



**EUCAST**

EUROPEAN COMMITTEE  
ON ANTIMICROBIAL  
SUSCEPTIBILITY TESTING

European Society of Clinical Microbiology and Infectious Diseases

# **Challenging bugs for AST: e.g. *H. influenzae***

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**EUCAST Development Laboratory (EDL)**

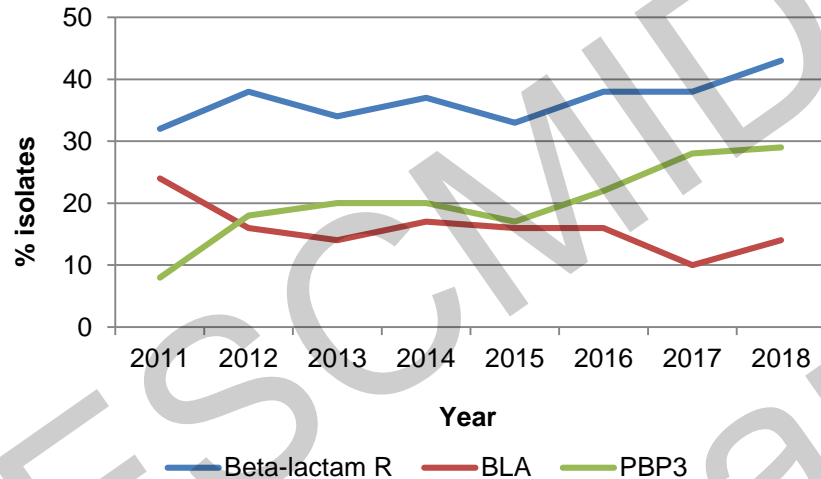
**Växjö, Sweden**

# *H. influenzae* and antimicrobial resistance

- Beta-lactam resistance
  - Beta-lactamase production
    - TEM and ROB
  - PBP3 mutations
    - Groups I, II, III, III-like, III+, III+-like
- Non-beta lactam resistance
  - Fluoroquinolones
  - Tetracyclines
  - Trimethoprim-sulfamethoxazole

# Prevalence of PBP3 mutations

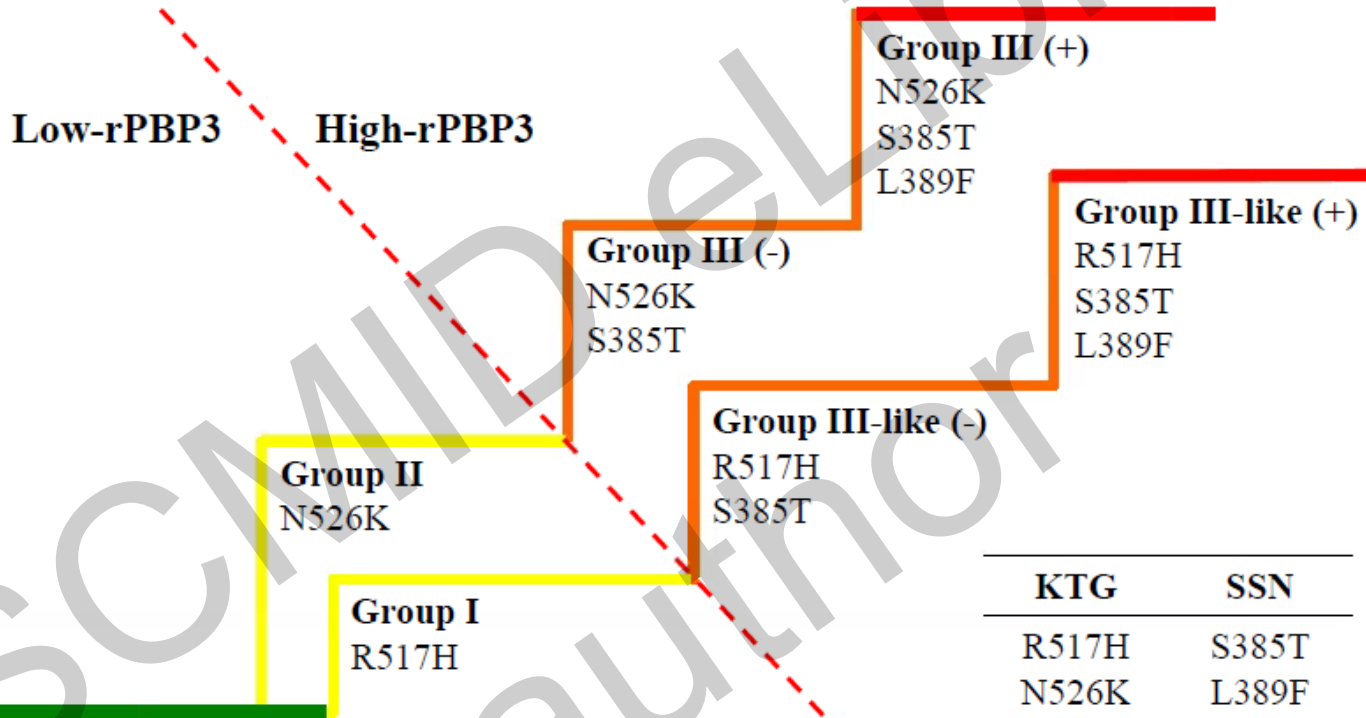
Beta-lactam resistance in *H. influenzae* in Kronoberg county, Sweden 2011-2018



Beta-lactam resistance in *H. influenzae* in European laboratories 2017 (small-scale multi-lab study)

Country	No of isolates	PCG R (%)	BLA (%)	PBP3 (%)
All	304	40	13	27
Denmark	25	20	4	16
Estonia	25	40	12	28
Finland	25	40	8	32
France	25	48	0	48
Germany	25	40	16	24
Iceland	25	44	16	28
Ireland	25	60	28	32
Norway	25	32	12	20
Spain	25	48	20	28
Sweden 1	27	36	19	17
Sweden 2	27	48	11	37
UK	25	32	8	24

# *H. influenzae* and PBP3 mutations

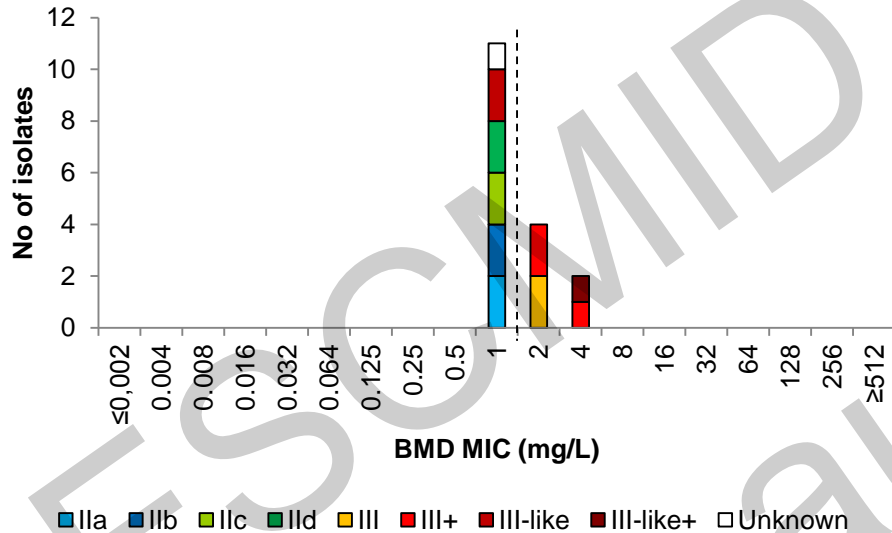


Compiled by Dagfinn Skaare in thesis "Non-beta-lactamase-mediated beta-lactam resistance in *Haemophilus influenzae*. Mechanisms, epidemiology and susceptibility testing."

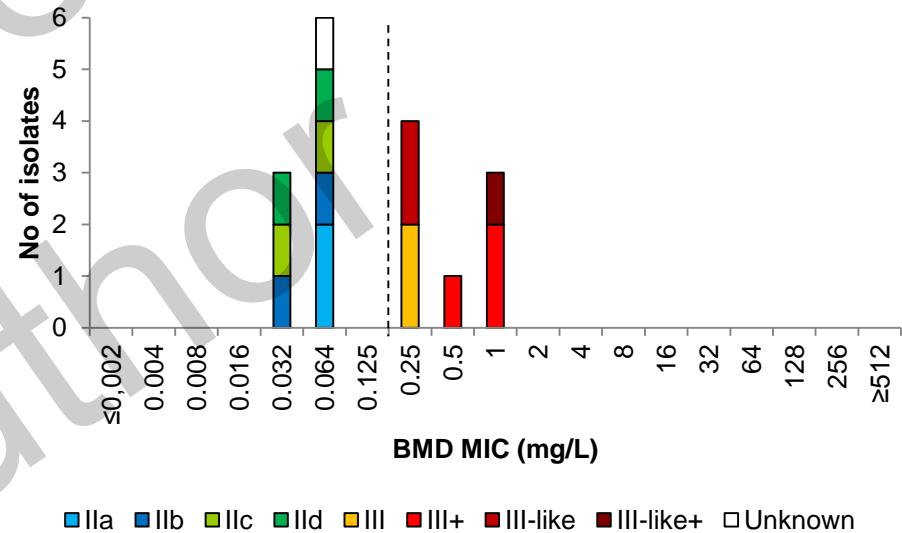
# PBP3 mutations and beta-lactam resistance

17 *H. influenzae* – all with PBP3 mutations  
EUCAST breakpoints are shown as dotted lines

