

# **Antimicrobial resistance**

## **Did we lose the magic bullet?**

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# Conflict of interest

**Nothing to disclose**

# Self-assessment questions

Please answer YES or NO

1. Are Gram-positive bacteria the most common pathogens in ICU-acquired pneumonia?
2. Does *E. coli* or *Klebsiella pneumoniae* have comparable rates of resistance in all European countries?
3. Can reduced consumption of antibiotics influence resistance rates?

# Agenda

- Antibiotic consumption
- Antibiotic resistance in most relevant bacteria
- Therapeutic options
- What should be done?

# Consumption of antibiotics in Europe



## Consumption of Antibacterials for systemic use (ATC group J01) in the hospital sector in Europe, reporting year 2019

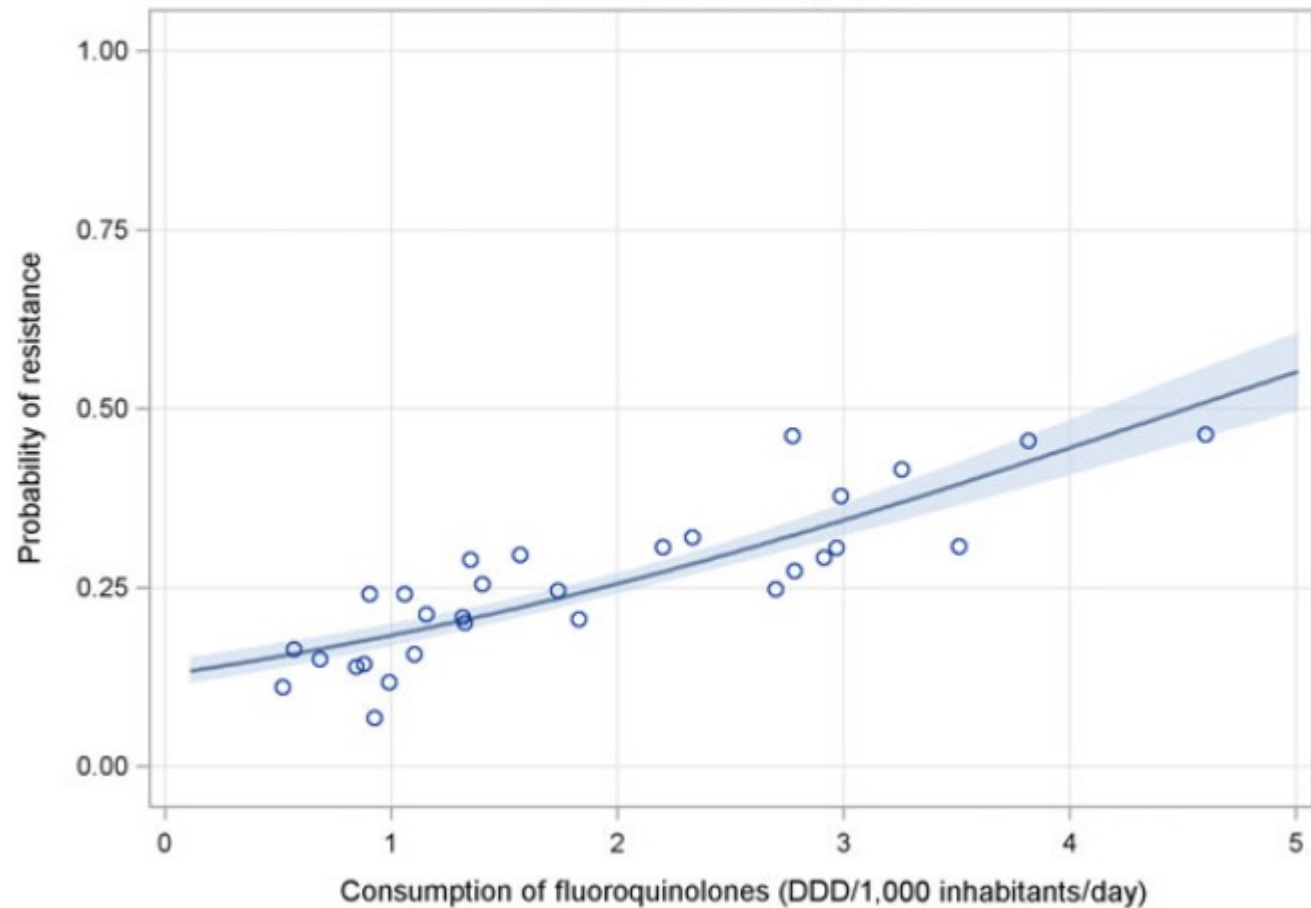


Average consumption in hospital sector:  
1.8 DDD per 1 000 inhabitants per day  
(country range: 0.8–2.5)

