

EV0395
ePoster Viewing
Susceptibility testing methods

Killing of *Enterobacter cloacae* (Ecl), *E. coli* (Ec) and *Klebsiella pneumoniae* (Kp) by pulmonary drug concentration of ciprofloxacin dry powder for inhalation (Cdpi)

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Background: Ciprofloxacin has broad spectrum activity against Gram-negative bacilli and Cdpi delivers high pulmonary drug concentrations of 35->409 µg/ml. Bacterial eradication impacts symptom resolution and clinical cure. We determined the rate and extent of killing Ecl, Ec and Kp clinical strains by the Cdpi pulmonary drug concentration over a range of bacterial densities (10⁶-10⁹ colony forming units/millilitre [cfu/ml]).

Material/methods: MIC and MPC values were measured for ciprofloxacin against clinical strains of Ecl, Ec and Kp. MIC testing used 10⁵ cfu/ml in appropriate media with doubling drug dilutions with incubation under optimal conditions (temperature and atmosphere) and MPC testing utilized 10¹⁰ CFUs on agar media containing drug in doubling dilutions with incubation under ideal conditions. The lowest drug concentration blocking growth was the MIC or MPC, depending on method. For kill measurements 10⁶-10⁹ cfu/ml were exposed to pulmonary drug concentrations and the percent kill (log₁₀ reduction) in viable cells measured at 30 minutes, 1, 2, 3, 4, 6, 12 and 24 hours.

Results: 3 strains each were used and all measurements were in triplicate resulting in 9 independent measurements per time point; results were averaged. For the Ecl 10⁶-10⁹ cfu/ml, 63-77% (0.46-0.65 log₁₀) were killed by 1 hr of drug exposure and this increased to 65-95% kill (0.5-1.3 log₁₀) by 6 hr and 98-99% (0.63-5.9 log₁₀) kill by 12-24 hr. For EC 10⁶-10⁹ cfu/ml, 75-81% (0.7-0.8 log₁₀) by 1 hr, 75-95% kill (0.7-2.4 log₁₀) by 6 hr and 75-100% kill (0.66-6.4 log₁₀) by 12-24 hr. For Kp (10⁶-10⁹ cfu/ml) 77-92% kill (0.64-1.28 log₁₀) by 1 hr, 84-99% kill (0.82-2.75 log₁₀) by 6 hr and 84-100% kill (0.85-7.49 log₁₀) by 12-24 hr.

Conclusions: Cdpi was rapidly bactericidal against Ecl, Ec and Kp strains over low to high density bacterial burdens –burdens likely present during infection. Such findings are likely important for use of this formulation.