## Ampicillin



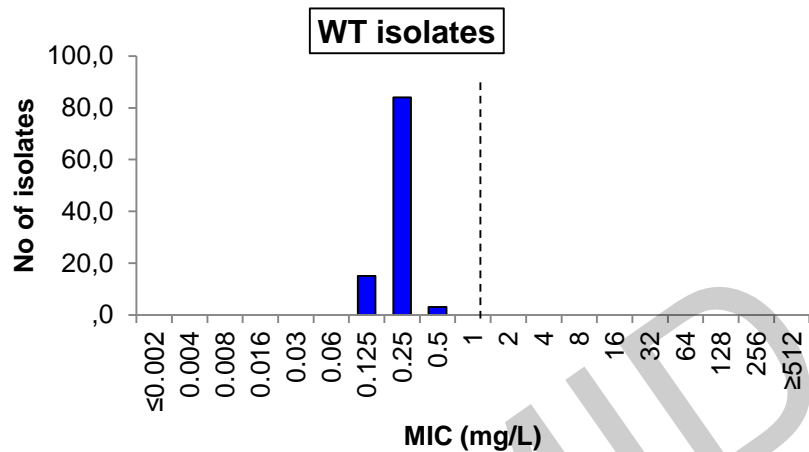
## Cefotaxime



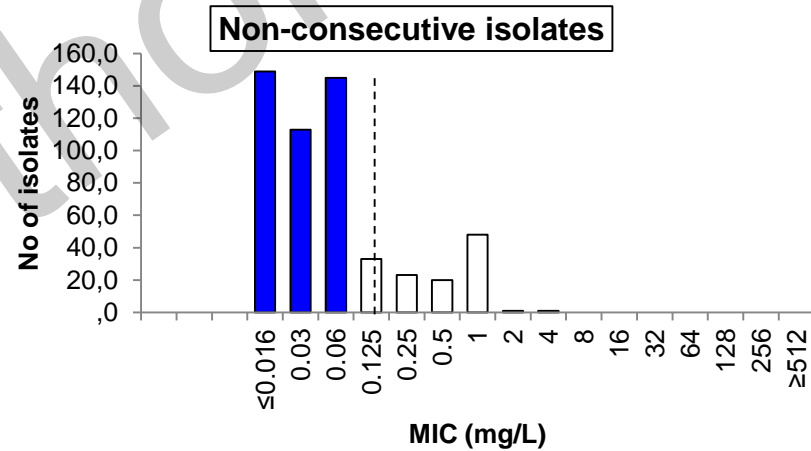
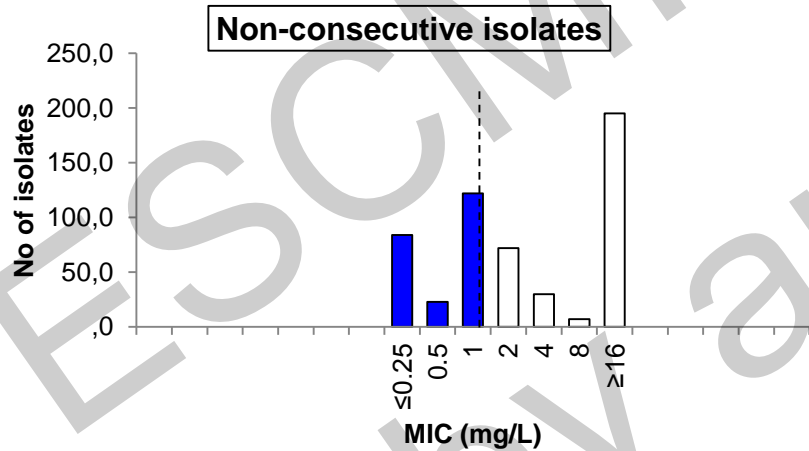
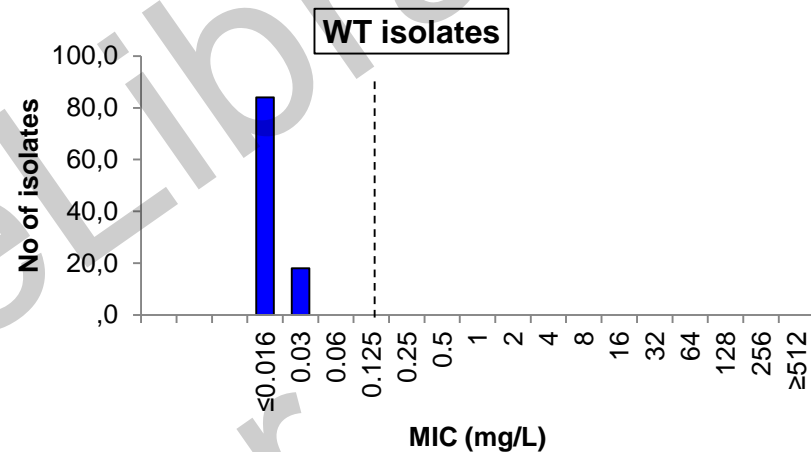
Blue/green bars = PBP3 mutations group II

Red/orange bars = PBP3 mutations group III

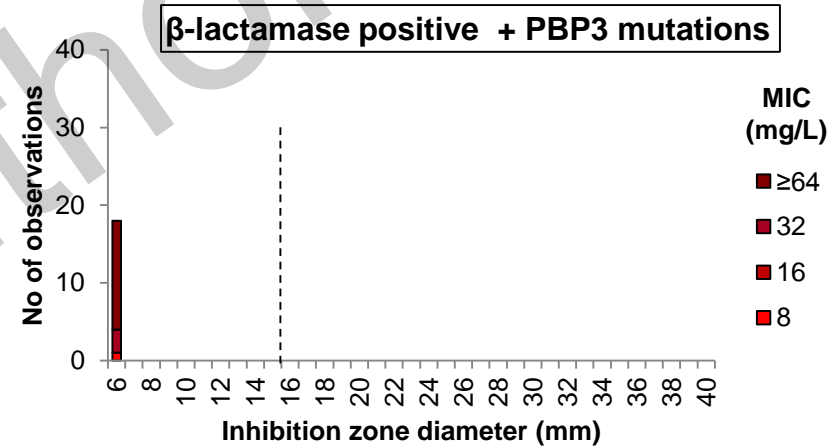
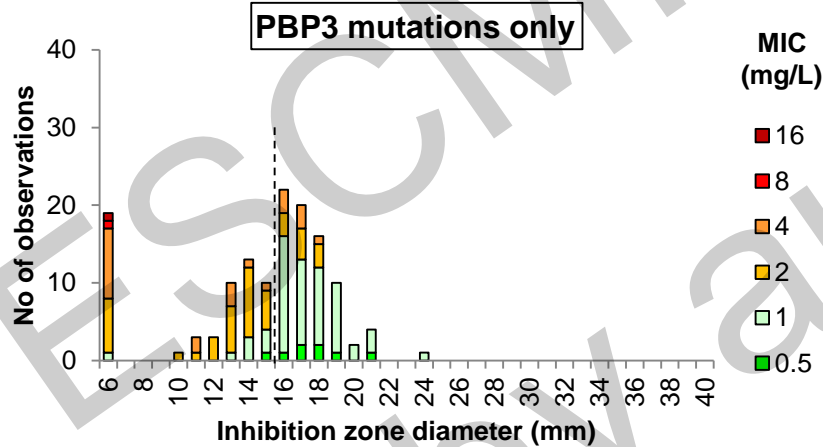
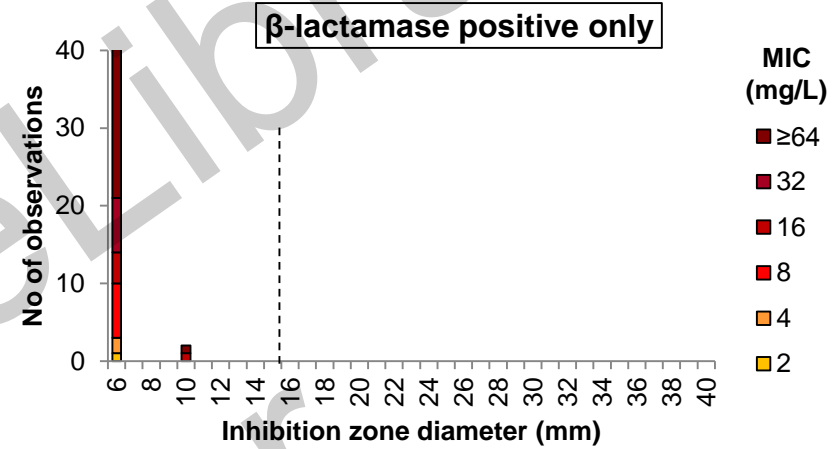
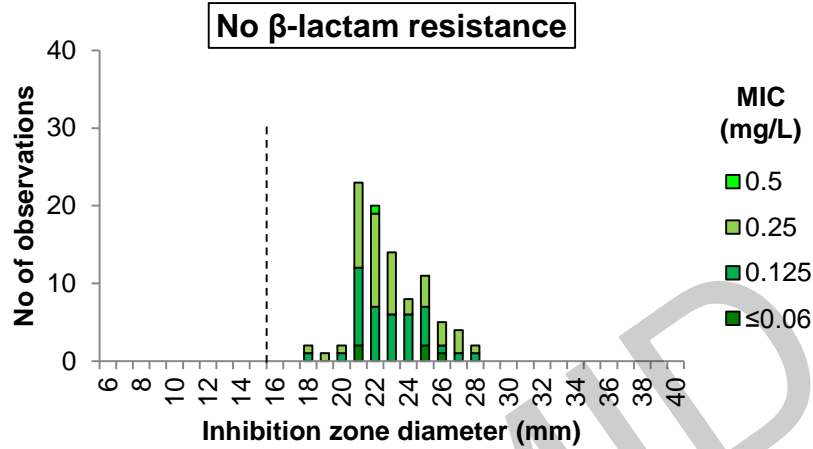
## Ampicillin



