

Resistance Surveillance Programme Report for European Nations (2011)

ECCMID 2013

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P1503

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AMENDED ABSTRACT

Background: In the European (EU) component of an Emerging Markets (EM) resistance (R) surveillance study (EMRS; 2011), 21 countries overall were monitored for antimicrobial R patterns including Belgium, Bulgaria (BU), Croatia (CR), Czech Republic (CZ), France (F), Germany, Greece (GR), Ireland, Israel (IS), Italy (IT), Poland (PO), Portugal, Romania (RO), Russia, Slovakia (SK), Slovenia, Spain, Sweden, Turkey (T), Ukraine and United Kingdom (UK).

Methods: Results from testing 12,572 strains (100 [BU] to 1535 [F] per nation) were interpreted by CLSI, EUCAST and USA-FDA breakpoints. Samples from 47 sites were reference tested versus potent, marketed agents: linezolid (LZD), vancomycin (VAN), tigecycline (TIG), colistin (COL), ceftazidime/cefepime (C/Z), amikacin (AMK), levofloxacin (LEV) and 21 others. R mechanisms were screened by PCR.

Results: Among *S. aureus* (SA; Table), LZD (MIC₉₀, 1 mg/L), TIG (MIC₉₀, 0.12 mg/L) and VAN (MIC₉₀, 1 mg/L) exhibited complete coverage and MRSA rates among EM nations ranged from 16% (BU) to 60% (PO, RO, SK). LZD-R-CoNS (7) were noted in 4 western EU nations and in a *S. simulans* strain (MIC, 8 mg/L) from RO having L3 mutations (N130D, G152A, F147S, A157R); also 4 LZD-R enterococci. VRE (84% VanA) were noted in CZ (13%), IS (4%), RO (5%) and T (20%). ESBL rate for *E. coli* was 20% (range, 10% [CR, SK] to 70% [BU], best inhibited by COL (100%), TIG (100%), AMK (83%), C/S (88%) and carbapenems (99%; R strains in IS & T). *Klebsiella* spp. had greater ESBL rates (46% overall, range 31-100%) as well as carbapenem-R (8% overall, greatest in BU, GR, IS, IT, PO, RO). Nonfermenters (*P. aeruginosa*, *Acinetobacter* [ACB]) were generally very R except against COL (99% S) and TIG (95% S at ≤2 mg/L; ACB only). The following carbapenemases were noted: VIM-1 (2 countries); IMP-1 (1 from T); KPC-2 or -3 (2 countries); VIM-4 (1 from PO); NDM-1 (2 in RO; 2 centres); and OXA-48 or -162 (5 from T; 2 centres).

Conclusions: EU surveillance sampling demonstrates a wide array of R isolates, less prevalent among Gram-positives that remain inhibited by available agents (LZD, TIG, VAN). However, beta-lactamase-mediated-R has spread widely among Gram-negatives, especially across the eastern EU and EM nations, severely limiting infection chemotherapy.

Antimicrobials	EU S rates (EUCAST criteria) for key Gram-positive pathogens (no.) ^a				
	SA (2413)	CoNS (622)	ENT (555)	SPN (631)	BHS (410)
Oxacillin ^b	69	26	64	69	100
LZD	100	99 ^c	99 ^c	100	100
TIG	100	100	100	100	100
VAN	100	99	90	100	100
Macrolides ^d	67	35	-	69	78
LEV	71	46	-	-	95
TMP/SMX	99	62	48	72	98
Ceftazidime	69	26	-	81	100

a. ENT=enterococci; SPN=*S. pneumoniae*; BHS= β -haemolytic streptococci; b. Ampicillin for ENT and penicillin for the streptococci; c. R strains from F, GR, IT, RO and Spain; d. R strains from Germany, Ireland and T. S. rates for erythromycin-like agents.

INTRODUCTION

Bacterial strains resistant to commonly used β -lactams, fluoroquinolones and other antimicrobial agents remain a significant challenge to successful chemotherapy in both developed and developing nations. β -lactamase-mediated resistances among Gram-negative bacilli and the expansion of Gram-positive resistant species (methicillin-resistant *Staphylococcus aureus* [MRSA], vancomycin-resistant enterococci [VRE], multidrug-resistant [MDR] *Streptococcus pneumoniae*) present the most critical compromise to favorable patient outcomes.

