

Antimicrobial susceptibility among invasive Gram-negative bacteria in the UK and Ireland: The BSAC Bacteraemia Resistance Surveillance Programme 2003

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Introduction and Methods

- 25 laboratories in the UK and Ireland contributed non-duplicate bacterial isolates from blood to the BSAC Bacteraemia Resistance Surveillance Programme¹ in 2003.
- MICs were determined centrally by the BSAC agar dilution method and interpreted by BSAC criteria.
- Isolates with MICs on or above the susceptibility breakpoint for ceftazidime or cefotaxime were tested for ESBLs by clavulanate synergy tests (potentiation of ≥ 8 -fold) for ceftazidime, cefotaxime and cefepime.

¹Reynolds, R., Potz, N., Colman, M. *et al.* (2004). Antimicrobial Susceptibility of the Pathogens of Bacteraemia in the UK and Ireland 2001 - 2002: the BSAC Bacteraemia Resistance Surveillance Programme. *JAC* 53, 1018-1032.

Results

- 59% of *E. coli* were resistant to amoxicillin, almost all with MIC > 512 mg/L; MICs for the rest were mostly 4-8 mg/L.
- 33% of *Enterobacter* spp. isolates were inferred to be AmpC hyperproducers, being CAZ/CTX-resistant without ESBLs.
- The one imipenem-resistant *Enterobacter* (MIC > 16 mg/L) produced a novel KPC enzyme, KPC-4. (See poster P427.)
- Multi-resistant isolates with CTX-M ESBLs were found among *Klebsiella*, *Enterobacter*, *Citrobacter* and, notably, *E. coli*; all were susceptible to imipenem and ertapenem, and inhibited by tigecycline at ≤ 2 mg/L.
- No statistically significant trends in resistance were detected over three years of similar surveillance (2001 - 2003).

Conclusion

- ESBLs are now established in the UK, albeit at low frequency, with CTX-M types increasingly observed.
- Imipenem, ertapenem and tigecycline retained good activity against ESBL-producers.

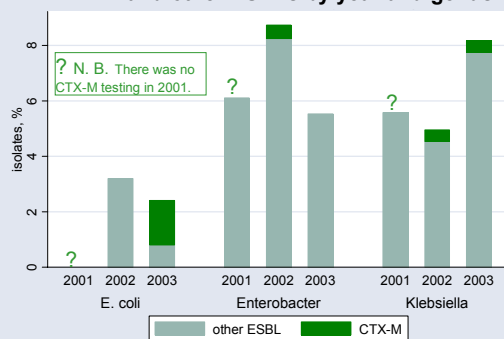
Working Party Members (Feb 2005): A. MacGowan¹ (Chair), S. Barrière², M. Allen³, D. Brown⁴, N. Deaney⁵, I. Harding⁶, R. Hope⁷, D. Lewis⁸, D. Livermore⁷, V. Reed⁶, R. Reynolds¹, C. Thomson⁹, A. White¹⁰, R. Wiltshire¹¹.

Organism ID and Susceptibility Testing: M. Colman⁶, R. Hope⁶, N. Potz⁶.

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Collecting Laboratories: *England:* William Harvey Hosp., Kent; Birmingham City Hosp.; Bristol Royal Infirmary; West Suffolk Hosp.; Addenbrooke's Hosp., Cambridge; Countess of Chester Hosp.; Coventry & Warwickshire Hosp.; Royal Infirmary, Leicester; St Mary's Hosp., London; University College Hosp., London; Wythenshawe Hosp., Manchester; Freeman Hosp., Newcastle; Northern General Hosp., Sheffield; Royal Shrewsbury Hosp., Southampton General Hosp.; Sunderland Royal Hosp.; Treliiske Hosp., Truro. *Ireland:* Cork University Hosp.; Beaumont Hosp., Dublin. *N. Ireland:* Belfast City Hosp.; Altnagelvin Area Hosp., Londonderry. *Scotland:* Glasgow Royal Infirmary; Victoria Hosp., Kirkcaldy. *Wales:* Ysbyty Gwynedd, Bangor; University Hosp. of Wales, Cardiff