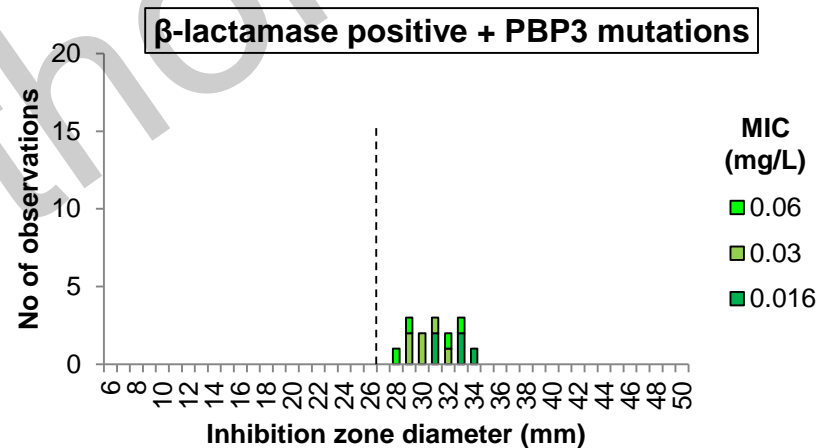
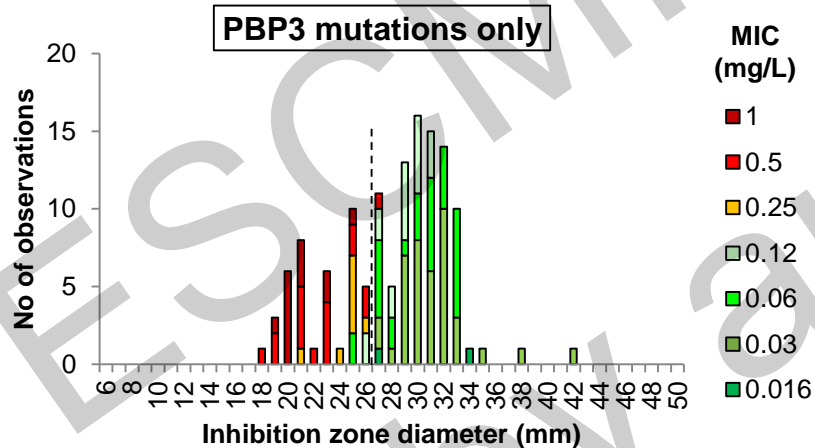
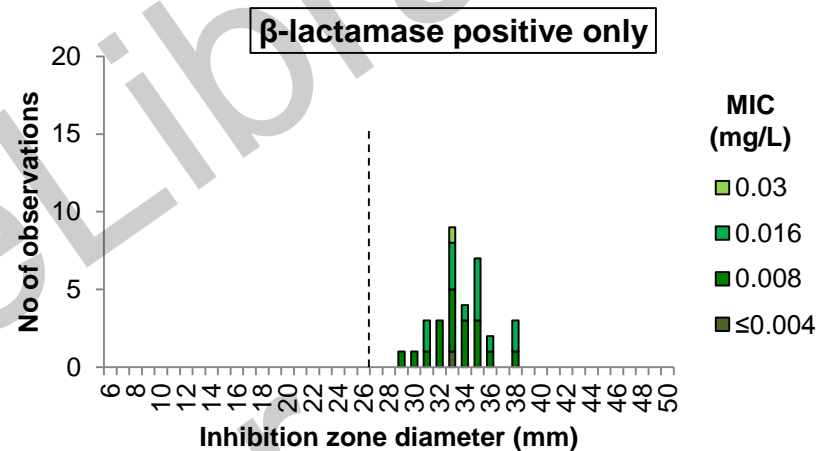
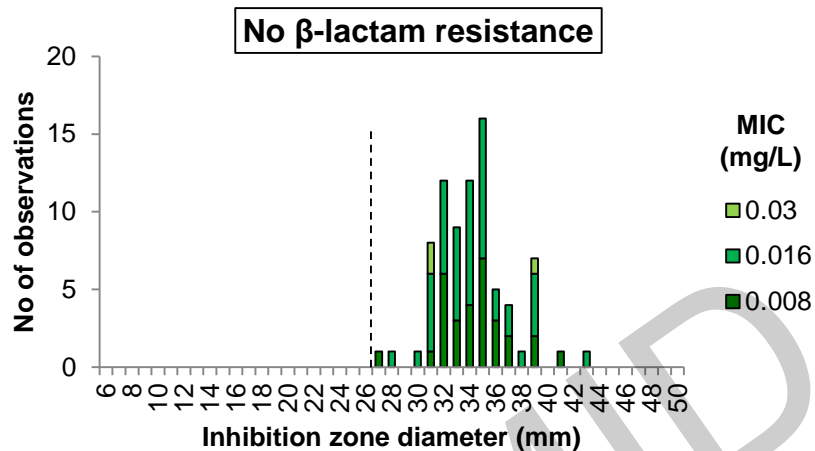
## Cefotaxime



# Ampicillin 2 µg disk diffusion per beta-lactam resistance mechanism

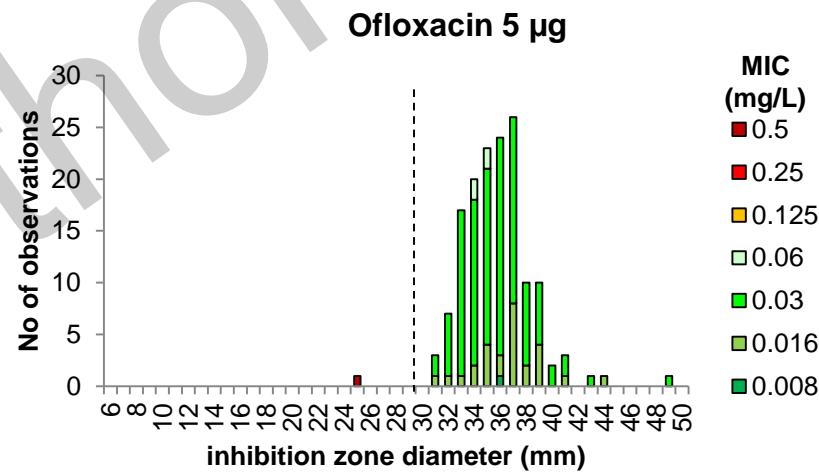
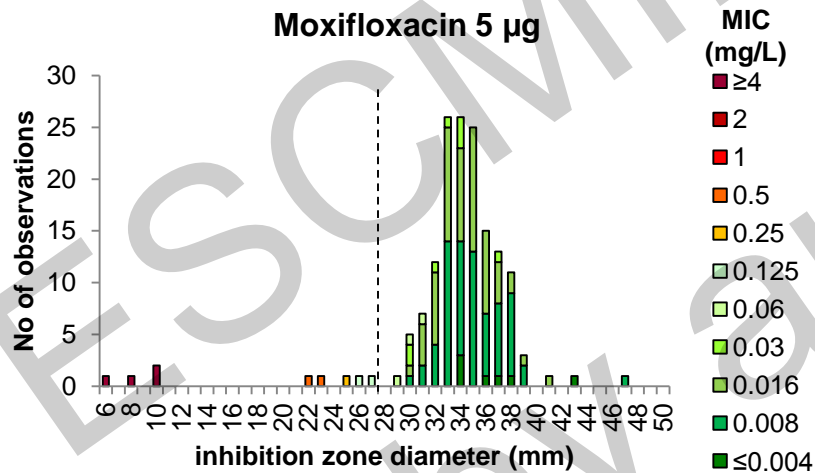
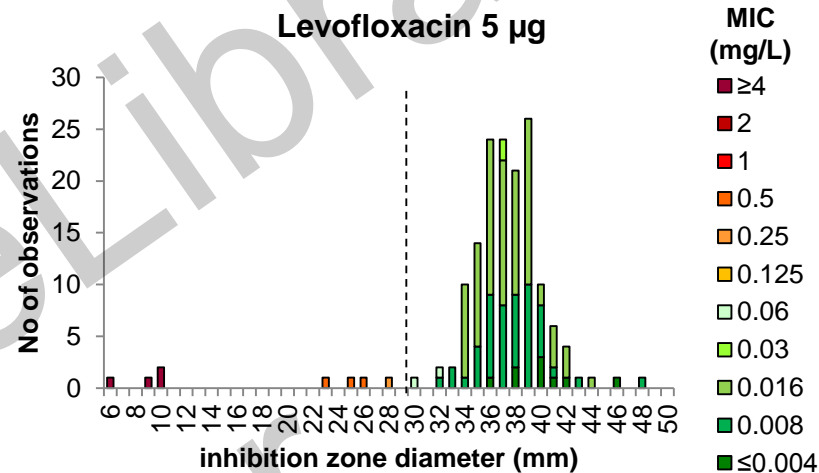
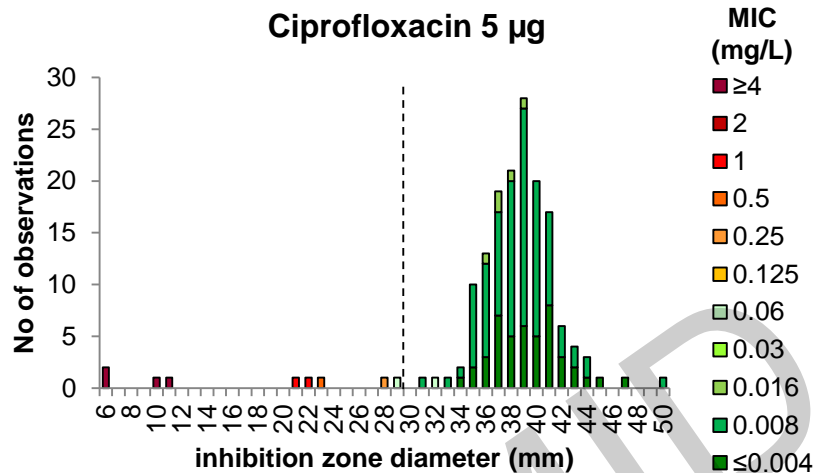


