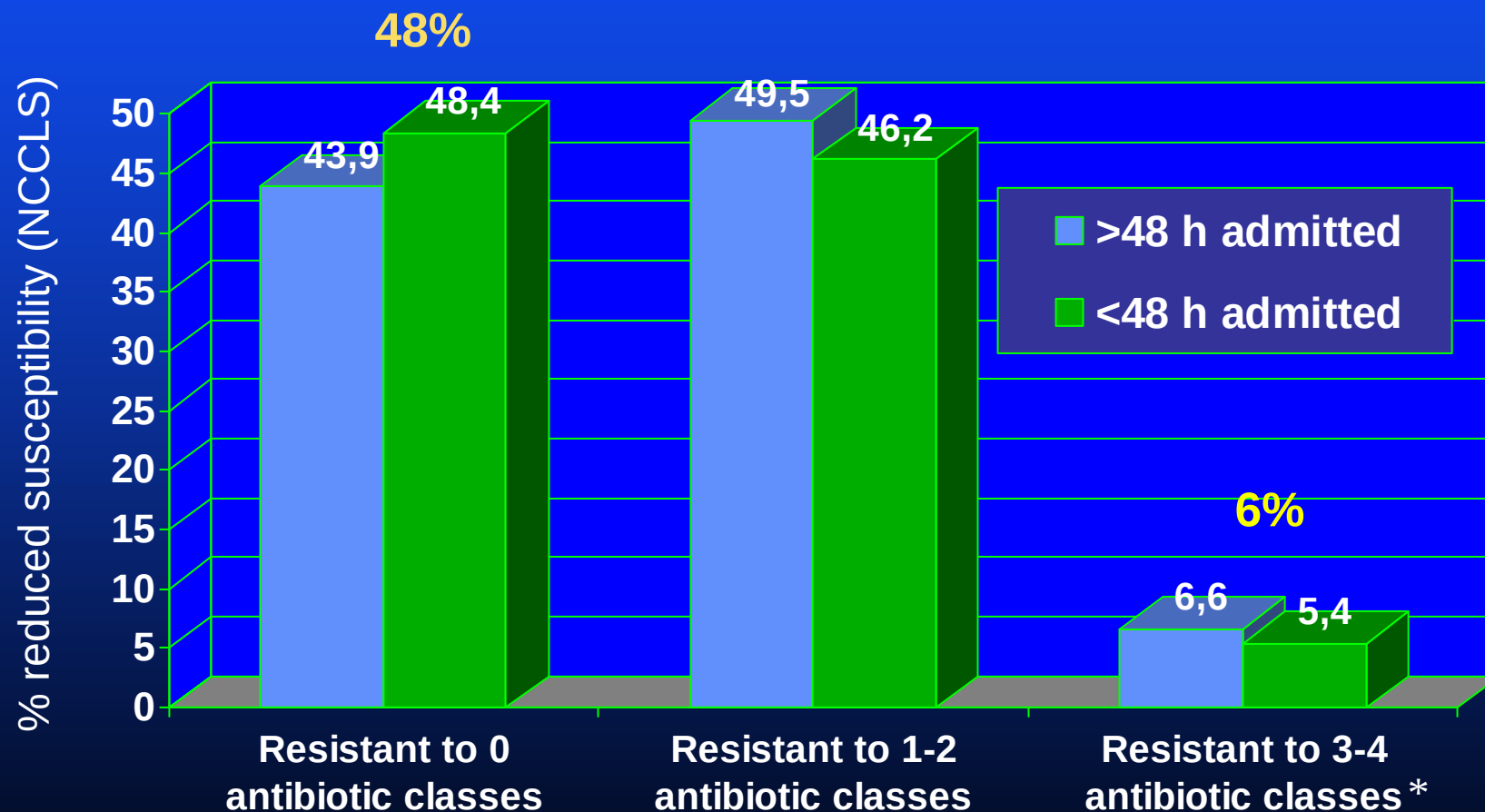
Antimicrobial susceptibility in invasive *E. coli* isolates from bloodstream infections

(Belgium 2002 – EARSS Report)



P < 0.005

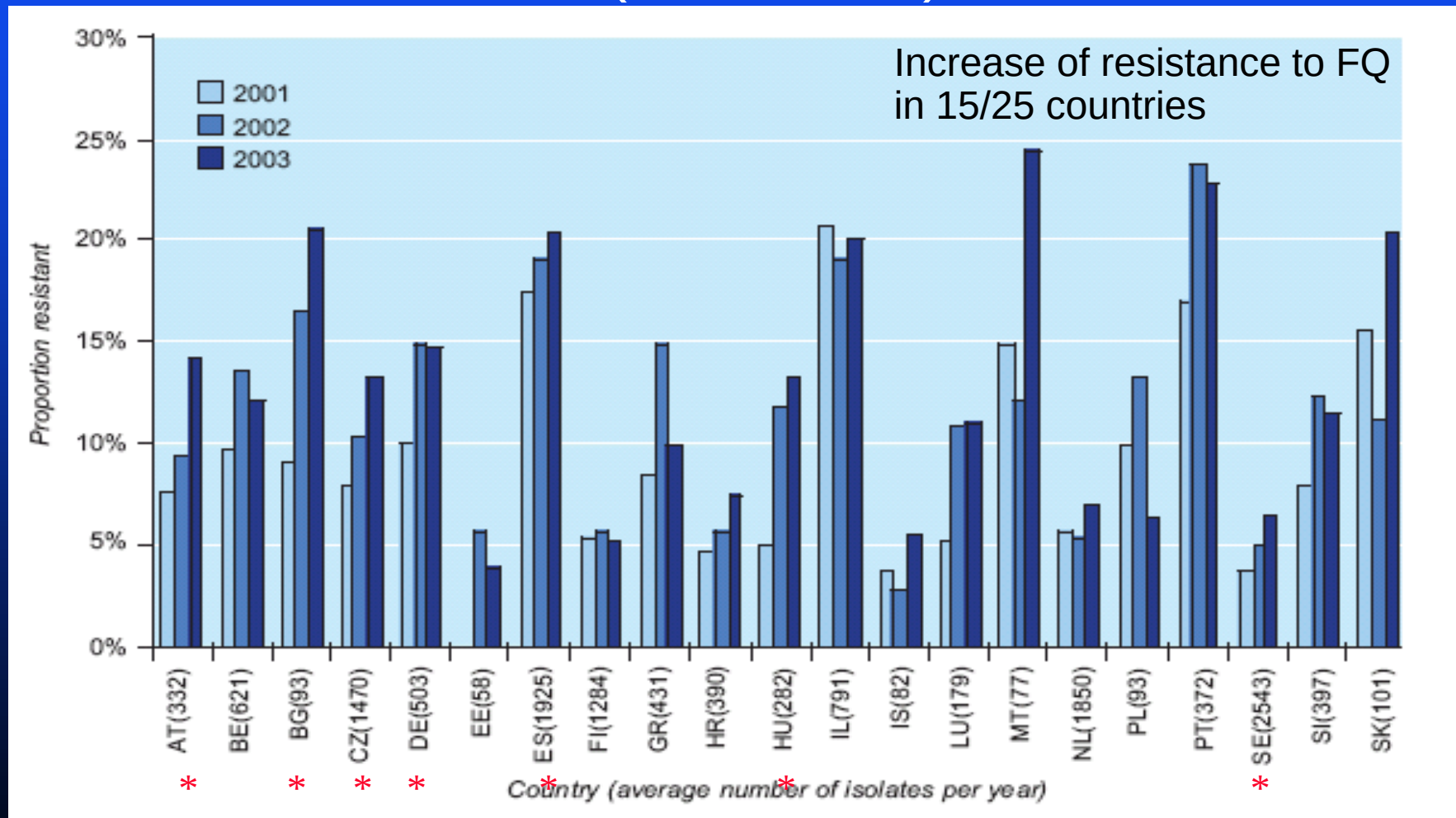
Multidrug resistance in *E. coli* blood or CSF isolates according to EARSS protocol (Belgium 2002)