To address these concerns, a structured antimicrobial surveillance program was organized for 2011 to 1) sample key pathogens by nation in the European area; 2) use reference quantitative susceptibility testing methods (Clinical and Laboratory Standards Institute [CLSI]) in regulated central monitoring laboratories; and 3) offer a wide range of tested antimicrobials, usually 20-40 agents. These program results then can be compared to other regional or national surveillance programs that utilize available "non-reference" (convenience samples), often commercial categorical (not quantitative) results. The categorical susceptible breakpoint definitions may vary as well as the quality/accuracy of the method; therefore structured programs such as this Emerging Markets Resistance Surveillance (EMRS) Programme offers expanded, validating information for other programmes, especially for eastern Europe and Mediterranean.

In the European component of EMRS, 21 nations were monitored in 2011 (12,572 isolates), enabling comparison of more than 30 drugs to that data generated by the EARS-Net and other published programme information.

METHODS

Nations and organisms monitored. A total of 21 countries, 97-492 strains/site were sampled with a target of ≥ 200 isolates of specific species per nation. The organisms were isolated from a wide variety of clinical infection types/sites including respiratory tract (26.3%), acute bacterial skin and skin structure (17.2%), and bacteremias (26.3%). The countries (sample size) were: Belgium (492), Bulgaria (100), Croatia (200), Czech Republic (447), France (1,535), Germany (756), Greece (418), Ireland (722), Israel (225), Italy (1,110), Poland (505), Portugal (441), Romania (367), Russia (588), Slovakia (200), Slovenia (252), Spain (1,066), Sweden (540), Turkey (1,198), Ukraine (244), and United Kingdom (UK; 750). The organisms directed to be sampled included: *S. aureus* (2,413), coagulase-negative staphylococci (CoNS; 622), enterococci (555), *S. pneumoniae* (631), viridans and β -haemolytic streptococci (654), *E. coli* (2,115), *Klebsiella* spp. (1,076), *Enterobacter* spp. (578), other Enterobacteriaceae (four species groups [Table 2]), *P. aeruginosa* (1,185) and *Acinetobacter* spp. (472).

Organisms detected with resistance to key, marketed agents were tested by various molecular methods such as PCR amplification/sequencing, example extended spectrum β -lactamases (ESBLs), metallo- β -lactamases (MBLs), MDR Gram-negative bacilli or Gram-positive cocci.

Methods and antimicrobials tested. CLSI M07-A9 (2012) methods were applied using validated broth microdilution panels produced by ThermoFisher Scientific Inc., formerly TREK Diagnostics (Cleveland, Ohio, USA). Interpretations of results utilized CLSI (M100-S23, 2013), USA-Food and Drug Administration (FDA) and EUCAST (2013) criteria; and the results of quality control (QC) tests were dominantly (nearly 99.0%) within QC ranges for six utilized control organisms.

The sponsor (Pfizer Inc., New York, New York, USA) produced compounds included: linezolid, tigecycline, piperacillin/tazobactam, ampicillin/sulbactam, ceftazidime and ceftazidime/sulbactam. For studying Gram-negative bacilli, Gram-positive cocci, and fastidious respiratory tract species numerous additional (15-20) drugs were also tested.

ESBL patterns were defined for *E. coli*, *Klebsiella* spp. and *P. mirabilis* per CLSI (2013) criteria as a MIC of ≥ 2 mg/L for aztreonam or ceftazidime or ceftazidime. Carbapenem-resistant Enterobacteriaceae (CRE) were noted by a MIC at ≥ 2 mg/L for doripenem or imipenem or meropenem.

RESULTS

Antimicrobial profiles of Gram-positive pathogens (Table 1)

- S. aureus* isolates (2,413; 31.3% MRSA overall) exhibited complete (100.0%) susceptibility to linezolid (MIC_{50/90}, 0.12 mg/L), teicoplanin (MIC_{50/90}, $\leq 2/\leq 2$ mg/L), tigecycline (MIC_{50/90}, 0.06/0.12 mg/L) and vancomycin (MIC_{50/90}, 1/1 mg/L). Rare resistances to daptomycin (0.1%; strains from Croatia, Germany, Greece and Turkey), doxycycline (4.1-8.8%) and TMP/SMX (1.1%) were observed.

- CoNS samples (622; 74.0% methicillin-resistant) showed common co-resistances and only five agents with $>90\%$ susceptibility including linezolid, daptomycin, doxycycline, teicoplanin and vancomycin (94.4 to 100.0% susceptible). The rare occurrences of linezolid non-susceptibility (1.1%) occurred in France (1), Greece (2), Italy (2), Romania (1) and Spain (1). Four *S. epidermidis* strains had *cfm*-mediated resistance (MICs, 4->128 mg/L).