# Cefotaxime 5 µg disk diffusion per beta-lactam resistance mechanism



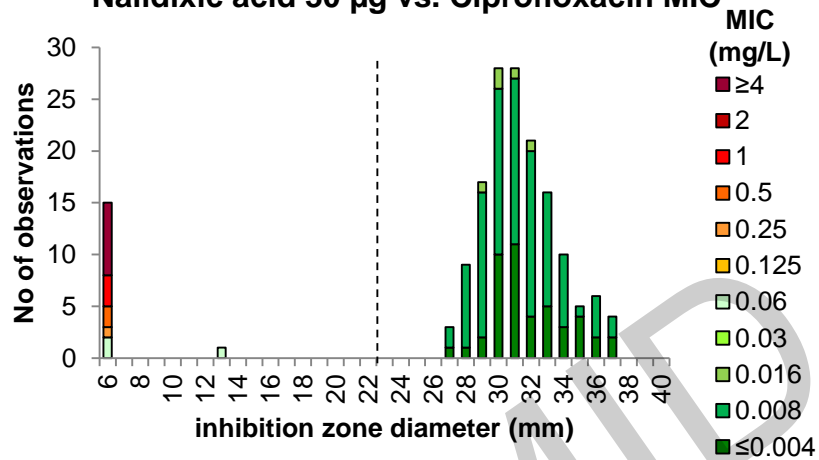


# *H. influenzae* and fluoroquinolones

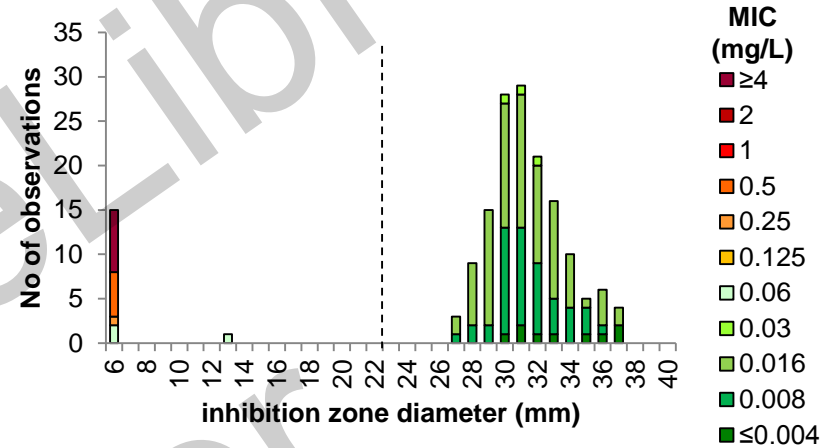


# *H. influenzae* and fluoroquinolones – screening with nalidixic acid

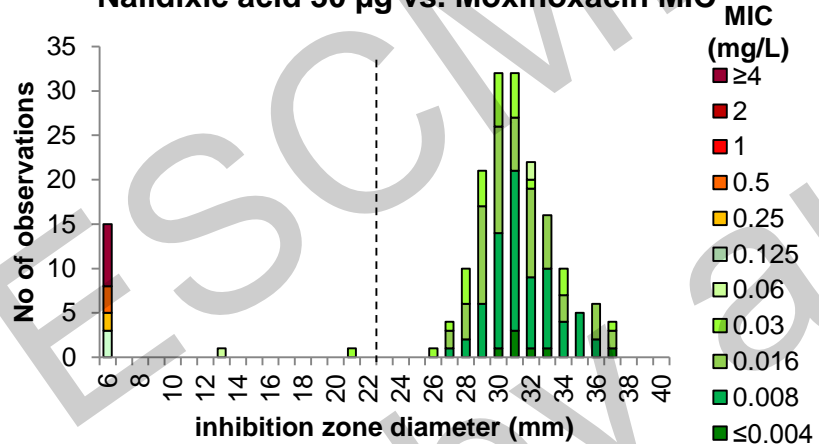
## Nalidixic acid 30 µg vs. Ciprofloxacin MIC



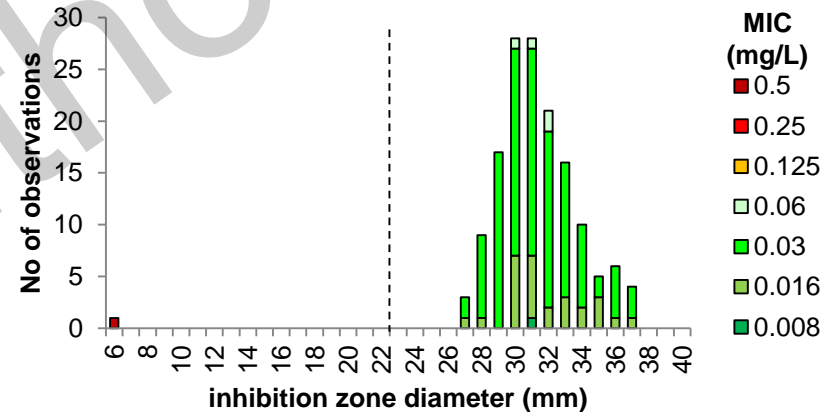
## Nalidixic acid 30 µg vs. Levofloxacin MIC



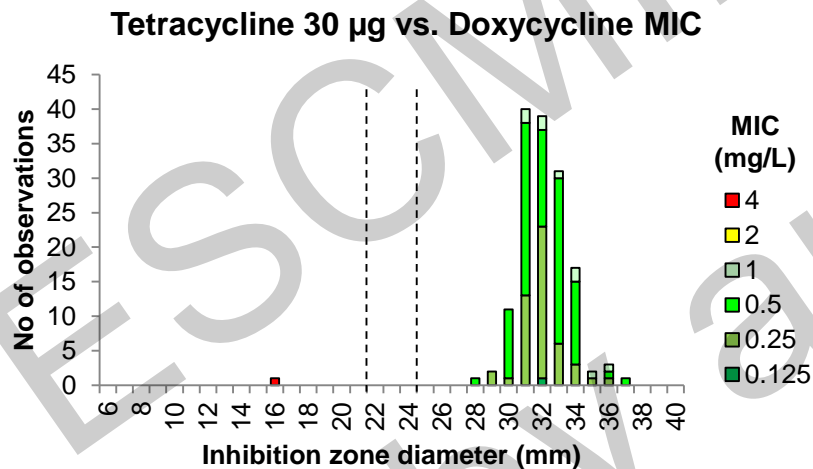
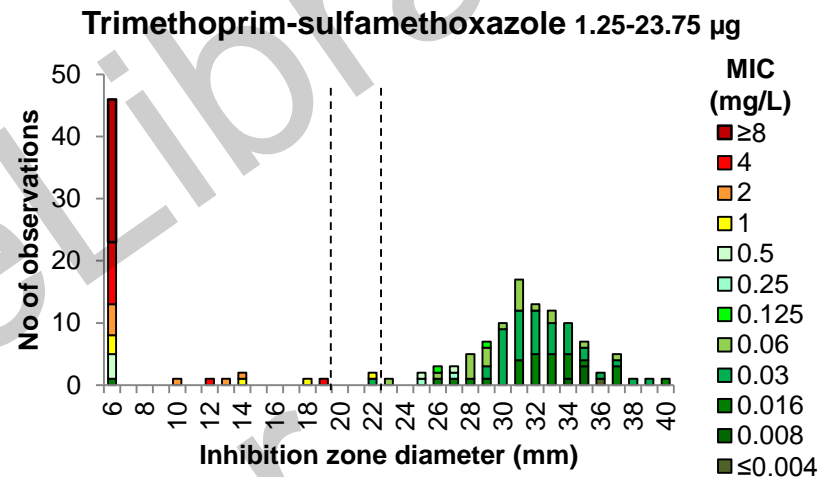
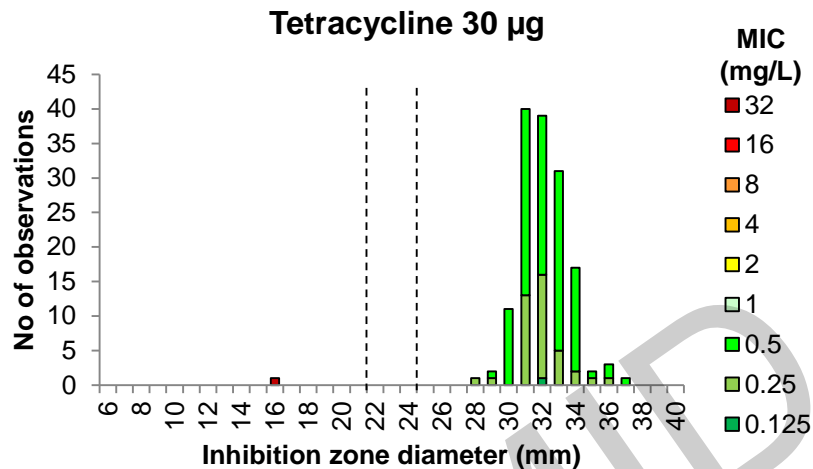
## Nalidixic acid 30 µg vs. Moxifloxacin MIC



## Nalidixic acid 30 µg vs. Ofloxacin MIC



# *H. influenzae* with tetracyclines and trimethoprim-sulfamethoxazole



# AST of *H. influenzae*

	Broth microdilution (BMD)*	Disk diffusion
<b>Media</b>	MH-F broth	MH-F agar
<b>Inoculum</b>	$5 \times 10^5$ CFU/mL	McFarland 0.5
<b>Incubation</b>	16-20 h $35 \pm 1^\circ\text{C}$ Ambient air (sealed panels)	16-20 h $35 \pm 1^\circ\text{C}$ 5% CO <sub>2</sub>