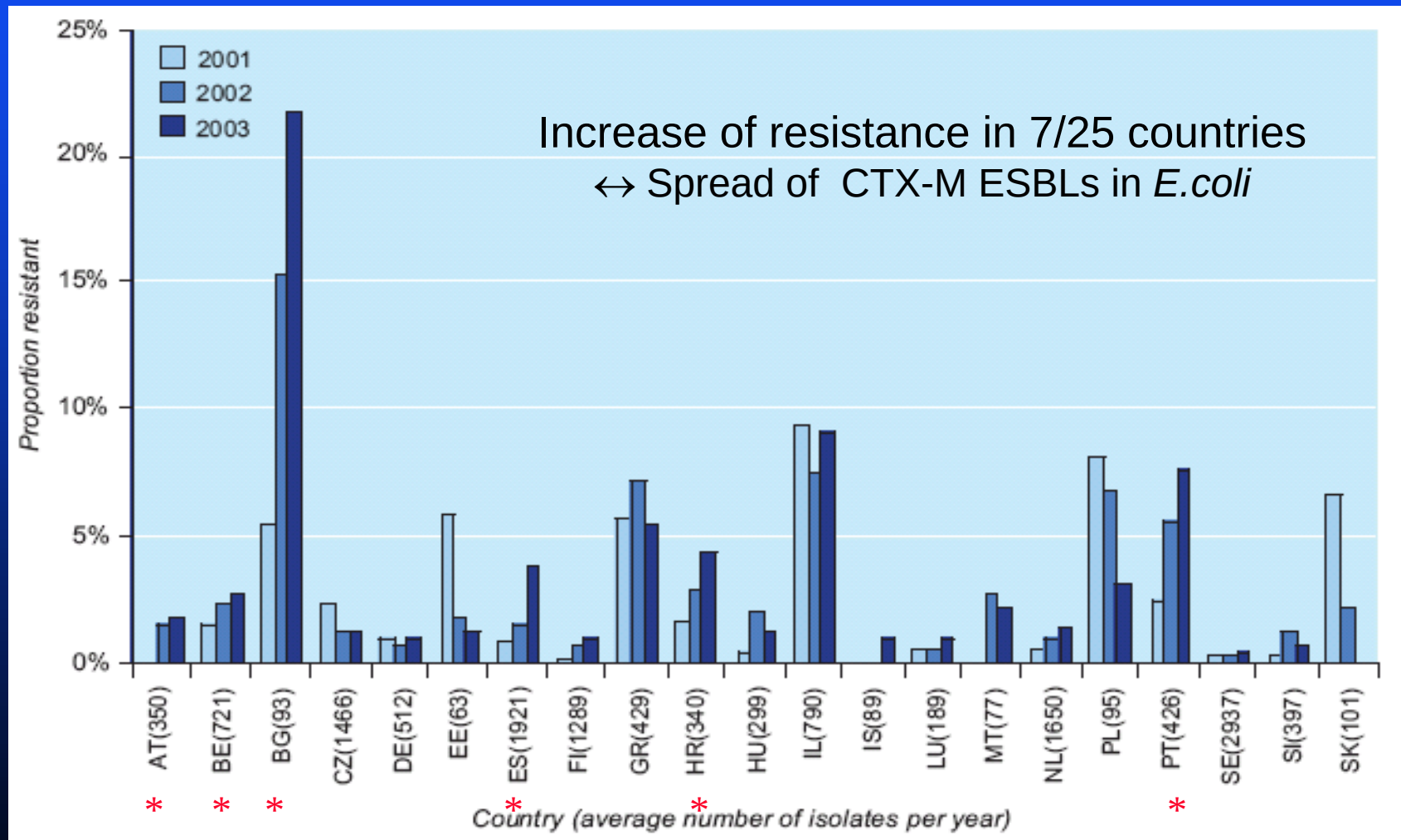
*aminopenicillins, C3G, aminoglycosides, quinolones



E.coli invasive isolates resistant to fluoroquinolones (2001-2003)



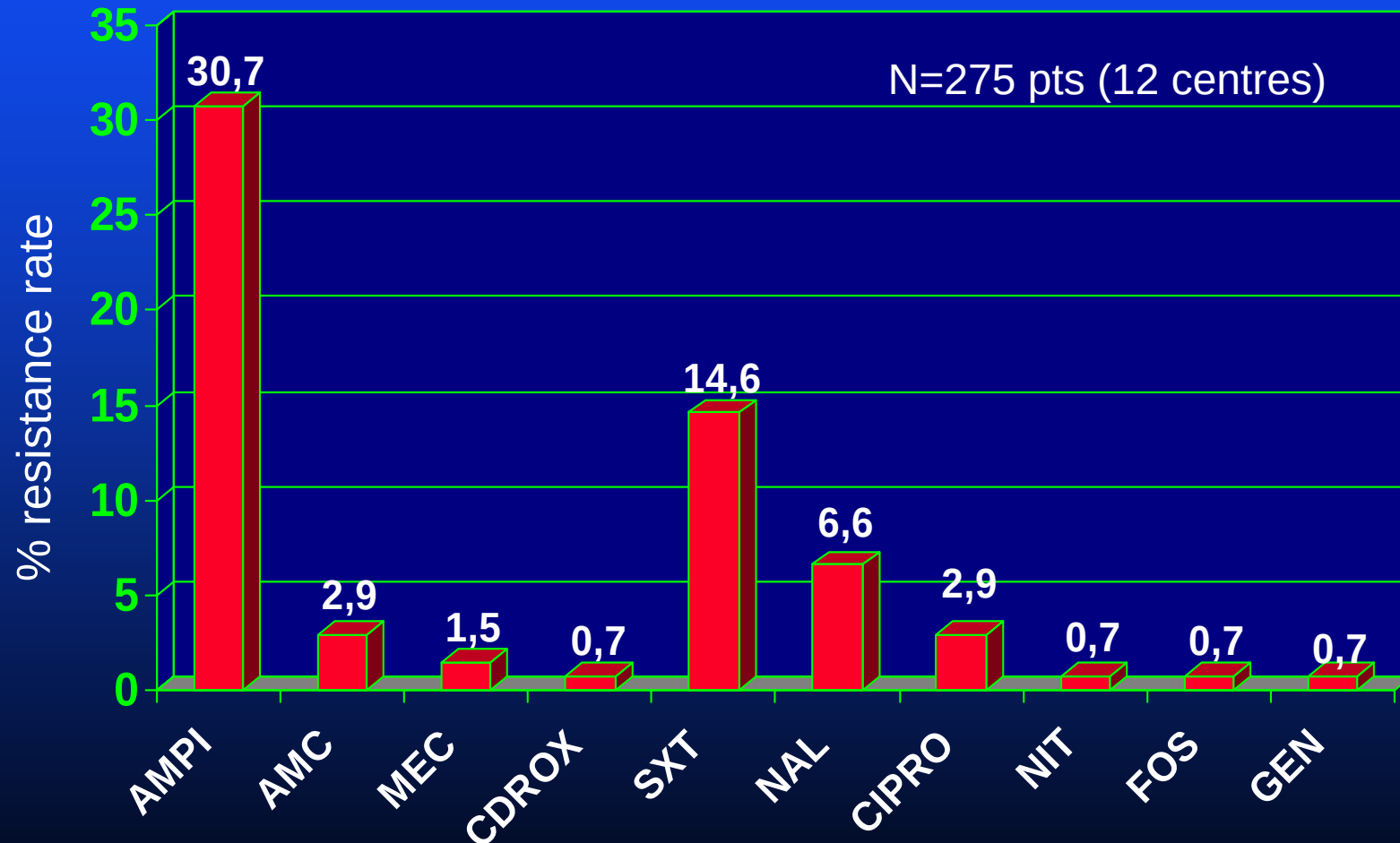
Escherichia coli invasive isolates resistant to 3rd gen. cephalosporins (2001-2003)





Antimicrobial susceptibility of *E. coli* from outpatients with uncomplicated UTI

