

"Susceptibility of ceftobiprole and comparators against *Staphylococcus aureus* from hospital-acquired respiratory-tract infections in the UK and Ireland: 2011-12 & 2012-13 "I. Morrissey¹, S. Hawser¹, R. Reynolds², M. Jones³, A. Santerre Henriksen³¹IHMA Europe Sàrl, Epalinges, Switzerland²BSAC, Birmingham, United Kingdom³Basilea Pharmaceutica International Ltd., Basel, Switzerland

Objectives: Ceftobiprole (BPR) is a novel anti-MRSA cephalosporin approved in Europe for the treatment of community-acquired pneumonia and hospital-acquired pneumonia (excluding ventilator-associated pneumonia). This study determined the activity of BPR and comparators against *S. aureus* from hospital-acquired (> 48 h in hospital prior to infection onset) respiratory-tract infections (HA-RTI) in the UK and Ireland during 2011-12 and 2012-13.

Methods: *S. aureus* causing HA-RTI were collected as part of the BSAC respiratory surveillance programme in 2011-12 (209 isolates from 30 centres) and 2012-13 (199, 31 centres). MICs were measured using the BSAC agar dilution method and susceptibility determined according to BSAC/EUCAST breakpoints.

Results: BPR MICs ranged from 0.25 to 2 mg/L and all isolates were fully susceptible (MIC ≤ 2 mg/L). All isolates were also fully susceptible to vancomycin, teicoplanin, linezolid and tigecycline. Susceptibility data for BPR and other antibiotics against all *S. aureus*, methicillin-resistant isolates (MRSA) or -susceptible (MSSA) isolates are shown in the Table. Most antibiotics showed greater than 90% susceptibility in both study periods, except erythromycin (against MRSA & MSSA both periods), clindamycin (MRSA 2011-12 only), ciprofloxacin and trimethoprim (MRSA both periods) .

% susceptible		BPR	CIP	CLI	ERY	GEN	MIN	RIF	TET	TMP
2011-12	All (209)	100%	77%	97%	77%	100%	98%	100%	96%	96%
	MRSA (45)	100%	11%	84%	36%	98%	96%	98%	91%	84%
	MSSA (164)	100%	95%	100%	88%	100%	99%	100%	98%	99%
2012-13	All (199)	100%	74%	96%	67%	97%	99%	99%	94%	94%
	MRSA (50)	100%	14%	96%	28%	92%	98%	100%	92%	84%
	MSSA (149)	100%	94%	96%	80%	99%	99%	99%	95%	97%

BPR, ceftobiprole; CIP, ciprofloxacin; CLI, clindamycin; ERY, erythromycin, GEN, gentamicin;

MIN, minocycline; RIF, rifampicin; TET, tetracycline; TMP, trimethoprim. **Data in bold % susceptible <90%.**

Conclusions: BPR was very active against all *S. aureus* causing HA-RTI in the UK and Ireland between 2011 and 2013, including MRSA. These data confirm the utility of BPR against *S. aureus* causing HA-RTI.