\* According to ISO 20776-1 but with EUCAST MH-F broth

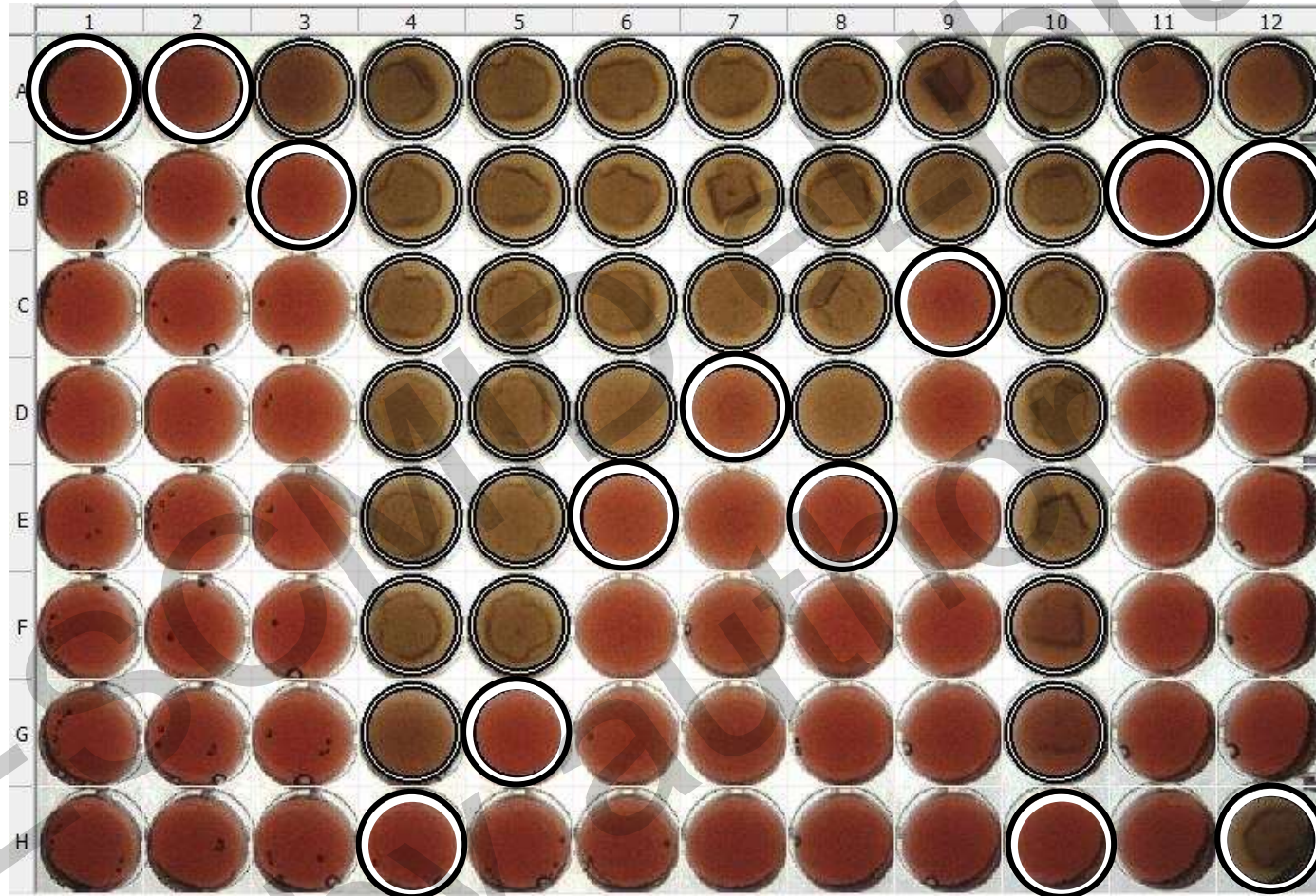
**MH-F broth** = MH broth with 5% lysed horse blood and 20 mg/L  $\beta$ -NAD

**MH-F agar** = MH agar with 5% defibrinated horse blood and 20 mg/L  $\beta$ -NAD

# MH-F broth

- Mueller-Hinton broth with 5% lysed horse blood and 20 mg/L  $\beta$ -NAD
- Mechanically defibrinated horse blood is lysed by repeated freezing and thawing followed by centrifugation.
  - Important with clear broth to facilitate reading MIC endpoints.  
[http://www.eucast.org/ast\\_of\\_bacteria/media\\_preparation/](http://www.eucast.org/ast_of_bacteria/media_preparation/)
- Developed by EUCAST to be used for *S. pneumoniae*, other streptococci, *H. influenzae* and several other fastidious organisms.
  - Both 20 mg/L  $\beta$ -NAD and 5% lysed horse blood are needed to support sufficient growth of *H. influenzae*.

# Reading BMD for *H. influenzae*



← Positive control

# Reproducibility of BMD for *H. influenzae*

Isolate	AMC	AMO	AMP	CTX	CRO	CXM	IMI	MER	CIP	LEV	MOX	TET	TSU
1	2	2	2	0.12	0.03	4	≤0.25	0.06	≤0.015	≤0.015	≤0.015	0.5	≤0.06
	2	2	2	0.06	0.03	4	≤0.25	0.06	≤0.015	≤0.015	≤0.015	0.5	≤0.06
	2	2	2	0.06	0.03	4	≤0.25	0.06	≤0.015	≤0.015	≤0.015	0.5	≤0.06

2	4	4	2	0.25	0.06	4	1	0.12	≤0.015	≤0.015	≤0.015	1	≤0.06
	4	4	2	0.25	0.06	4	0.5	0.12	≤0.015	≤0.015	≤0.015	0.5	≤0.06
	4	4	2	0.25	0.06	4	0.5	0.12	≤0.015	≤0.015	≤0.015	0.5	≤0.06

3	8	8	2	1	0.25	>8	1	0.25	≤0.015	0.03	≤0.015	0.5	2
	4	4	2	1	0.25	>8	1	0.25	≤0.015	≤0.015	≤0.015	0.5	2
	4	8	2	1	0.25	>8	1	0.25	≤0.015	≤0.015	≤0.015	0.5	2

4	2	4	2	0.12	0.03	4	0.5	0.25	≤0.015	≤0.015	≤0.015	0.5	≤0.06
	2	2	1	0.06	0.03	4	0.5	0.12	≤0.015	≤0.015	≤0.015	0.5	≤0.06
	2	2	1	0.06	≤0.015	4	0.5	0.12	≤0.015	≤0.015	≤0.015	0.5	≤0.06

5	4	8	4	0.25	0.06	>8	8	0.5	≤0.015	≤0.015	≤0.015	0.5	≤0.06
	4	8	4	0.12	0.06	>8	8	0.5	≤0.015	≤0.015	≤0.015	0.5	≤0.06
	4	4	2	0.12	0.06	>8	8	0.25	≤0.015	≤0.015	≤0.015	0.5	≤0.06

6	>8	>8	8	1	0.25	>8	4	0.5	≤0.015	≤0.015	≤0.015	0.5	≤0.06
	8	>8	4	1	0.25	>8	4	0.25	≤0.015	≤0.015	≤0.015	0.5	≤0.06
	8	8	2	1	0.25	>8	8	0.25	≤0.015	≤0.015	≤0.015	0.5	≤0.06

S

R

# Gradient tests for *H. influenzae* and beta-lactam agents

**Essential agreement for gradient tests vs. BMD for *H. influenzae* with various PBP3 mutations and beta-lactam agents.**

17 isolates tested on MH-F from two manufacturers (n=34 per antimicrobial agent).

Reading of results	Gradient test brand	Essential agreement (%)	
		All agents	Excluding cefuroxime, imipenem and meropenem
According to manufacturer <sup>1</sup>	Etest	69	83
	MICE	70	87
	MTS	63	80
First inhibition <sup>2</sup>	Etest	83	93
	MICE	89	100
	MTS	80	93

## Agents tested

Ampicillin  
Cefepime  
Cefotaxime  
Ceftriaxone  
Cefuroxime  
Imipenem  
Meropenem

1. According to manufacturers' instructions with growth of small colonies within the ellipse and regrowth taken into account
2. First inhibition of growth. Small colonies within the ellipse and regrowth disregarded.

Karlsson C. *et al.* Evaluation of Etest, M.I.C.E. and MIC Test Strip beta-lactam gradient tests for beta-lactamase negative *Haemophilus influenzae* with beta-lactam resistance due to PBP3 substitutions. Poster, ECCMID 2016.



# Disk diffusion of *H. influenzae*

- **MH-F:** Mueller-Hinton Fastidious agar
  - 5% defibrinated horse blood and 20 mg/L  $\beta$ -NAD
- The MH-F agar was developed to ensure good growth of *S. pneumoniae*, other streptococci and *H. influenzae*
  - Mechanically defibrinated horse blood
  - $\beta$ -NAD with purity of  $\geq 98\%$
- Excess humidity in agar plates can cause problems with haze within zones and fuzzy zone edges.
  - No drops of water should be visible on the agar surface or inside the lid