-The ECO-SENS Project (1999-2000)-

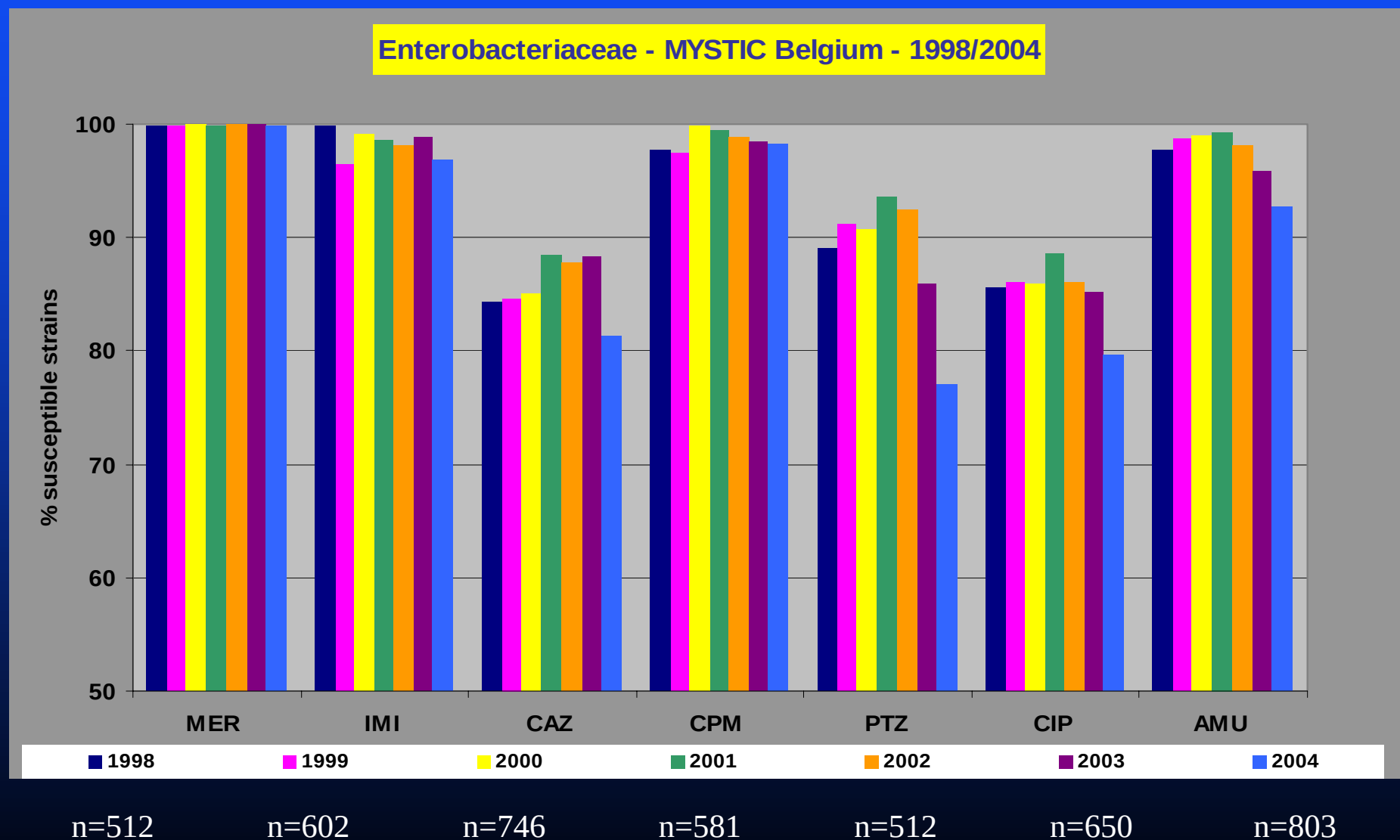


Enterobacteriaceae

Gram- Negative pathogens isolated from Belgian (8) ICUs from 1997-2000

<i>Pseudomonas aeruginosa</i>	383 (21,6%)
<i>Escherichia coli</i>	343 (19,4%)
<i>Enterobacter cloacae</i>	165 (9,3%)
<i>Enterobacter aerogenes</i>	137 (7,7%)
<i>Proteus mirabilis</i>	132 (7,5%)
<i>Klebsiella pneumoniae</i>	123 (6,9%)
<i>Serratia marcescens</i>	103 (5,8%)
<i>Klebsiella oxytoca</i>	88 (5,0%)
<i>Acinetobacter baumannii</i>	32 (1,8%)
Other	265 (15,0%)

Activity vs Enterobacteriaceae



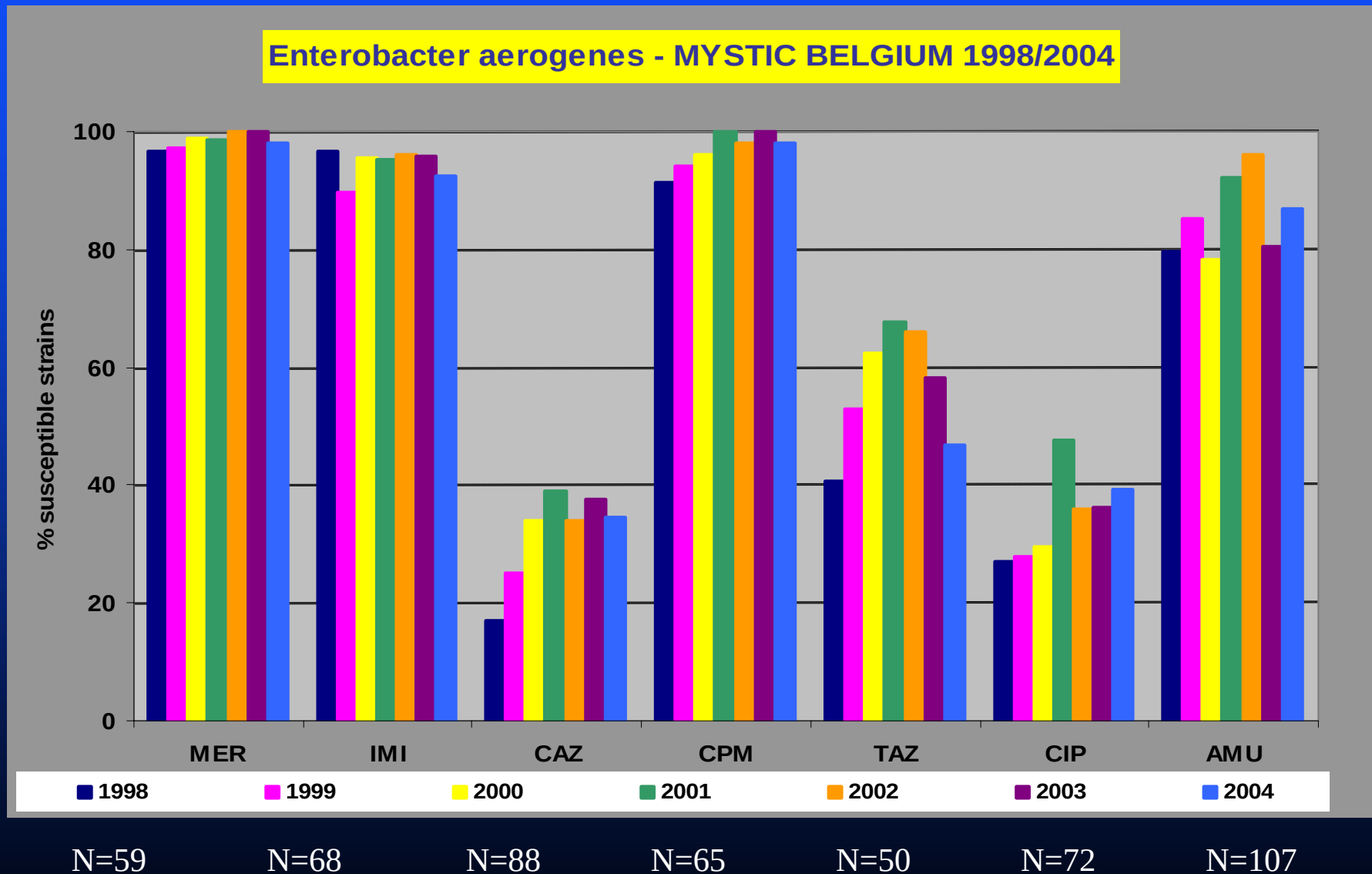
Trends in Antimicrobial Spectrum and Potency for Enterobacteriaceae

