

Epidemiology and Antimicrobial Susceptibilities of Pathogens Isolated from Blood Cultures from Canadian Hospitals: CANWARD 2007-2013 Study P. J. SIMNER^{1,2}, H. ADAM^{1,2}, M. BAXTER², A. DENISUIK², J. A. KARLOWSKY^{1,2}, K. NICHOL¹, P. LAGACÉ-WIENS^{1,2}, M. GILMOUR^{1,2}



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ABSTRACT

Background: This study determined the epidemiology and antimicrobial susceptibilities of pathogens recovered from bloodstream infections (BSI) in Canadian hospitals (CH) from 2007-2013.

Methods: From 2007 through 2013, 14,874 pathogens from positive blood cultures were collected from 10 to15 tertiary-care centers across Canada. Susceptibility testing was performed using CLSI broth microdilution methods.

Results: 7340 (49.3%) Gram positives, 6790 (45.3%) Gram negatives and 734 (4.9%) yeasts were isolated. The 10 most common pathogens (representing 69.7% of all isolates; and excluding coagulase negative Staphylococcus species, 7.9%) were Escherichia coli (EC; 22.5%), Staphylococcus aureus [17.5%; including 13.6 % MSSA and 3.9% MRSA], Klebsiella pneumoniae (KP; 7.4%), Streptococcus pneumoniae (5.2%), Enterococcus faecalis (4.2%), Pseudomonas aeruginosa (3.9%), Candida albicans (2.9%), Enterobacter cloacae (2.3%), Enterococcus faecium (1.9%) and Streptococcus agalactiae (1.9%). Susceptibility rates (SR) for EC and KP were 100%, 99.6% meropenem (MER), 100%, 96.5% tigecycline (TGC), 99.8%, 99.0% ertapenem (ERT), 99.6%, 99.9% amikacin (AMK) 97.9%, 97.2% piperacillin-tazobactam (PTZ), 92.6%, 96.4% ceftriaxone (CTR), 90.0%, 97.4% gentamicin (GEN) and 78.0%, 93.6% ciprofloxacin (CIP), respectively. SR for P. aeruginosa were 97.6% AMK, 93.8% colistin, 90.3% ceftazidime, 89.1% PTZ, 88.4% GEN, 84.3% MER and 83.8% CIP. SR for MRSA were: 100% linezolid (LZD), 99.8% daptomycin (DAP), 99.8% TGC and 99.8% vancomycin (VAN). SR for C. albicans were 98.8% fluconazole, 99.1% voriconazole, 100% caspofungin, 100% micafungin, and 89.3% had an MIC of \leq 1 for Amphotericin B. Between 2007 and 2013, the proportion of ESBL-producing EC and KP and VRE has at least doubled from 4.3-9.9%, 1.5-5.1%, 8.8% to 18.2% respectively. Of note, 4 carbapenemase-producing KP (CPKP) were identified (1 in 2009 and 3 in 2013). Patient demographics were as follows: 57.4/42.6% male/female, 10.9% ≤ 17 years, 45.4% 18-64 years and $43.7\% \ge 65$ years.

Conclusions: The most active agents against Gram-negative bacilli were the carbapenems, AMK, and PTZ, while Gram-positive cocci, they were VAN, LZD and DAP. C. albicans remain highly susceptible to all agents tested. CPKP have emerged as a cause of BSI in CH.

BACKGROUND

Bloodstream infections cause significant morbidity and mortality and result in substantial health care costs. Recent studies in the United States and England indicate a high incidence of bloodstream infections (200,000 cases per year in the United States 189,000 cases per year in England)(1,2). Reported mortality rates range between 18% and 60% based on a number of factors, including the causative agent (1,3). Empiric therapy is commonly administered early in the course of bloodstream infections (4). The epidemiology of bloodstream infections and antimicrobial susceptibility patterns of the causative agents vary over time (2,5). National surveillance studies that monitor the prevalence of pathogens and antimicrobial susceptibility profiles are essential to determine appropriate empiric treatment (6). This study assessed the epidemiology and antimicrobial resistance of pathogens associated with bloodstream infections in Canadian hospitals.

MATERIALS & METHODS

Study Design: From 2007 through 2013, 10-15 tertiary-care centres across Canada submitted pathogens from patients attending hospital clinics, emergency rooms, medical and surgical wards, and intensive care units.

Bacterial Strains: Stock cultures were stored at -80C in skim milk.

