

P1197 Susceptibility to ceftolozane-tazobactam among ESBL-producing *Enterobacteriaceae*: a matter of breakpoints

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Background: Ceftolozane/tazobactam is the most potent antipseudomonal cephalosporin and its spectrum of activity includes the most common ESBL-producing *Enterobacteriaceae*. To assess ceftolozane/tazobactam susceptibility EUCAST and CLSI recommend two different breakpoints (≤ 1 mg/L and ≤ 2 mg/l, respectively).

Materials/methods: Ceftolozane-tazobactam, ceftazidime and imipenem MICs were determined using Etest (bioMérieux). 100 well-characterized ESBL-producing *Enterobacteriaceae* were tested (17 TEM-ESBL-, 16 SHV-ESBL-, 1 GES-1-, 5 VEB- and 61 CTX-M-producers). In addition, from June to August 2016, we prospectively tested 100 consecutive clinical ESBL-producing *Enterobacteriaceae* isolates.

Results: From the prospective study, the ESBL producers were isolated from urine (67%), blood culture (12%), wound (6%), bile (6%), pus (3%), pulmonary samples (2%) and other samples (4%). 98 % of the ESBL were of CTX-M type (CTX-M-1, -3, -14, -15, -17, -27, -55, -82, -101, -182) and 2% SHV-12.

Using CLSI breakpoints, the % of isolates susceptible to ceftolozane-tazobactam was significantly higher, in particular in *Klebsiella* spp. and *Enterobacter* spp.

Species	n	% of susceptibility with EUCAST		% of susceptibility with CLSI		CAZ	C/T	II
		CAZ	C/T	IMP				
		≤ 1 mg/L	≤ 1 mg/L	≤ 2 mg/L		≤ 4 mg/L	≤ 2 mg/L	≤ n
Collection strains								
	<i>E. coli</i>	40	12.5%	95.0%	100%		42.5%	9
	<i>Klebsiella</i> spp.	33	6.1%	57.6%	90.9%		18.2%	7 %
	<i>Enterobacter</i> spp., <i>C. freundii</i>	23	4.2%	50.0%	95.8%		16.7%	7
	Other	4	66.7%	66.7%	100%		66.7%	1
	All	100	10%	71.0%	96.0%		30.0%	8 %
Prospective study								
	<i>E. coli</i>	60	11.7%	83.3%	100%		33.3%	9
	<i>Klebsiella</i> spp.	29	0.0%	55.2%	100%		0.0 %	8
	<i>Enterobacter</i> spp., <i>C. freundii</i>	11	0.0%	27.3%	100%		0.0 %	4
	All	100	7.0%	69.0%	100%		20.0 %	9 %

CAZ, ceftazidime; C/T ceftolozane/tazobactam; IMP, imipenem

Conclusions: Despite using both breakpoints the probability of target attainment (determined by Monte-Carlo simulations) was demonstrated to be >90% with 1.5 g ceftolozane/tazobactam every 8h (Xio A.J. et al. 2016), the microbiological categorization is different for ~20% of the ESBL-producers. Accordingly, double-blind trials are mandatory to evaluate the efficacy of ceftolozane-tazobactam for treating infections caused by of ESBL-producing *Enterobacteriaceae*.