Year	n	MIC ₉₀ (% susceptibility)			
		Agent			
		MEM	IMP	CAZ	CEP
1998	512	0.064 (99.8)	1 (98.8)	32 (84.4)	1 (97.7)
1999	602	0.125 (99.8)	2 (96.5)	32 (84.6)	2 (97.5)
2000	746	0.064 (100)	1 (99.1)	32 (85.1)	1 (99.8)
2001	581	0.064 (99.8)	1 (98.6)	16 (88.5)	0.5 (99.5)
2002	512	0.032 (100)	1 (98.1)	32 (87.7)	0.5 (98.8)
2003	650	0.064 (100)	1 (98.8)	16 (88.3)	1 (98.4)
2004	803	0.125 (99.8)	2 (96.8)	128 (81.3)	2 (98.3)

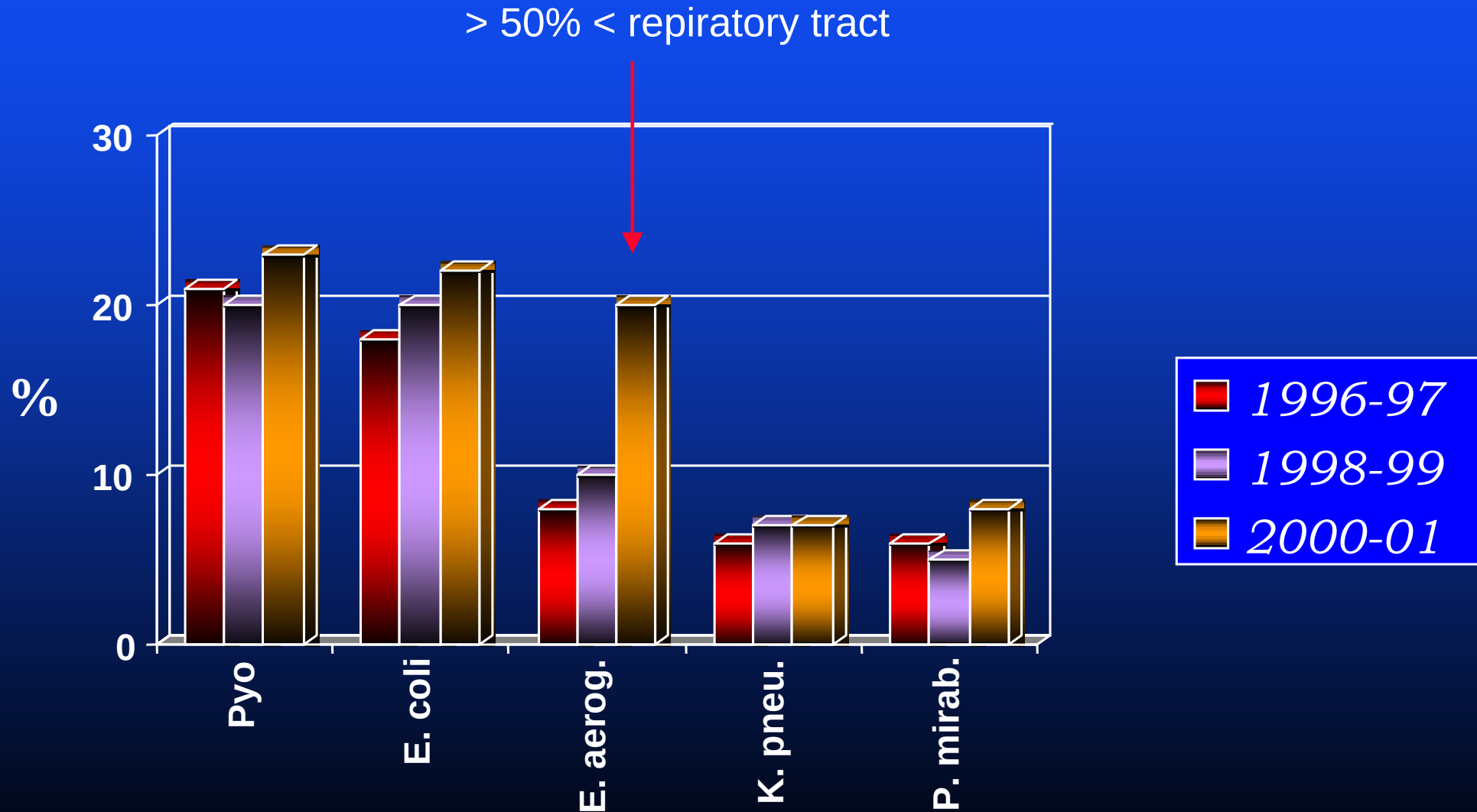
Trends in Antimicrobial Spectrum and Potency for Enterobacteriaceae

Year	n	MIC ₉₀ (% susceptibility)		
		TAZ	Agent AMI	CIP
1998	512	32 (89.1)	8 (97.7)	8 (85.6)
1999	602	16 (91.2)	4 (98.7)	4 (86.1)
2000	746	16 (90.8)	4 (99.0)	8 (85.9)
2001	581	16 (93.6)	4 (99.3)	2 (88.6)
2002	512	16 (92.4)	4 (98.1)	8 (86.1)
2003	650	32 (85.9)	8 (95.9)	8 (85.2)
2004	803	128 (77.1)	16 (92.8)	32 (79.6)

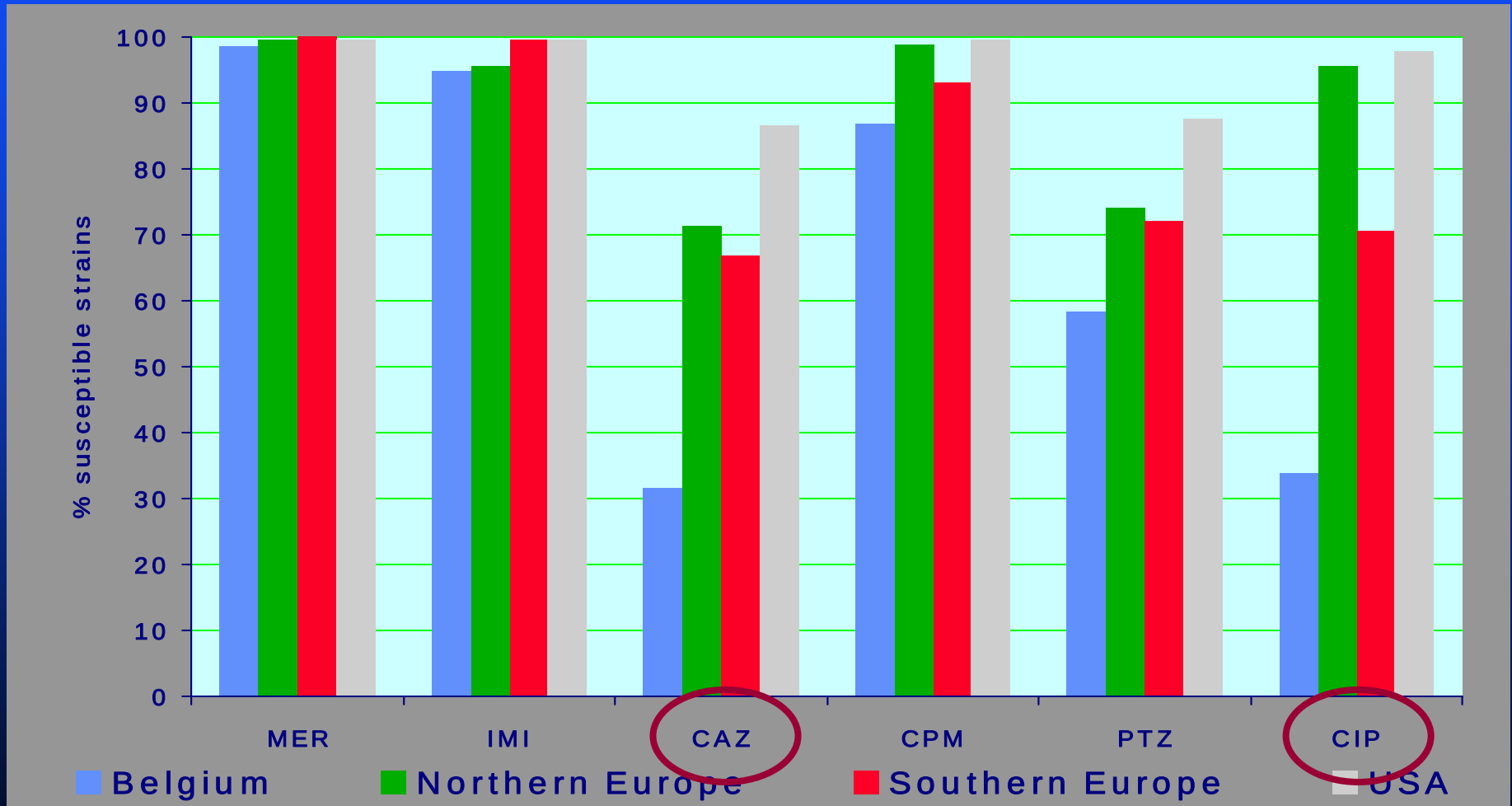
Trends over Time in Susceptibility of *Enterobacter aerogenes* to several antimicrobial agents