Antimicrobial Susceptibility Testing: Antimicrobial susceptibilities were determined via broth microdilution (CLSI).

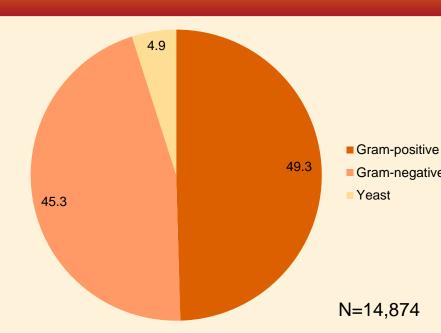


Figure 1. Distribution of pathogen groups recovered from bloodstream infections in Canadian hospitals from 2007-2013.

Table 1. The top ten most common pathogens causing bloodstream infections in Canadian hospitals

Rank	Organism	% Tota
1	Escherichia coli	22.5
2	Staphylococcus aureus	17.5 -13.6 MSS 3.9 MRS
3	Klebsiella pneumoniae	7.4
4	Streptococcus pneumoniae	5.2
5	Enterococcus faecalis	4.2
6	Pseudomonas aeruginosa	3.9
7	Candida albicans	2.9
8	Enterobacter cloacae	2.3
9	Enterococcus faecium	1.9
10	Streptococcus agalactiae	1.9

 Table 2. Demographics of the patients with bloodstream
infections from CANWARD 2007-2013.

Demographics	%
Gender	
Female	42.6
Male	57.4
Age Group	
≤ 17 years	10.9
18-64 years	45.4
≥ 65 years	43.7
Location	
Hospital Clinic	7.5
Emergency	36.0
Room	
ICU	16.3
Medical	32.1
Surgical	8.0

RESULTS

Table 3 : Antimicrobial susceptibilities of the most common Gram-negative pathogens isolated from blood cultures from Canadian hospitals

Organism /antimicrobial agent %S %I %R MIC50 MIC90 Range Escherichia coli (n=3352) Ceftriaxone 92.6 0.1 7.2 ≤1 ≤1 - >64 Ciprofloxacin 78.0 0.2 21.8 ≤ 0.06 ≤0.06 ≤0.06 - >16 ≤0.5 - >32 90.0 0.3 9.7 ≤0.5 Gentamicin Levofloxacin 78.5 0.4 21.1 ≤0.06 ≤0.06 - >32 100 ≤0.12 – 0.5 Meropenem ≤0.12 ≤0.12 97.9 1.1 1.0 ≤1 ≤1 - >512 Pip/Tazo Klebsiella pneumoniae (n=109 Ceftriaxone 96.4 0.5 3.2 ≤1 ≤1 - >64 93.6 1.4 5.0 ≤0.06 ≤0.06 - >16 Ciprofloxacin 97.4 03.4 2.2 ≤0.5 ≤0.5 ≤0.5 - >32 Gentamicin Levofloxacin 95.6 1.5 2.8 ≤0.06 ≤0.06 - >32 99.6 0.2 0.2 ≤0.12 ≤0.12 ≤0.12 - 8 Meropenem 97.2 0.8 2.0 2 Pip/Tazo ≤1 - >512 Pseudomonas aeruginosa (n=579) Ceftazidime 90.3 2.6 7.2 4 1 - >32 ≤0.06 - >16 iprofloxacin 83.8 3.8 12.4 0.25 88.4 5.4 6.2 2 Sentamicin ≤0.5 - >32 73.8 9.3 16.9 ≤0.06 - >32 Levofloxacin 84.37.18.60.589.15.95.04 ≤0.12 - >32 Meropenem ≤1 - >512 Pip/Tazo Enterobacter cloacae (n=347 Ceftriaxone 77.5 2.0 20.5 ≤1 ≤1 - >64 93.4 1.7 4.9 ≤0.06 ≤0.06 - >16 Ciprofloxacin 98.0 0.3 1.7 ≤0.5 Gentamicin ≤0.5 ≤0.5 - >32 93.8 4.1 2.1 ≤0.06 Levofloxacin ≤0.06 - 32
 99.7
 0.3
 ≤0.12

 87.9
 6.3
 5.8
 2
Meropenem Pip/Tazo ≤0.12 - 2 ≤0.12 ≤1 - 256

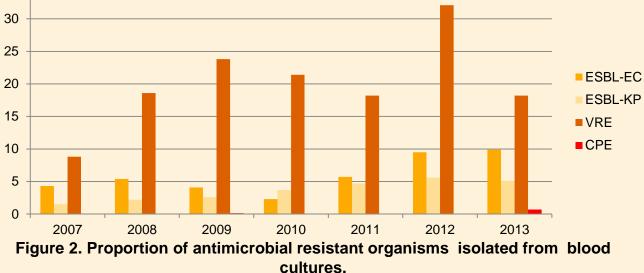
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Table 4 : Antifungal susceptibility against C. albicans, C. glabrata and
C. parapsilosis isolated from blood cultures from Canadian hospitals.