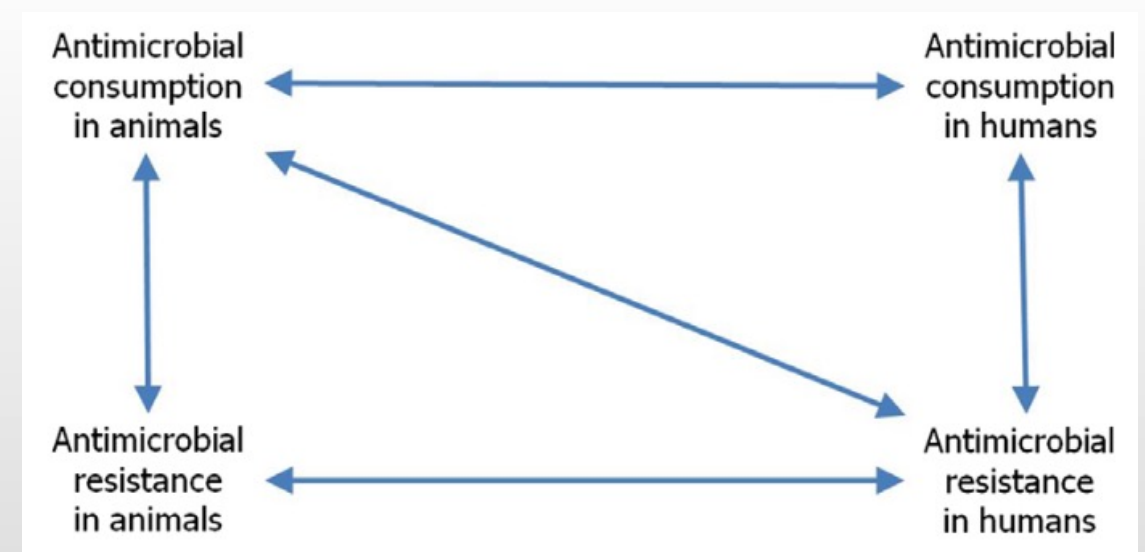
DDD: Daily defined dose per 1,000 inhabitants per day

# Antibiotic consumption - resistance

3) Consumption of fluoroquinolones and resistance in *E. coli* from humans, 2015



‘One-health’ perspective

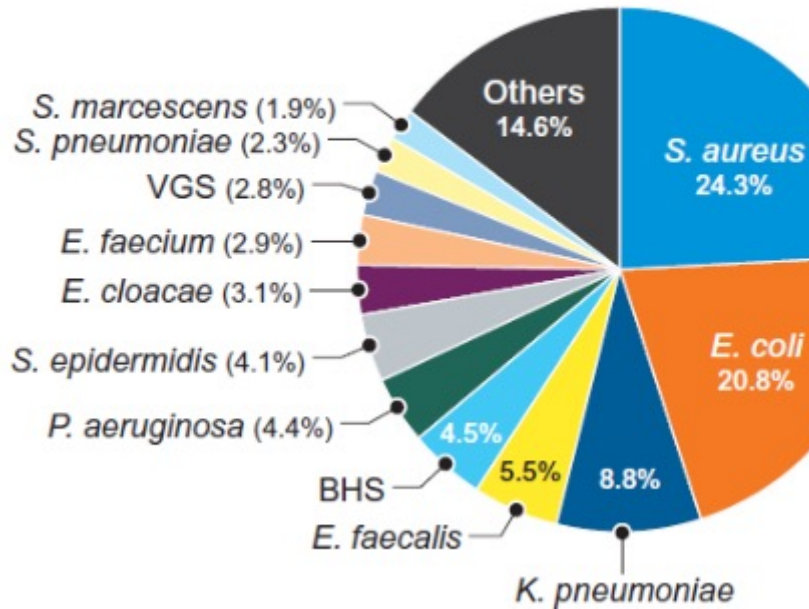


Logistic regression analysis of the total (community and hospital) consumption of fluoroquinolones in humans, (DDD per 1,000 inhabitants per day) and the probability of resistance to fluoroquinolones in invasive *E. coli* from humans