- Enterococci (555; 96.6% either *E. faecalis* or *E. faecium*) had a VRE rate of 10.1%, with 84.2% having a VAN-A pattern. Thirteen nations had VRE (range, 3.1% [Sweden] - 22.6% [Ireland]) and the best agents (% susceptible) were linezolid (99.3), daptomycin (100.0), teicoplanin (91.5) and vancomycin (89.9). Four linezolid *E. faecium* (Germany [2], Ireland, Turkey) all had G2576 mutations.

- S. pneumoniae* (631) showed a penicillin-susceptible rate of only 68.6% and ceftazidime non-susceptible rates varied from 8.1 (CLSI) to 19.2% (EUCAST). Ceftazidime across 16 nations showed compromised coverage (1.7-44.4% resistance), highest MICs occurring in eastern Europe (Bulgaria, Croatia, Poland, Romania, Turkey and Ukraine). Levofloxacin non-susceptible strains were found in six countries (rates at 2.1-10.0%). Linezolid, tigecycline and vancomycin exhibited 99.8-100.0% susceptibility.

Antimicrobial profiles of Gram-negative bacilli (Table 2)

- E. coli* (2,115) showed β -lactam resistance mechanisms of 20.1% ESBLs (Table 3) and only 0.2% CRE. Overall, the most active agents (% susceptible) against *E. coli* were tigecycline (100.0%), EUCAST, meropenem (99.9%), imipenem (99.8%), amikacin (95.7-98.6%) and ceftazidime/sulbactam (95.2%). All countries had ESBL phenotype strains (1.0% [Sweden] to 89.7% [Russia]), but only two nations had CRE (Israel and Turkey). Highest ESBL rates (>40.0%) occurred in Bulgaria, Poland, Russia, Turkey and Ukraine (Table 3).

- Klebsiella* spp. (1,076) had the highest β -lactam resistance rates with ESBLs at 45.7% (range, 2.5 [Sweden] to 82.4-100.0% [Bulgaria, Poland, Russia and Slovakia]); and CRE was found in 10 countries at 0.9 to 38.8%, highest in Poland and Italy (32.5 - 38.8%), see Tables 2 and 3. The best activity versus *Klebsiella* spp. was observed for tigecycline (99.0% susceptible), colistin (96.7, data not shown), meropenem (91.3%) and amikacin (90.9%). Table 3 shows the compromised coverage of 12 antimicrobials against *Klebsiella* spp. with an ESBL phenotype profile.

- Enterobacter* spp. (578) and other enteric bacilli showed varying resistance patterns ranging from high rates of susceptibility for *P. mirabilis* and Indole-positive Proteae to high levels of resistance found in some *Citrobacters*, *Enterobacters* and *Serratia* spp. (Table 2).

Antimicrobial profiles of *P. aeruginosa* and *Acinetobacter* spp. (Table 2)

- P. aeruginosa* (1,185) strains had more limited susceptibility to many antimicrobials with $>90\%$ of samples inhibited only by colistin (99.6% by CLSI and EUCAST criteria). All other tested agents provided a coverage in the 60.0-80.0% range, highest for amikacin (77.5-80.6%) and other aminoglycosides (70.3-71.9%).

- Acinetobacter* spp. isolates (47.2; 86.0% *A. baumannii*) were generally MDR with only colistin (99.2% susceptible) and tigecycline (MIC₉₀, 2 mg/L) showing activity. All other tested agents (Table 2) exhibited $<50.0\%$ susceptibility rates.

CONCLUSIONS

- Resistances in Gram-positive pathogens across Europe remain elevated, particularly among *S. aureus* (MRSA) and CoNS, but some agents still have high activity (linezolid, daptomycin and glycopeptides). Enterococcal resistance (VRE at 10.1%) was rare for linezolid and daptomycin, and not increasing. Ceftazidime non-susceptibility among pneumococci (19.2%) was most worrisome, but linezolid, tigecycline, some fluoroquinolones and vancomycin remain potent options for therapy.

- Enterobacteriaceae shows widespread ESBL and CRE profiles, especially among *Klebsiella* spp. The ESBL/CRE rates in *E. coli* and *Klebsiella* spp. were 20.1/0.2% and 45.7/8.3%, respectively. Resistance rates among enteric bacilli were greatest in southeastern Europe confirming EARRS-Net data. Few agents (amikacin, colistin, some carbapenems, tigecycline) were active against these emerging species.

- P. aeruginosa* and *A. baumannii* were generally MDR, only having $>90.0\%$ susceptibility to polymyxins and tigecycline (*Acinetobacter* spp. only).