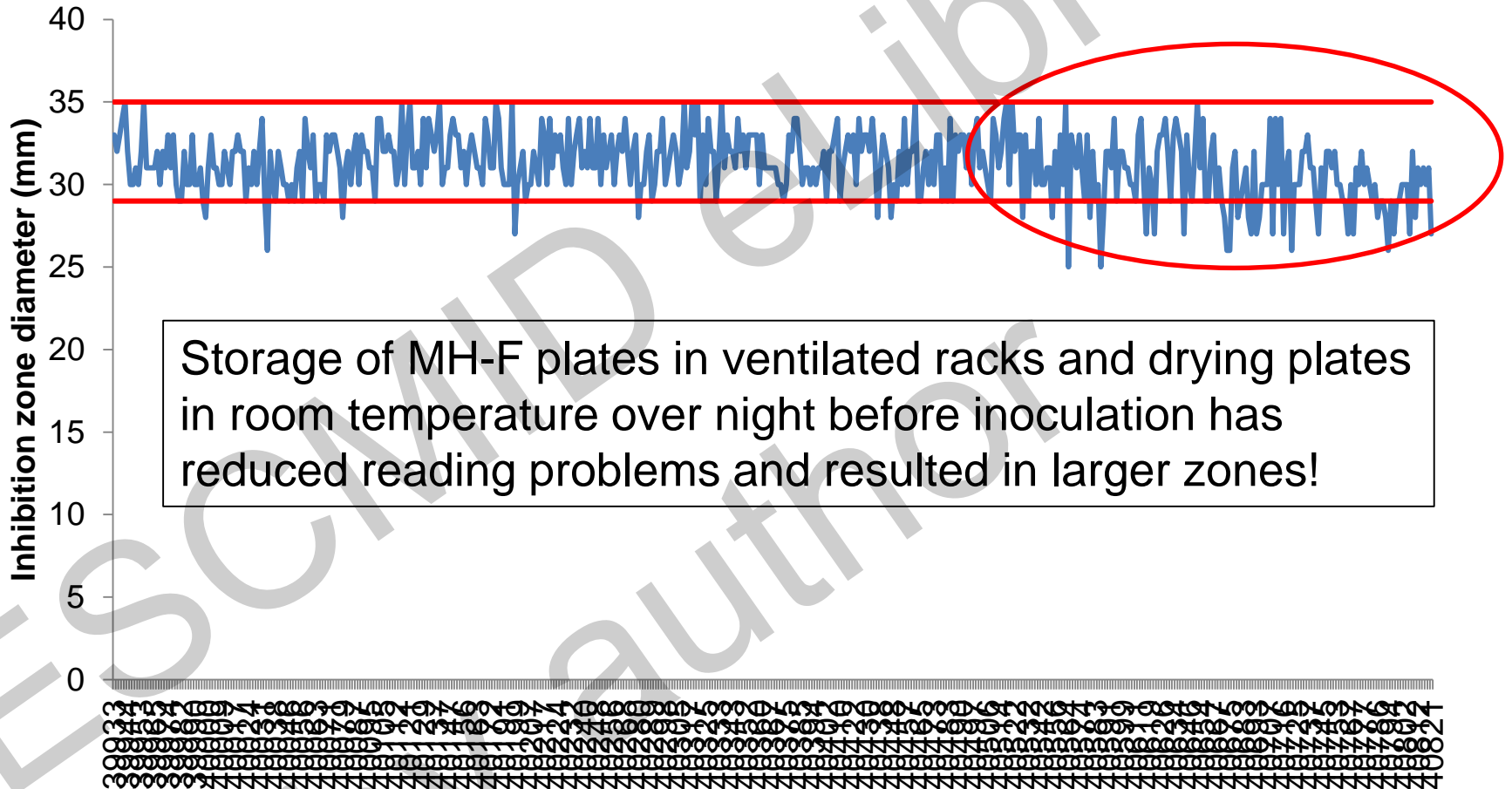


# Excess humidity of agar plates - example with MH-F



If necessary, dry plates either at 20-25°C overnight, or at 35°C, with the lid removed, for 15 min.

# *H. influenzae* NCTC 8468 with cefotaxime 5 µg



# Screening for beta-lactam resistance in *H. influenzae* (EUCAST BP table v 9.0, 2019)

## Disk diffusion test with benzylpenicillin 1 unit disk

Always perform in parallel with testing of other beta-lactam agents

### Zone diameter $\geq 12$ mm

Excludes all beta-lactam resistance mechanisms

Report susceptible (**S**) to any beta-lactam agents for which clinical breakpoints are available, including those with "Note".

\*For cefepime, cefpodoxime and imipenem, if resistant by both screen and agent disk diffusion test, report resistant. If resistant by screen test and susceptible by agent disk diffusion test, determine the MIC of the agent and interpret according to breakpoints.

### Zone diameter $< 12$ mm

Beta-lactamase and/or PBP3 mutations

### Ampicillin, amoxicillin and piperacillin (without beta-lactamase inhibitor)

Beta-lactamase positive

Report resistant (**R**)

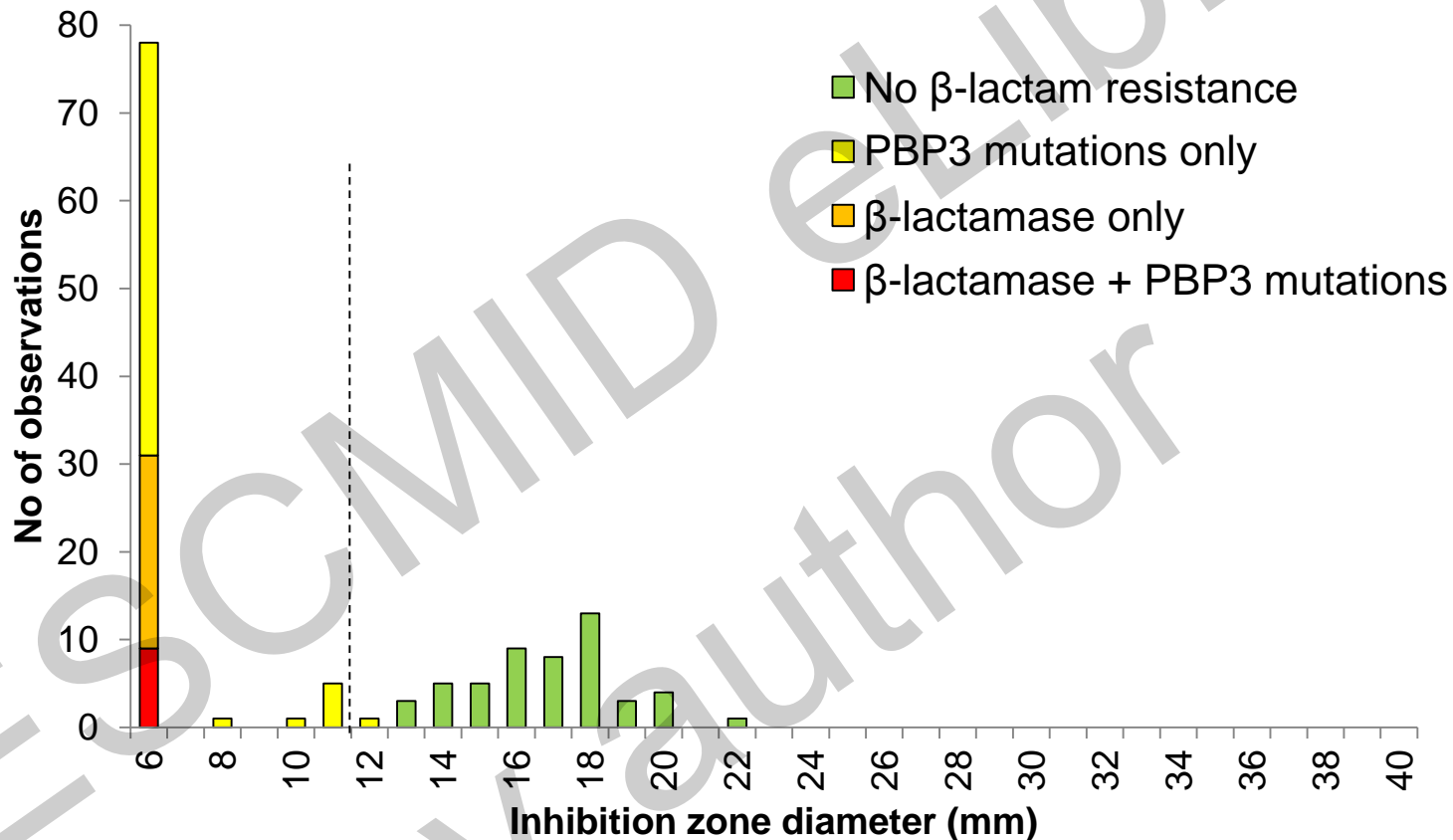
Beta-lactamase negative

Report susceptibility according to the clinical breakpoints for the agent in question

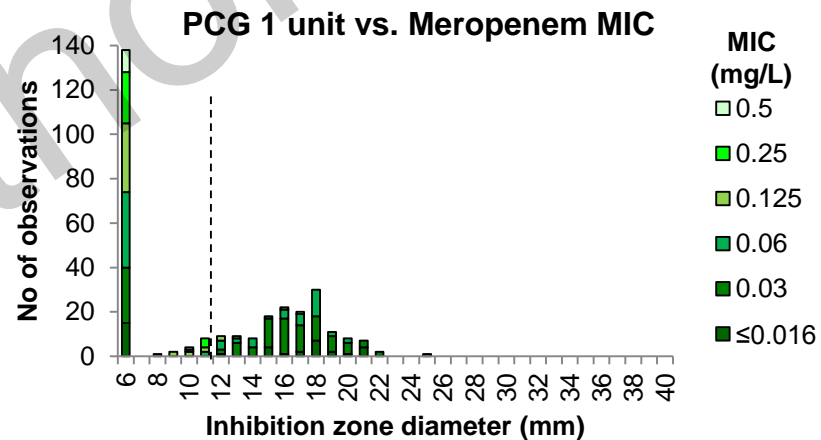
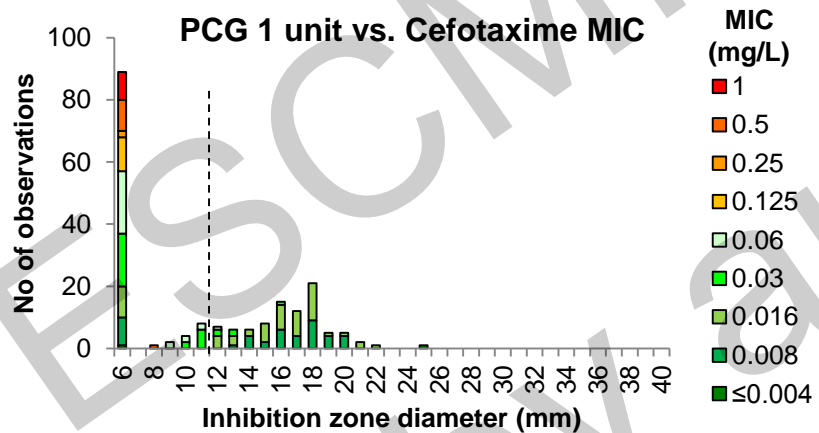
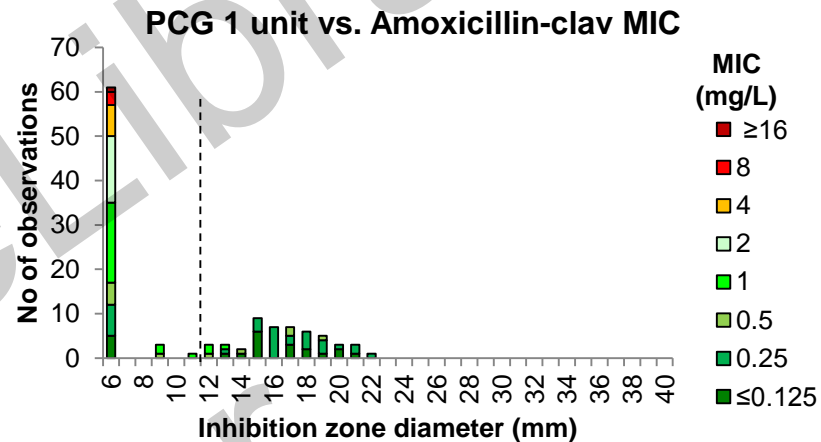
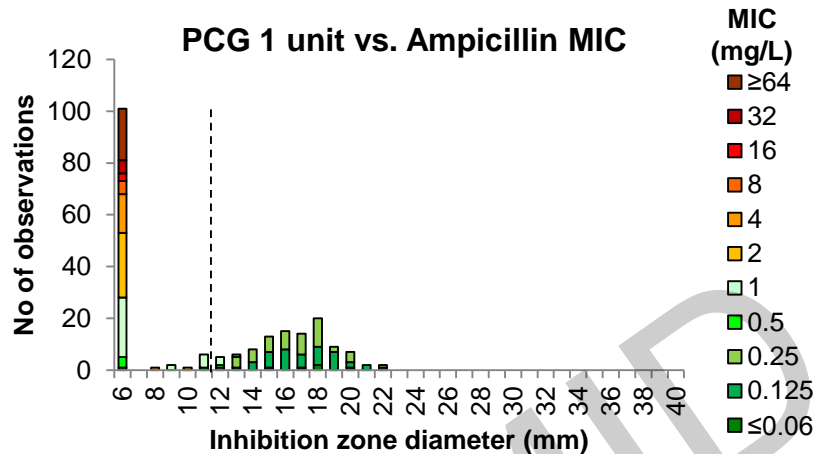
Other beta-lactam agents except cefepime, cefpodoxime and imipenem\*