Distribution of nosocomial Gram-negative bacteria isolated from ICU patients



Trends in Antimicrobial Spectrum and Potency for *E. aerogenes* (up to 2003)



NE : Germany, UK, Finland, Sweden SE : Italy, Spain, Portugal, Greece, Malta

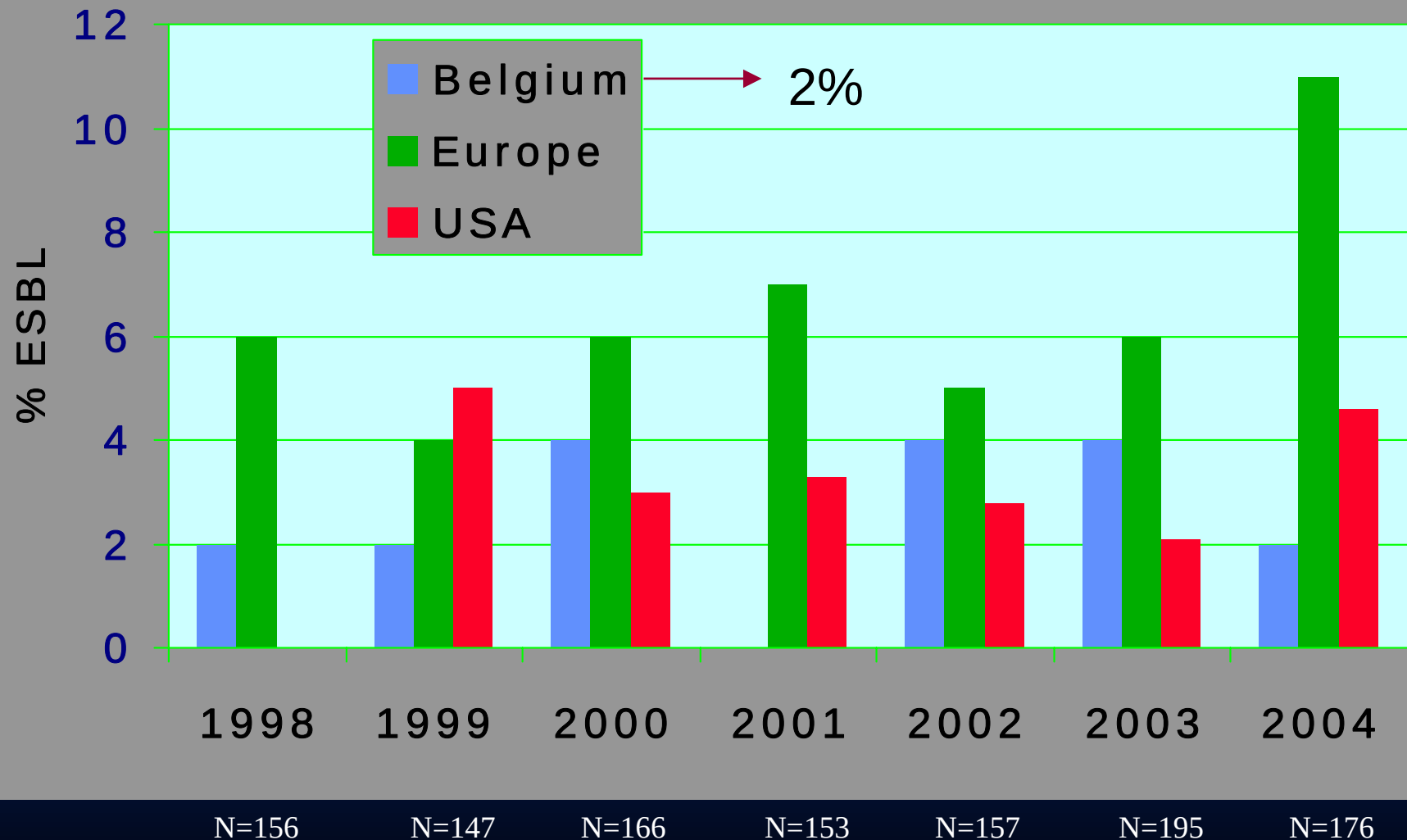
Extended-Spectrum β -Lactamases (ESBL)

- TEM and SHV mutants (+ other emerging ESBLs; eg. CTX-M)
- Initially reported in *K. pneumoniae*, than spread to other *Enterobacteriaceae* species
- Plasmid-mediated
- Worldwide prevalent, especially in the ICU
- Risk factor for selection: ceftazidime
- Resistant to cephalosporins, aztreonam, piperacillin
- Therapeutic options :
 - carbapenems
 - others ? (cefepime, inhibitor combinations)

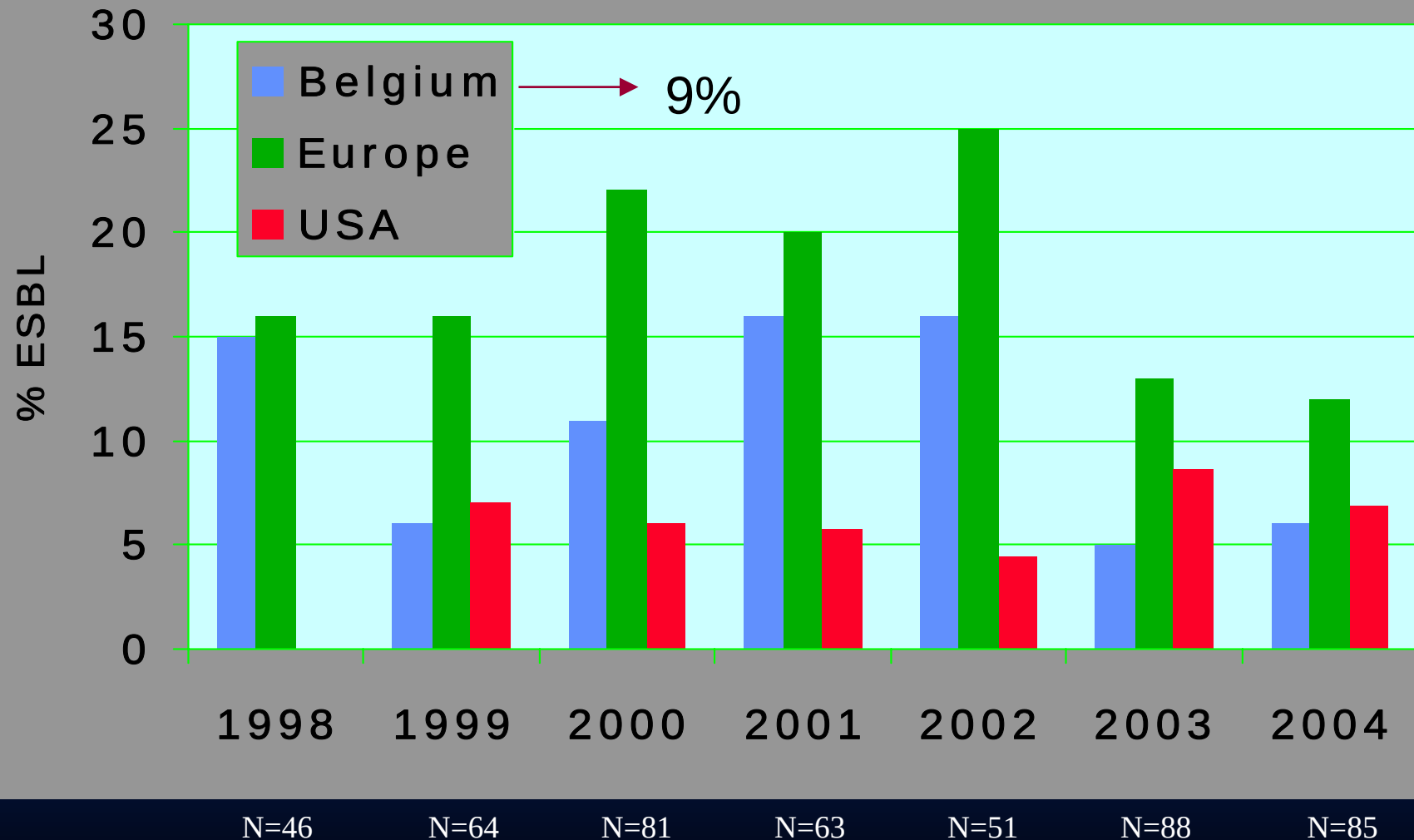
Prevalence of ESBL Producing *Enterobacteriaceae* in Europe