- Resistance rates in Europe for 2011 indicate escalating prevalence and needs for combination empiric treatment regimens, as well as development of new agents/enzyme-inhibitor combinations. Surveillance programmes should be supported to monitor emerging trends in resistance and the impact of regional interventions.

ACKNOWLEDGMENTS

The co-authors wish to thank the participants/sites for contributing the isolates and especially Alexander University Hospital, Sofia, Bulgaria; Clinical Hospital Center, Zagreb, Croatia (Dr. V. Plecko); University Hospital, Brno, Czech Republic (Dr. M. Hranilovicova); Meir Medical Center, Kiryat Saba, Israel (Dr. Y. Paitan); Ramm Medical Center, Haifa, Israel (Dr. H. Sprecher); University Hospital in Krakow, Krakow, Poland (Dr. J. Kedzierska); Medical University Krakow, Krakow, Poland (Dr. M. Bulanda); Clinical Emergency Hospital Floreasca, Bucharest, Romania (Dr. N. Ariciuc); Infectious Disease Hospital, Cluj-Napoca, Romania (Dr. M. Florina); University Hospital, Nitra, Slovakia (Dr. A. Liskova); Uludağ University Medical Faculty, Bursa, Turkey (Dr. C. Ozakini); Cukurova University, Adana, Turkey (Dr. A. Yaman); and Istanbul Medical Faculty, Istanbul, Turkey (Dr. N. Gurler).

This study at JMI Laboratories was supported by an Education/Research grant from Pfizer, Inc. (New York, NY), and JMI Laboratories received compensation fees for services in relation to preparing the abstract/poster, which was funded by Pfizer, Inc.

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Table 1. Activity of selected antimicrobial agents when tested against 4,875 Gram-positive pathogens from European nations in 2011.