Report susceptibility according to the clinical breakpoints for the agent in question

## Benzylpenicillin 1 unit vs. $\beta$ -lactam resistance mechanism

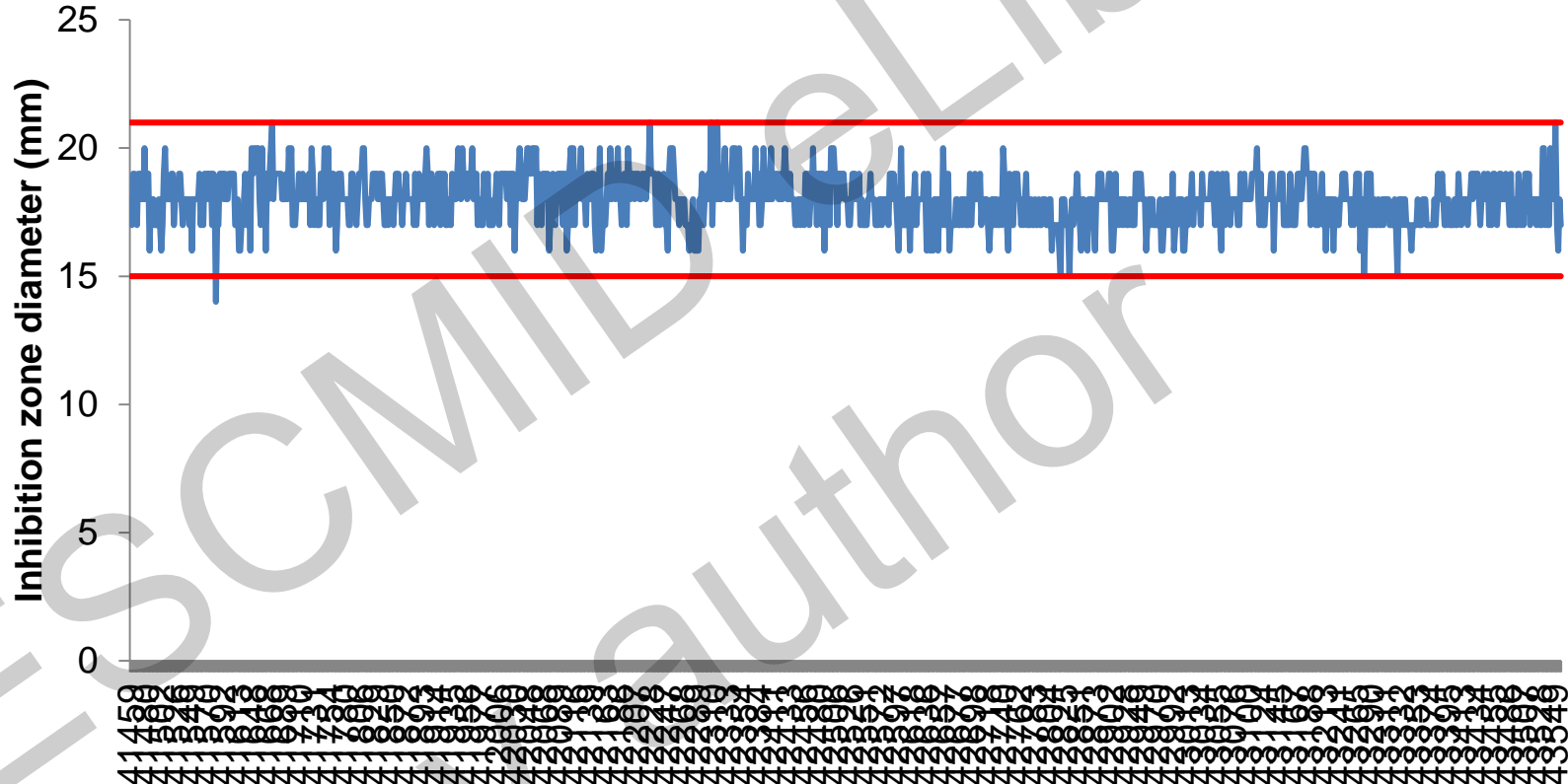


# Screening for beta-lactam resistance in *H. influenzae*

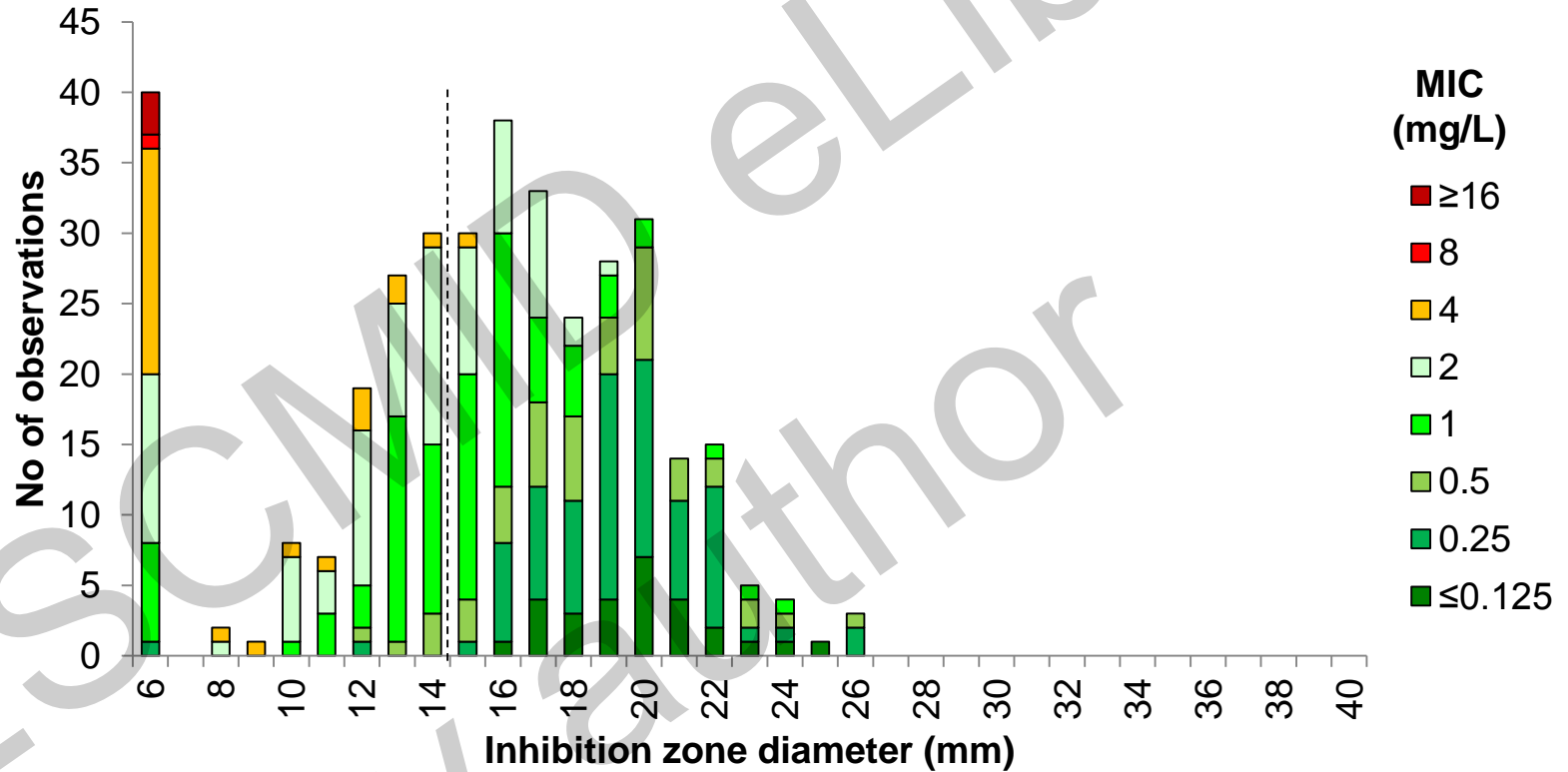


# Stability of benzylpenicillin 1 unit disks over more than 5 years

## *H. influenzae* ATCC 49766 with benzylpenicillin 1 unit

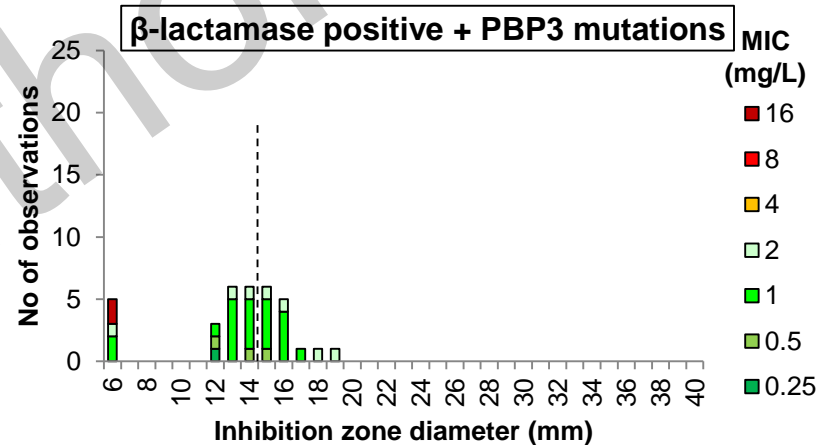
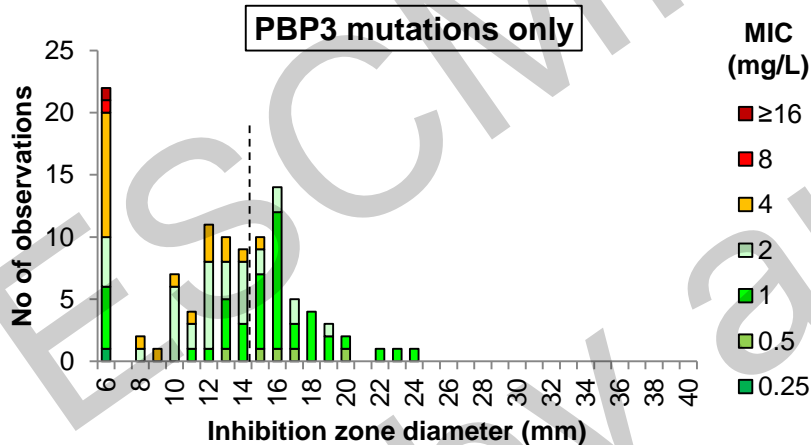
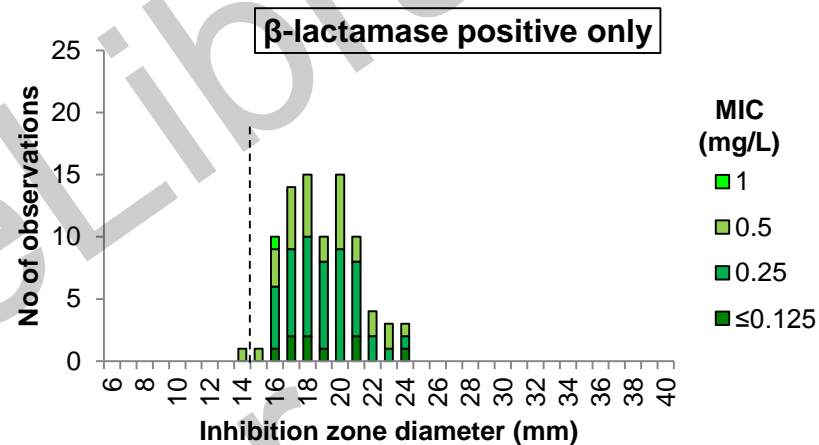
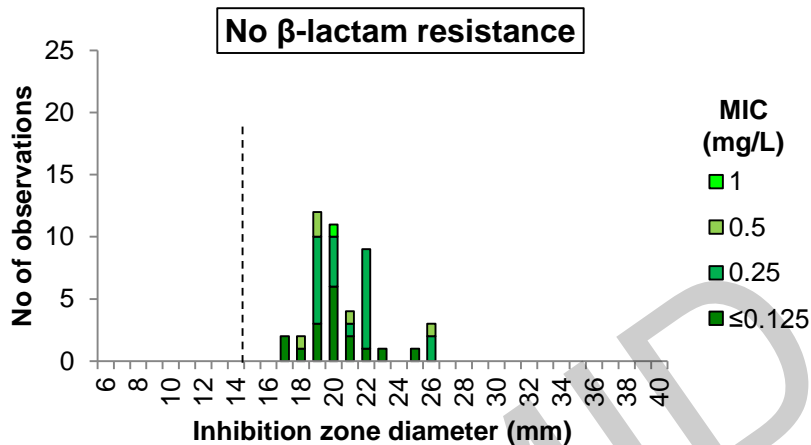


# Amoxicillin-clavulanic acid 2-1 $\mu\text{g}$ vs. MIC *H. influenzae*, 167 isolates (360 correlates)





# Amoxicillin-clavulanic acid 2-1 µg disk diffusion per beta-lactam resistance mechanism



# Amoxicillin-clavulanic acid

- Better separation with other combinations of amoxicillin and clavulanic acid?
  - Standard 20-10 µg disk results in poorer separation
  - Additional combinations of amoxicillin and clavulanic acid under investigation
- Better results with specific reading instructions for amoxicillin-clavulanic acid?
  - Look carefully and take all growth into account
  - Disregard thin growth and read the outer zone
- Improved screening test?
  - To differentiate between isolates with  $\beta$ -lactamase only and those with  $\beta$ -lactamase and PBP3 mutations

# *H. influenzae* and ATU

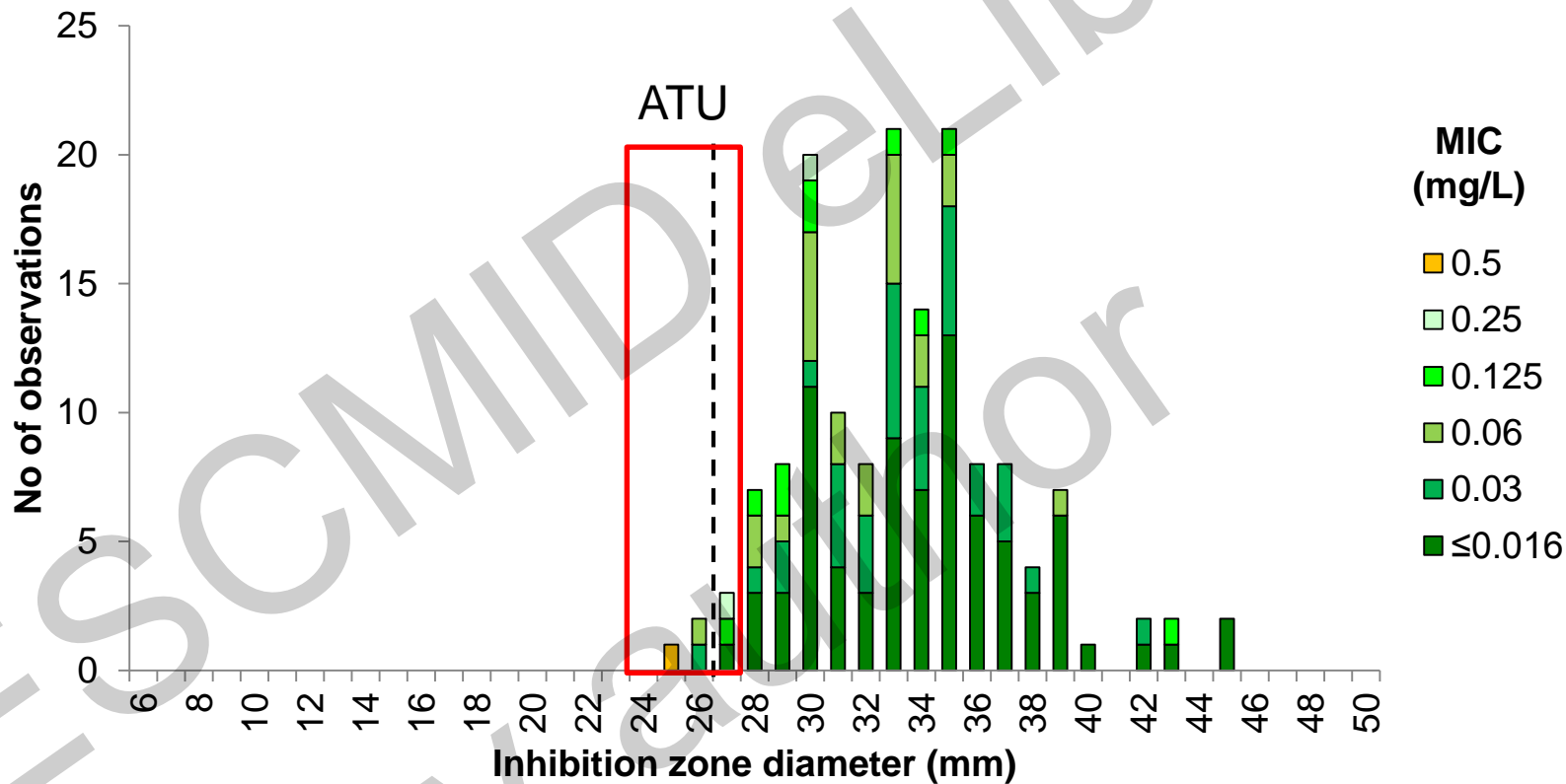
- Only for beta-lactam agents