Organism /antimicrobial agent	%S	%I /SDD a	%R	MIC50	MIC90	Range
C. albicans (n=428)		-		-		
Amphotericin B				0.5	2	0.12 - 2
Caspofungin	94.6	5.4		0.12	0.25	≤0.015 – 0.
Fluconazole	98.4	0.7	0.9	0.12	0.5	≤0.0.6 - >64
Flucytosine				0.12	1	≤0.03 - >64
Itraconazole				≤0.12	≤0.12	≤0.12 – 0.5
Ketoconazole				≤1	4	≤1 - >512
Micafungin	100			≤0.015	≤0.015	≤0.015–0.2
Posaconazole ^b	97.7			≤0.015	0.06	≤0.015 - >1
Voriconazole	99.1	0.2	0.7	≤0.015	0.03	≤0.015 - >1
C. glabrata (n=144)				•	•	-
Amphotericin B				1	2	0.12 – 2
Caspofungin	77.8	19.4	2.8	0.25	0.5	0.03 - 2
Fluconazole	97.3	0.9	1.8	4	16	≤0.06 – 128
Flucytosine				≤0.03	0.06	≤0.03 - 2
Itraconazole				0.5	1	0.03 - >16
Ketoconazole				0.25	1	0.03 - 4
Micafungin	97.4	1.3	1.3	≤0.015	≤0.015	≤0.015–0.2
Posaconazole				0.25	1	≤0.015-2
Voriconazole				0.12	1	0.015 - 4
C. parapsilosis (n=75)						
Amphotericin B				1	2	0.25 - 2
Caspofungin	92.3	7.7		1	2	0.06 - 4
Fluconazole	95.9	4.1		0.5	2	≤0.06 - 32
Flucytosine				0.12	0.12	≤0.03 – 0.2
Itraconazole				0.06	0.25	≤0.015 – 2
Ketoconazole				0.03	0.06	0.015 – 1
Posaconazole ^b	96.7			≤0.015	0.06	≤0.015–0.1
Voriconazole	93.9	2.0	4.1	0.015	0.06	≤0.015 - 1

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	Table 5 : Antimicrobial susceptibilities of the mos
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	nathogens isolated from blood cultures from

Organism /antimicrobial agent	%S	%I	%R	MIC ₅₀	MIC ₉₀	Range
MSSA (n=2018)						
Ceftriaxone				4	4	≤1 - 256
Daptomycin	100			0.25	0.25	≤0.06 – 1
Levofloxacin	89.9	0.2	9.9	0.25	2	≤0.06 - >3
Linezolid	100			2	2	≤0.12 – 4
Meropenem				0.12	0.25	≤0.12 – 4
Pip/Tazo				≤1	≤1	≤1 - 32
Vancomycin	100			1	1	≤0.25 - 2
MRSA (n=575)						
Ceftriaxone			100	>64	>64	2 - >64
Daptomycin	99.8		0.2	0.25	0.25	0.06 - 2
Levofloxacin	13.5		86.5	>32	>32	0.12 - >32
Linezolid	100			2	2	0.25 – 4
Meropenem				8	32	0.12 - >32
Pip/Tazo				64	128	2 – 256
Vancomycin	99.8	0.2		1	1	≤0.25 - 4
CNS (n=695)			-1			
Ceftriaxone				>4	>4	≤1 - >4
Daptomycin	100			0.12	0.25	≤0.06 - 0.
Levofloxacin	45.2	1.6	53.2	4	>32	0.12 - >32
Linezolid	100		00.2	0.5	1	≤0.12 - 4
Meropenem				2	32	≤0.12 - >3
Pip/Tazo					32	≤1 - 128
Vancomycin	100			1	2	≤0.25 - 2
Streptococcus pneumoniae (n=		_ _			2	=0.20 2
Ceftriaxone	99.7	0.3		≤0.12	≤0.12	≤0.12 – 2
Daptomycin	00.7	0.0		0.06	0.12	0.06 - 0.1
Levofloxacin	99.3	0.1	0.5	0.5	1	≤0.06 - 16
Linezolid	100	10.1	0.0	1	1	≤0.12 - 2
Meropenem	97.8	1.0	1.2	≤0.06	≤0.06	≤0.06 – 1
Pip/Tazo	- 57.0	1.0	1.2	≤1	≤1	≤1 – 8
Vancomycin	100			≤0.25	0.25	≤0.25 - 1
Enterococcus faecalis (n=624)	100			30.23	0.25	1 =0.25 - 1
Ceftriaxone		1		>64	>64	≤0.25 - >6
	100			0.5	1	≤0.06 - 4
Daptomycin Levofloxacin	63.7	1.1	35.2	2	>32	0.25 - >32
		_	35.2	2	2	0.25 - >32
Linezolid	97.6	2.4		4	8	
Meropenem					8	≤0.06 - >3
Pip/Tazo	100			4	2	≤1 – 512
Vancomycin	100			1	2	0.25 – 4
Enterococcus faecium (n=286)	-	1		.64	5.64	
Ceftriaxone	400			>64	>64	0.5 - >64
Daptomycin	100		07.0	1	2	≤0.03 – 4
Levofloxacin	10.6	1.5	87.9	>32	>32	1 - >32
Linezolid	90.6	9.4		2	≤0.12	2 - 4
Meropenem				>32	>32	2 - >32
Pip/Tazo	_			>512	>512	2 - >512
Vancomycin	80.8		19.2	1	>32	≤0.25 - >3