Organism (no. tested) / Antimicrobial agent	MIC (mg/L)			CLSI ^a %S / %R	EUCAST ^b %S / %R
	50%	90%	Range		
<i>S. aureus</i> (2,413)					
Linezolid	0	2	0.25 - 2	100.0 / 0.0	100.0 / 0.0
Pip/taz	2	>64	≤ 0.03 - 64	100.0 / 0.0	100.0 / 0.0
Amoxiclav	≤ 1	>8	≤ 1 - 8	68.7 / 31.3	68.7 / 31.3
Ceftazidime	4	>8	0.5 - 8	68.7 / 31.3	68.7 / 31.3
Clindamycin	≤ 0.25	>2	≤ 0.25 - 2	87.8 / 12.2	87.4 / 12.2
Daptomycin	0.25	0.5	≤ 0.06 - 2	99.9 / -	99.9 / 0.1
Doxycycline	0.12	1	≤ 0.06 - 8	95.9 / 0.7	91.2 / 5.7
Erythromycin	≤ 25	>16	≤ 0.12 - 16	67.1 / 30.5	67.4 / 31.8
Gentamicin	0.1	>8	≤ 1 - 8	89.6 / 10.2	89.2 / 10.8
Levofloxacin	0.25	>4	≤ 0.12 - 4	70.8 / 28.1	70.8 / 28.1
Meropenem	0.12	>8	≤ 0.06 - 8	68.7 / 31.3	68.7 / 31.3
Oxacillin	0.5	>2	≤ 0.25 - 2	66.7 / 31.3	68.7 / 31.3
Penicillin	8	>8	≤ 0.06 - 8	15.6 / 84.4	15.6 / 84.4
TMP/SMX	≤ 0.5	>0.5	≤ 0.5 - 4	98.9 / 1.1	98.9 / 0.9
Vancomycin	1	1	0.25 - 2	100.0 / 0.0	100.0 / 0.0
CoNS (622) ^c					
Linezolid	0.5	1	≤ 0.12 - 8	98.9 / 1.1	98.9 / 1.1
Tigecycline ^d	0.06	0.12	≤ 0.03 - 0.5	- / -	100.0 / 0.0
Pip/taz	2	64	≤ 0.5 - 64	26.0 / 74.0	26.0 / 74.0
Amoxiclav	2	>8	≤ 1 - 8	26.0 / 74.0	26.0 / 74.0
Ceftazidime	>8	>8	≤ 0.06 - 8	26.0 / 74.0	26.0 / 74.0
Clindamycin	≤ 0.25	>2	≤ 0.25 - 2	75.1 / 24.6	72.7 / 24.9
Daptomycin	0.5	0.5	≤ 0.06 - 2	99.8 / -	99.8 / 0.2
Doxycycline	0.5	2	≤ 0.06 - 8	94.4 / 13.3	85.5 / 10.0
Erythromycin	>16	>16	≤ 0.12 - 16	34.7 / 64.1	35.0 / 64.6
Gentamicin	≤ 1	>8	≤ 1 - 8	55.8 / 38.5	50.5 / 50.0
Levofloxacin	2	>4	≤ 0.12 - 4	46.1 / 50.0	46.1 / 50.0
Meropenem	2	>8	≤ 0.06 - 8	26.0 / 74.0	26.0 / 74.0
Oxacillin	>2	>2	≤ 0.25 - 2	26.0 / 74.0	26.0 / 74.0
Penicillin	4	>8	≤ 0.06 - 8	13.9 / 86.1	13.9 / 86.1
TMP/SMX	≤ 0.5	>4	≤ 0.5 - 4	61.9 / 38.1	61.9 / 22.3
Vancomycin	2	2	0.25 - 4	100.0 / 0.0	100.0 / 0.0
<i>Enterococcus</i> spp.(555) ^e					
Linezolid	1	2	≤ 0.12 - 8	99.3 / 0.7	99.3 / 0.7
Tigecycline ^d	≤ 0.03	0.06	≤ 0.03 - 0.25	100.0 / -	100.0 / 0.0
Pip/taz	8	>64	≤ 0.5 - 64	64.3 / -	64.3 / -
Amoxiclav	≤ 1	>8	≤ 1 - 8	64.3 / -	64.3 / 35.8
Ampicillin	1	>8	≤ 0.25 - 8	64.3 / 35.7	63.8 / 35.7
Daptomycin	1	2	≤ 0.06 - 4	100.0 / -	- / -
Doxycycline	4	>8	≤ 0.06 - 8	51.0 / 14.4	- / -
Erythromycin	>16	>16	≤ 0.12 - 16	7.7 / 64.0	- / -
Imipenem	2	>8	≤ 0.12 - 8	- / -	63.4 / 36.0
Teicoplanin	>4	>4	≤ 0.12 - 4	44.3 / 54.4	- / -
Levofloxacin	≤ 2	≤ 2	≤ 0.12 - 16	91.5 / 8.3	91.2 / 8.8
Vancomycin	1	8	0.25 - 16	89.9 / 9.2	89.9 / 10.1
<i>S. pneumoniae</i> (631)					
Linezolid	1	1	≤ 0.12 - 2	100.0 / -	100.0 / 0.0
Tigecycline ^d	≤ 0.03	0.06	≤ 0.03 - 0.12	99.8 / -	- / -
Amoxiclav	≤ 1	1	≤ 1 - 8	87.8 / 17.3	- / -
Ceftazidime	≤ 0.06	0.12	≤ 0.06 - 8	91.6 / 3.0	80.8 / 3.0
Clindamycin	≤ 0.25	2	≤ 0.25 - 2	78.3 / 21.6	78.4 / 21.6
Erythromycin	≤ 0.12	>16	≤ 0.12 - 16	68.6 / 30.7	68.6 / 30.7
Levofloxacin	1	1	≤ 0.12 - 4	98.7 / 1.0	98.7 / 1.3
Meropenem	≤ 0.06	0.5	≤ 0.06 - 1	82.4 / 7.3	100.0 / 0.0
Oxacillin	≤ 0.25	>2	≤ 0.25 - 2	- / -	- / -
Penicillin ^f	≤ 0.06	4	≤ 0.06 - 8	89.7 / 1.1	- / -
Penicillin ^g	≤ 0.06	4	≤ 0.06 - 8	68.6 / 17.6	68.6 / 10.3
Tetracycline	0.5	>8	≤ 0.25 - 8	73.1 / 26.6	72.4 / 26.9
TMP/SMX	≤ 0.5	>4	≤ 0.5 - 4	64.3 / 24.9	71.8 / 24.9
Vancomycin	0.25	0.5	≤ 0.12 - 1	100.0 / -	100.0 / 0.0
β -haemolytic streptococci (410) ^h					
Linezolid	1	1	0.5 - 2	100.0 / -	100.0 / 0.0
Tigecycline ^d	≤ 0.03	0.06	≤ 0.03 - 0.12	100.0 / -	100.0 / 0.0
Pip/taz	≤ 0.5	≤ 0.5	≤ 0.5 - 1	- / -	100.0 / 0.0
Amoxiclav	≤ 1	≤ 1	≤ 1 - 8	- / -	100.0 / 0.0
Ceftazidime	≤ 0.06	0.12	≤ 0.06 - 1	99.8 / -	100.0 / 0.0
Clindamycin	≤ 0.25	≤ 0.25	≤ 0.25 - 2	90.5 / 9	