CTX-M and other ESBLs by year and genus



Proteus mirabilis

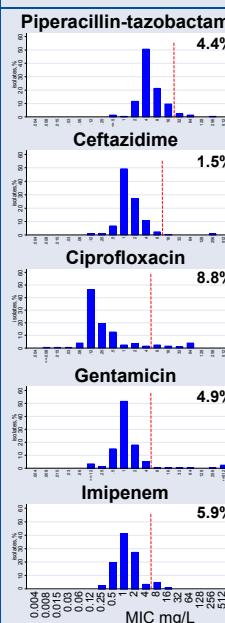
(n = 186)	resistant
amoxicillin	29%
amox-clav	1.1%
ciprofloxacin	8.1%
gentamicin	5.4%

None resistant to ceftazidime, cefotaxime, piperacillin-tazobactam, ertapenem, or imipenem.

No ESBL-producers.

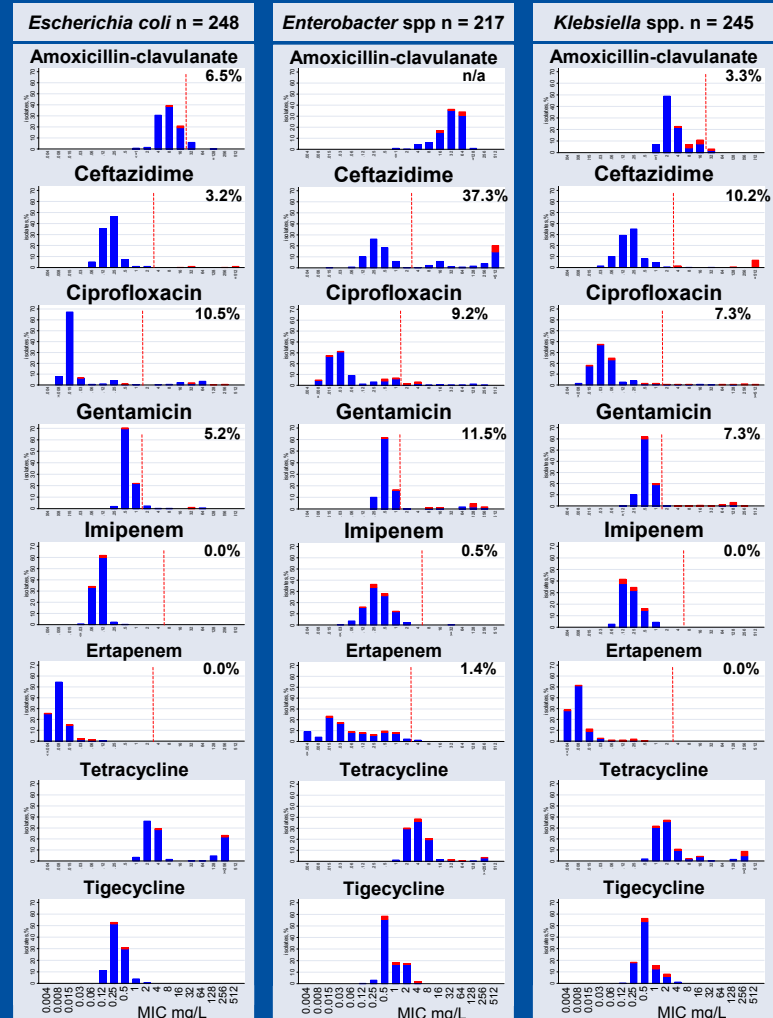
Inherent resistance to tetracycline, minocycline and tigecycline (MIC₉₀ \geq 64, 64, 16 mg/L respectively).

P. aeruginosa n = 205



MIC distributions

■ non ESBL-producers ■ ESBL-producers | breakpoint, % resistant



Central Laboratory: HPA, Centre for Infections, London.

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