ESBL: Extended-spectrum β-lactamase, EC: E. coli, KP: K. pneumoniae, VRE: vancomycin resistant enterococci, CPE: carbapenemase-producing Enterobacteriaceae

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CONCLUSIONS

- 1. From 2007 through 2013, 14,874 pathogens from positive blood cultures were collected from 10-15 tertiary care centers across Canada.
- 2. Of the 14,874, 7340 (49.3%) Gram-positives, 6790 (45.3%) Gram-negatives and 734 (4.9%) yeasts were isolated.
- 3. The most common Gram-positive pathogens were S. aureus, S. pneumoniae, E. faecalis, E. faecium and S. agalactiae.
- 4. The most common Gram-negative pathogens were E. coli, K. pneumoniae, P. aeruginosa and E. cloacae.
- 5. C. albicans was the seventh most commonly isolated organism from blood cultures and remains highly susceptible to all antifungal agents tested in this study.
- 6. The proportion of ESBL-producing *E. coli* and *K. pneumoniae* and VRE has at least doubled from 4.3-9.9%, 1.5-8.8% and 8.8-18.2%, respectively.
- 7. The most active agents against Gram positive cocci were vancomycin, linezolid and daptomycin.
- 8. The most active agents against Gram-negative bacilli were the carbapenems, amikacin and piperacillin-tazobactam.

REFERENCES

- 1. Reimer LG, Wilson ML, Weinstein MP. Update on detection of bacteremia and fungemia. Clin Microbial Rev 1997 10:444-465
- 2. Wilson J. Elgohari S, Livermore DM, Cookson B, Johnson A, Lamagni T, Chronia A, Sheridan E. Trends among pathogens reported as causing bacteremia in England, 2004 to 2008.
- 3. Sliigl W, Taylor G, Brindley PG. Five years of nosocomial Gram-negative bacteremia in a general intensive care unit: epidemiology, antimicrobial susceptibility patterns, and outcomes. Int J Infect Dis. 2006. 10:320-325
- 4. Munson EL, Diekema DJ, Beekmann SE, Chapin KC, Doern GV, Detection and treatment of bloodstream infection: laboratory reporting and antimicrobial management. J Clin Microbiol. 41:495-497.
- 5. Decousser JW, Lamy B, Pina P, Allouch PY. Trends in antimicrobial susceptibility of bloodstream pathogens in hospitalized patients in France, 1996-2007. Diagn Microbiol Infect Dis 2009. 66:292-300.
- 6. Adam HJ, DeCorby M, Rennie R, Karlowsky JA, Hoban DJ, Zhanel GG and The Canadian Antimicrobial Resistance Alliance (CARA). Prevalence of antimicrobial ressistan pathogens from blood cultures from Canadian hospitals: results of the CANWARD 2007-2009 study. 2011. 69:307-313.

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