Country	% ESBL					
	1997	1998	1999	2000	2001	2002
Russia	24	34	42	47	22	30
Poland	37	23	21	40	33	37
Turkey	-	-	23	40	21	26
Czech Republic	5	8	8	6	14	10
Italy	40	10	15	9	11	7
UK	5	7	22	7	6	11
Germany	2	3	1	5	2	3
Belgium	-	6	5	8	5	8

Trends in the Occurrence of ESBL Phenotype Strains of *E.coli*



Trends in the Occurrence of ESBL Phenotype Strains of *K.pneumoniae*



Activity of Meropenem and Comparator Agents against ESBL-and AmpC-producing Strains in Europe

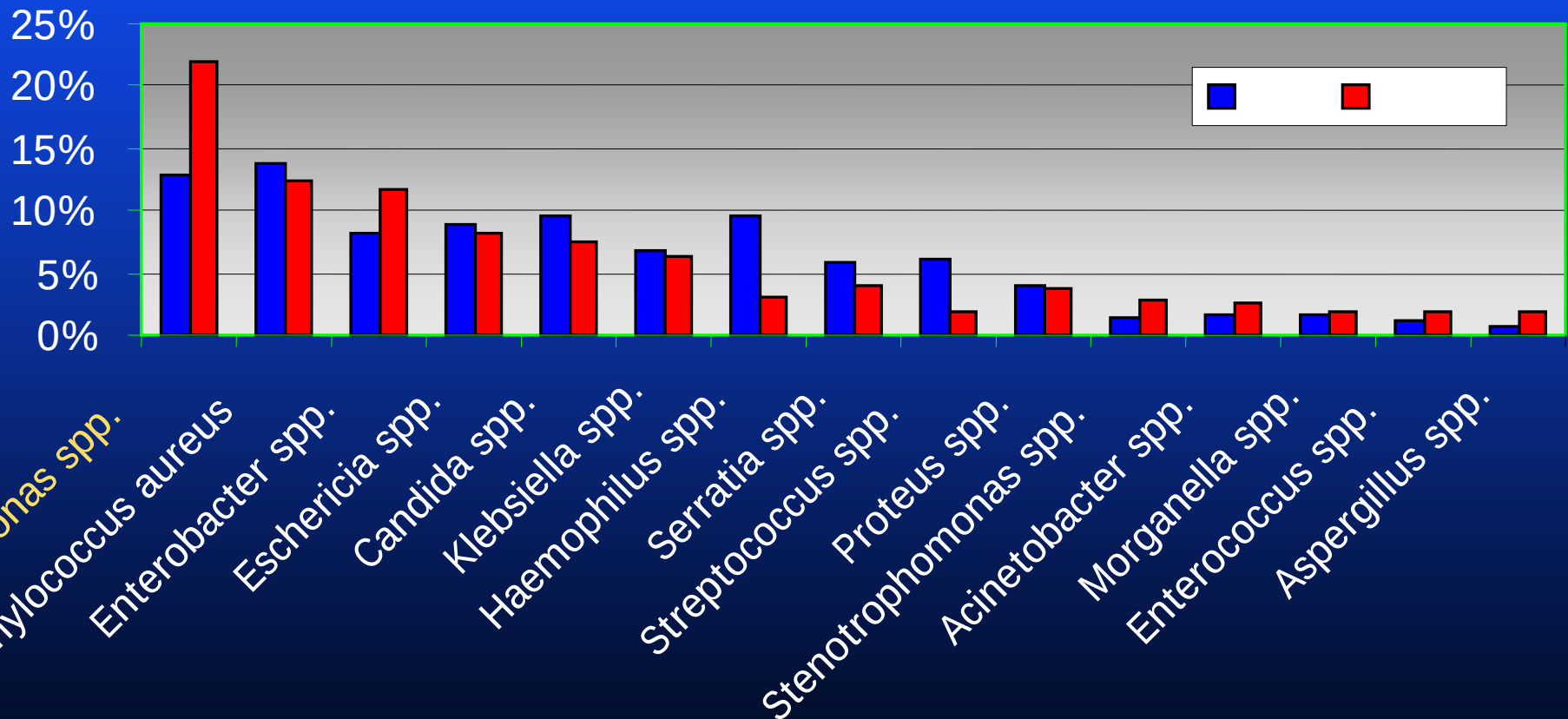
Organism	No. ESBL-or AmpC-producing strains/ no. isolates tested (%)	MEM MIC ₉₀ (%S) ^a	IMP MIC ₉₀ (%S)	TAZ MIC ₉₀ (%S)	CIP MIC ₉₀ (%S)	GM MIC ₉₀ (%S)
<u>ESBL producers:</u>						
<i>E. coli</i>	338/5487 (6.2)	0.125 (100)	0.5 (99.4)	128 (69.5)	64 (37.6)	>128 (53.4)
<i>K. pneumoniae</i>	382/3004 (12.7)	0.125 (99.7)	0.5 (99.5)	>128 (48.8)	32 (63.7)	>128 (33.9)
<u>AmpC-producers:</u>						
<i>C. freundii</i>	107/414 (25.8)	0.25 (100)	2 (100)	>128 (27.4)	16 (74.8)	32 (84.3)
<i>E. cloacae</i>	557/2056 (27.1)	0.5 (98.7)	2 (98.7)	>128 (14.6)	16 (79.4)	128 (75.1)
<i>S. marcescens</i>	107/1011 (10.6)	1 (99.1)	4 (94.3)	>128 (33.0)	32 (54.2)	>128 (53.0)

MEM=meropenem; IMP=imipenem; CAZ=ceftazidime; TAZ=piperacillin+tazobactam; CIP=ciprofloxacin;
GM=gentamicin

^aSusceptibility criteria of the NCCLS 2002

Pseudomonas aeruginosa

Most frequently isolated micro-organisms in early and late nosocomial pneumonia 1997-2002 (n=5119)