- Only for PCG screen-positive isolates

## **Agents with ATU for *H. influenzae***

- Ampicillin, amoxicillin-clavulanic acid and piperacillin-tazobactam
- Cefepime, cefotaxime, cefpodoxime, ceftriaxone and cefuroxime
- Imipenem



# Piperacillin-tazobactam 30-6 $\mu$ g vs. MIC *H. influenzae*, 149 isolates







# Standardisation and quality of materials

- All AST must be standardised to get reproducible and reliable results!
  - EUCAST methodology documents and instruction videos
  - Frequent quality control
- Use materials of good quality (good performance according to EUCAST QC criteria)
  - Evaluation of antimicrobial disks, Åhman *et al.*, CMI 25 (2019):345-352
  - Evaluation of Mueller-Hinton agar, Åhman *et al.* Poster 2772, ECCMID 2019, Tuesday 16 April 12.30-13.30



# Thanks!

- Jenny Åhman, Amra Basic, Onur Karatuna and Gunnar Kahlmeter, EUCAST Development Laboratory.
- Charlotta Karlsson, Agota Varga and Stina Bengtsson Clinical Microbiology, Växjö and Karlskrona, Sweden.
- EUCAST Network Laboratories contributing with data and/or isolates.



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European Society of Clinical Microbiology and Infectious Diseases

- Check the EUCAST website regularly for updates on methodology, QC ranges and breakpoints.

[www.eucast.org](http://www.eucast.org)

- For questions and comments, please contact [erika.matuschek@escmid.org](mailto:erika.matuschek@escmid.org) or the EUCAST secretariat (see website).