

P1615

Poster Session VI

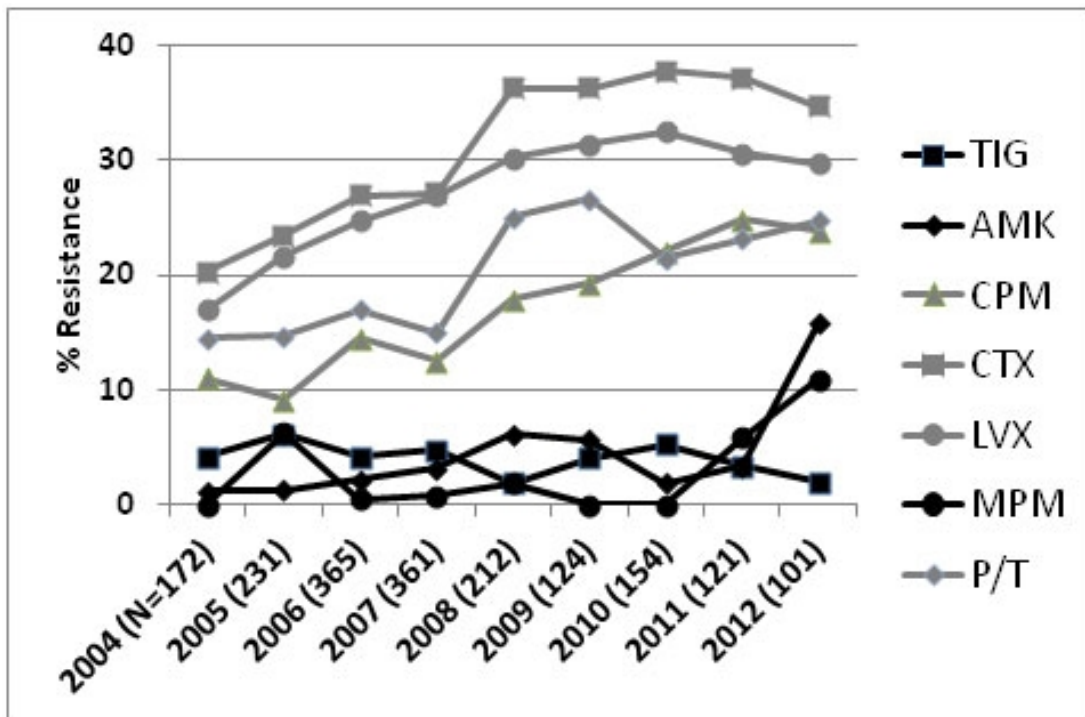
Controlling infections in long-term care facilities

TRENDS IN RESISTANCE RATES IN ENTEROBACTERIACEAE COLLECTED GLOBALLY FROM EXTENDED CARE FACILITIES (TEST 2004-2012)

S. Hawser<sup>1</sup>, R. Badal<sup>2</sup>, D. Biedenbach<sup>2</sup>, I. Morrissey<sup>1</sup>, H. Leister-Tebbe<sup>3</sup>

<sup>1</sup>Microbiology, IHMA Europe Sarl, Epalinges, Switzerland ; <sup>2</sup>Microbiology, IHMA Inc., Schaumburg, USA ;

<sup>3</sup>Microbiology, Pfizer Inc., Collegetown, USA



Background:

The Tigecycline European Surveillance Trial (TEST) has been monitoring the susceptibility of Gram-negative and Gram-positive pathogens to tigecycline and comparators since 2004. The common occurrence of infectious diseases in nursing homes and residential care facilities may result in substantial antibiotic use, and consequently antibiotic resistance. This study reports on the rates of resistance to tigecycline and comparators in Enterobacteriaceae originating from such sources.

**Methods:** A total of 1,841 clinical isolates from nursing homes /rehabilitation centers were globally collected between 2004 and 2012. Isolates came from a variety of body sites and patient locations. Minimum inhibitory concentration values (MICs) were determined using broth microdilution panels at a central laboratory and interpreted according to EUCAST guidelines. **Results:** Results are shown in the following figure.

TIG, tigecycline; AMK, amikacin; CPM, cefepime; CTX, ceftriaxone; LVX, levofloxacin; MPM, meropenem; P/T, piperacillin/tazobactam

**Conclusions:** Notably rates of resistance to tigecycline decreased from 4.2% in 2004 to 2% in 2012. On the contrary, resistance over the period increased for all other reported agents by  $\geq 10\%$ . The largest increases in resistance rates were observed for amikacin, ceftriaxone, cefepime and levofloxacin at 14.6%, 14.4%, 12.8% and 12.7%, respectively. Such observations from TEST confirm similar observations elsewhere and further highlight the increasing problem of resistance pools in such healthcare settings.