Antimicrobial susceptibility of *P. aeruginosa* isolates in Belgian hospitals

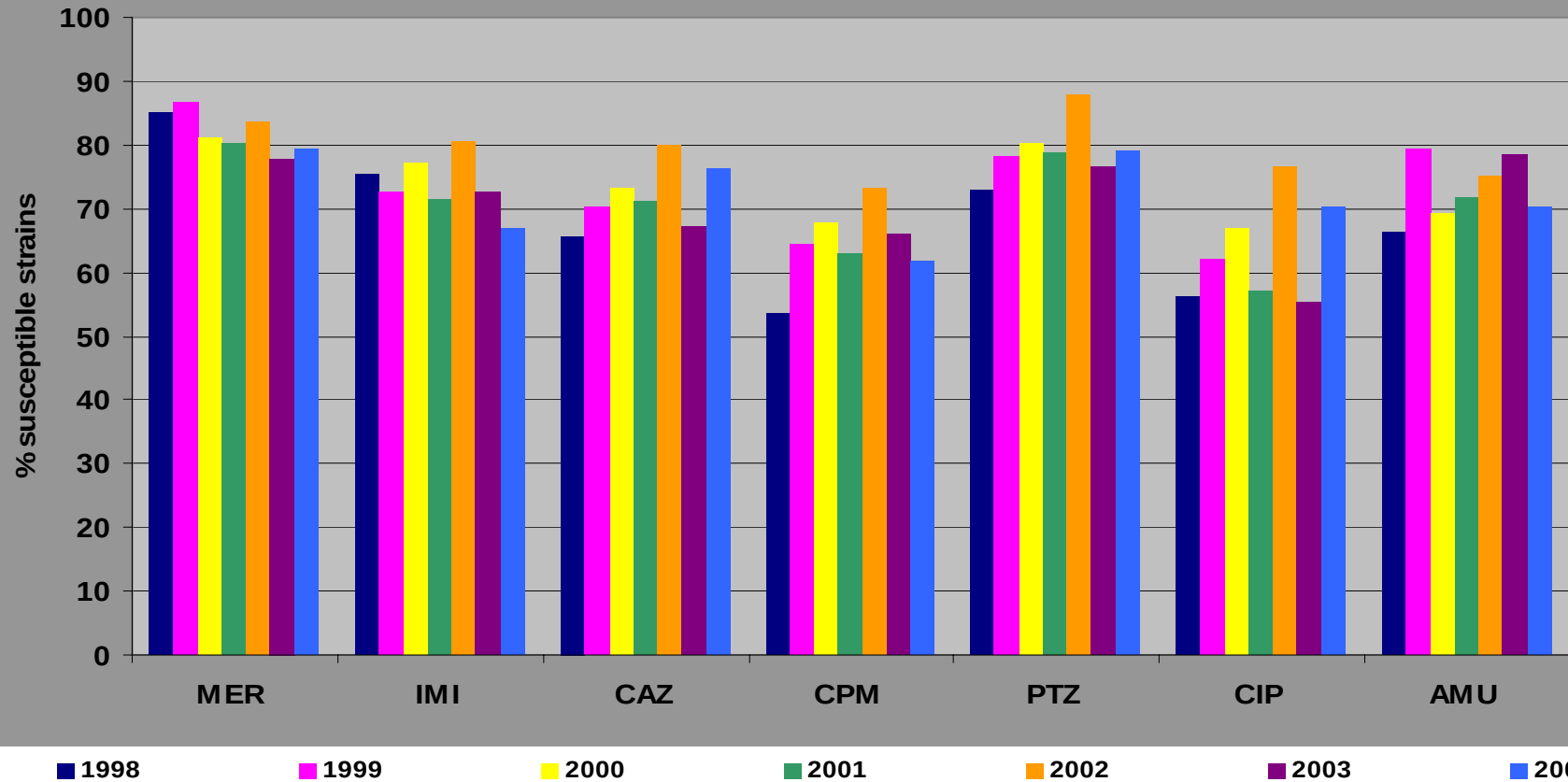
Table 1. Results of susceptibility testing

	Susceptible ^a	Intermediate ^a	Resistant ^a	MIC ₅₀ (mg/L)	MIC ₉₀ (mg/L)
Gentamicin	67	9.5	23.5	4	256
Tobramycin	79.5	1	19.5	1	128
Amikacin	85	4.5	10.5	8	64
Isepamicin	81	7	12	8	64
Ofloxacin	49.75	12.5	37.75	4	128
Levofloxacin	61.5	11	27.5	2	64
Ciprofloxacin	71	5	24	0.5	32
Piperacillin	76	–	24	16	>256
Piperacillin/tazobactam	83	–	17.5	16	256
Ticarcillin/clavulanic acid	63	–	37	64	256
Aztreonam	17.75	26.75	55.5	32	256
Ceftazidime	59	12.5	28.5	8	64
Cefepime	50.5	20	29.5	8	64
Meropenem	81.5	9	9.5	2	8

^aPercentage of all isolates.

Activity vs *Pseudomonas aeruginosa*

Pseudomonas aeruginosa - MYSTIC Belgium - 1998/2004



n=263

n=211

n=233

n=264

n=214

n=204

n=242

Trends in Antimicrobial Spectrum and Potency for *Pseudomonas aeruginosa*

Year	n	MIC ₉₀ (% susceptibility)			
		Agent			
		MEM	IMP	CAZ	CEP
1998	263	32 (85.2)	64 (75.3)	128 (65.8)	128 (53.6)
1999	211	8 (86.7)	32 (72.5)	64 (70.1)	64 (64.5)
2000	233	32 (81.1)	64 (77.3)	64 (73.4)	64 (67.8)
2001	264	16 (80.3)	64 (71.5)	128 (71.2)	64 (62.9)
2002	214	8 (83.6)	32 (80.4)	64 (79.9)	32 (73.4)
2003	217	32 (76.5)	64 (71.0)	128 (65.9)	64 (64.2)
2004	242	64 (79.3)	64 (66.9)	64 (76.4)	64 (76.4)

Trends in Antimicrobial Spectrum and Potency for *Pseudomonas aeruginosa*

Year	n	MIC ₉₀ (% susceptibility)		
		TAZ	Agent AMI	CIP
1998	263	>128 (73.0)	128 (66.2)	64 (56.3)
1999	211	>128 (78.2)	64 (79.2)	16 (61.9)
2000	233	>128 (80.3)	128 (69.2)	64 (67.0)
2001	264	>128 (78.8)	128 (71.6)	64 (57.2)
2002	214	128 (87.9)	64 (75.2)	16 (76.6)
2003	217	>128 (76.5)	64 (76.8)	64 (55.8)
2004	242	>128 (78.9)	>128 (71.2)	32 (70.2)

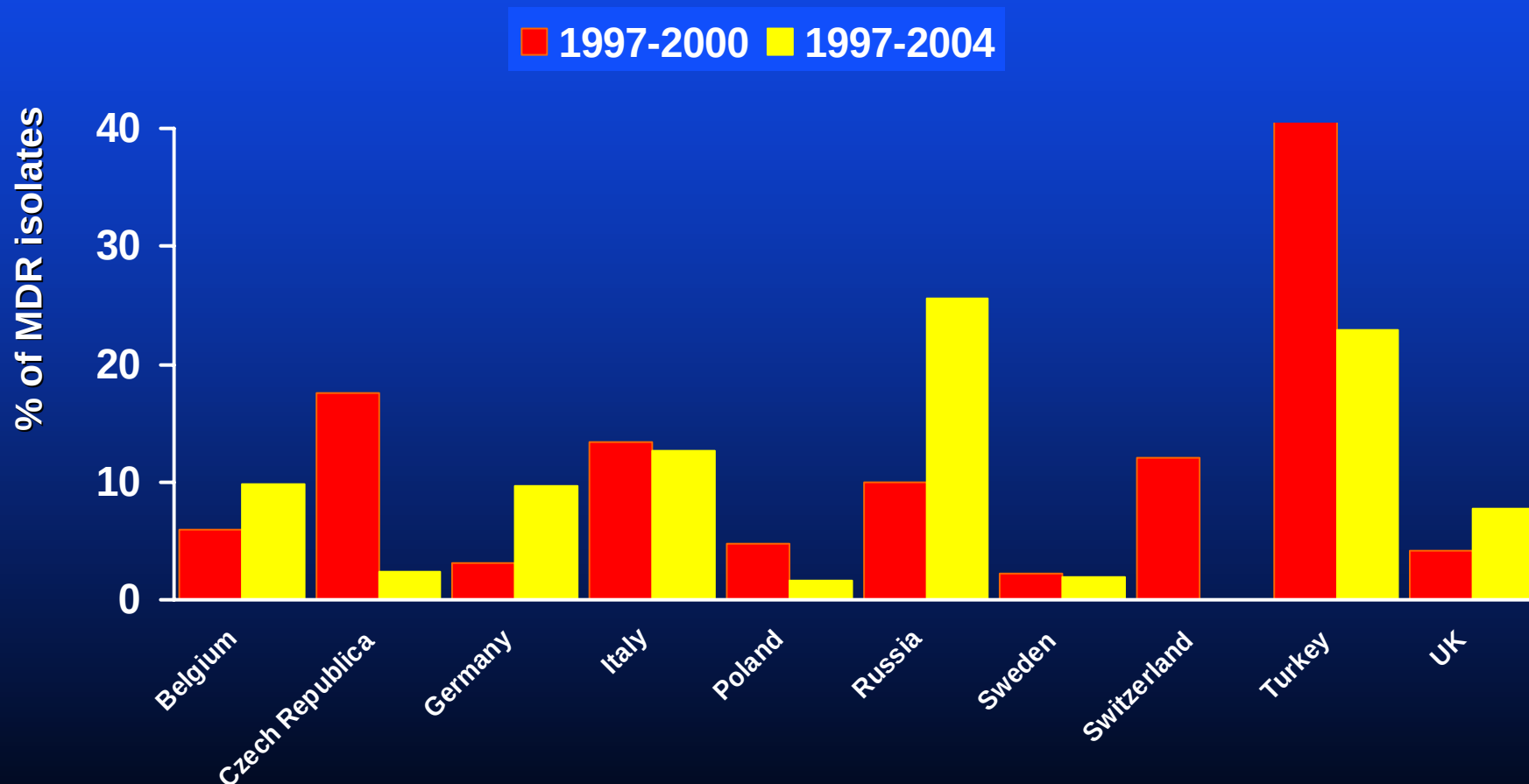
Multi Drug Resistant Isolates of *Pseudomonas aeruginosa* 1997 - 2004

Country	N° Centers	N° of isolates (%)	
		<i>Ps.aeruginosa</i>	MDR
Belgium	8	1613	157 (9.8)
Czech Republic	1	164	39 (2.4)
Germany	7	1799	172 (9.6)
Italy	3	1111	252 (22.7)
Poland	1	178	3 (1.7)
Russia	1	160	41 (25.6)
Sweden	4	267	5 (1.9)
Turkey	9	1280	383 (29.9)
UK	5	1056	82 (7.8)

Total MDR : 12.2% (2000) → 14.8% (2004) $P = 0.002$

Prevalence of MDR Isolates of *Ps. aeruginosa* by Country

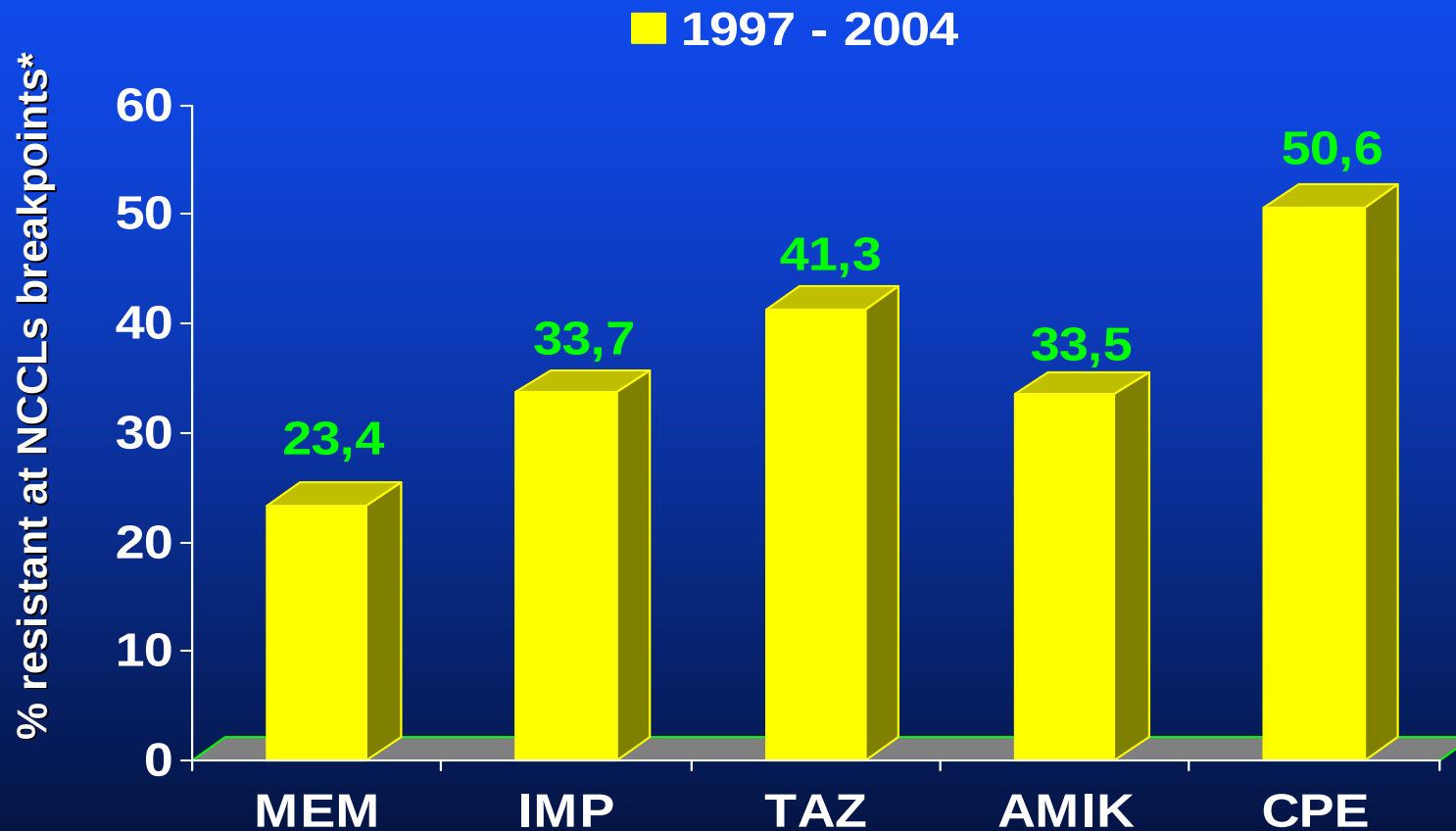
R to cefta (MIC $\geq$ 32 μ g/ml); R to genta (MIC $\geq$ 16 μ g/ml); R to cipro (MIC $\geq$ 4 μ g/ml)



Total MDR : 12.2% (2000) $\rightarrow$ 14.8% (2004) $P = 0.002$

MYSTIC Programme Europe

Percentage Resistance of MDR *Pseudomonas aeruginosa*



*MEM / IPM = 16 mg/L
TAZ = 128 mg/L

AMK = 64 mg/L
CPE = 32 mg/L

MYSTIC Programme Europe

Conclusions

by Organism and Antibiotic Class in Belgium

- Possible increase in resistance of *E. coli* to fluoroquinolones, and co-resistance to several classes of antimicrobials
- The occurrence of ESBL-producing *E. coli* and *K. pneumoniae* seems stable and is significantly lower in Belgium comparing to the rest of Europe
- Higher incidence resistance in *E. aerogenes* in Belgium compared to other European countries and USA isolates (spread of ESBL-producing clones)

Conclusions

by Organisms and Antibiotic Class in Belgium

- Carbapenems retain activity against most ESBL-and AmpC-producing pathogens
 - In general, carbapenems exhibit higher potency than other antibiotic agents against all Gram-negative organisms tested
 - There is a clear tendency towards decreased susceptibility of *P. aeruginosa* for different antibiotics
 - Pip/tazo and meropenem remain the most active agents against *P. aeruginosa*
- **Global trends towards higher rates of resistance and multi-resistant strains both in community-acquired and nosocomial pathogens**