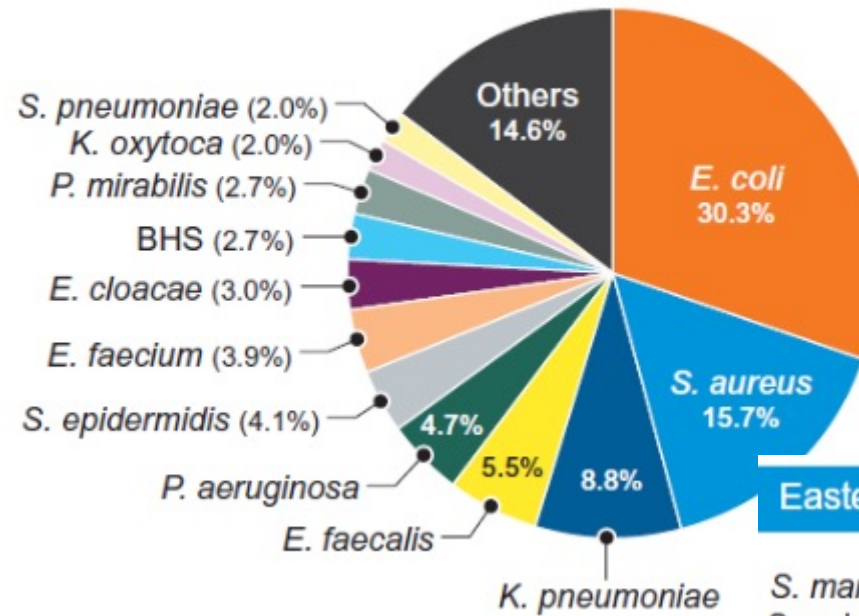
# Bloodstream Infections

## Bloodstream Infections in the US and Europe (SENTRY, 2016-2019)

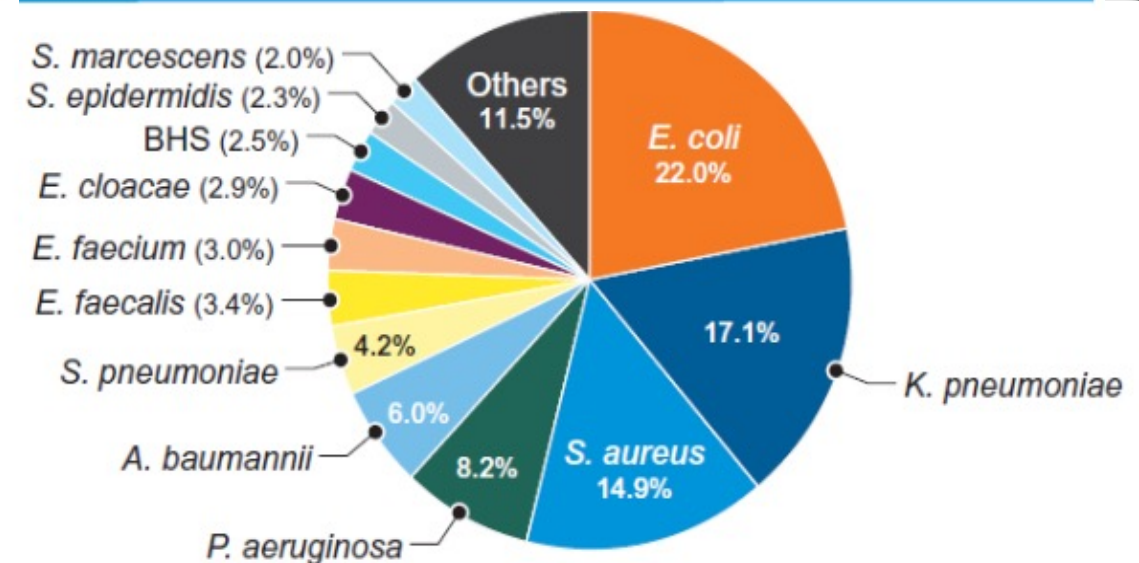
United States (n=12,748)



Western Europe (n=12,198)



Eastern Europe (n=3,297)



- **Gram-negative bacteria** (main resistance problems)
  - **E. coli** (Ceph. 3 Gen, often fluoroquinolones,....)
  - **K. pneumoniae** (almost all  $\beta$ -lactams incl. carbapenems, fluoroquinolones, aminoglycosides,....)
  - **P. aeruginosa** (almost all  $\beta$ -lactams incl. carbapenems, fluoroquinolones, aminoglycosides,....)
  - **A. baumannii** (almost all  $\beta$ -lactams incl. carbapenems, fluoroquinolones, aminoglycosides,....)



# Healthcare-associated infections acquired in European ICUs (2017)

- ICU-acquired pneumonia
  - *P. aeruginosa* (20%, 7-33%),  
*S. aureus* (19%, 0-31%),  
*Klebsiella spp.* (15%, 9-37%),  
*E. coli* (14%, 3-21%)
- Bloodstream infections (incl. microbiologically confirmed catheter-related BSIs)
  - Coagulase-negative staphylococci (24%, 0-45%),  
*Enterococcus spp.* (6-53%, 15%),  
*Klebsiella spp.* (12%, 5-44%),  
*S. aureus* (12%, 5-18%)
- Urinary tract infection
  - *E. coli* (32%, 14-44%)  
*Enterococcus spp.* (21%, 9-32%),  
*Klebsiella spp.* (15%, 0-38%),  
*P. aeruginosa* (14%, 7-33%)

Gram-positive  
Gram-negative

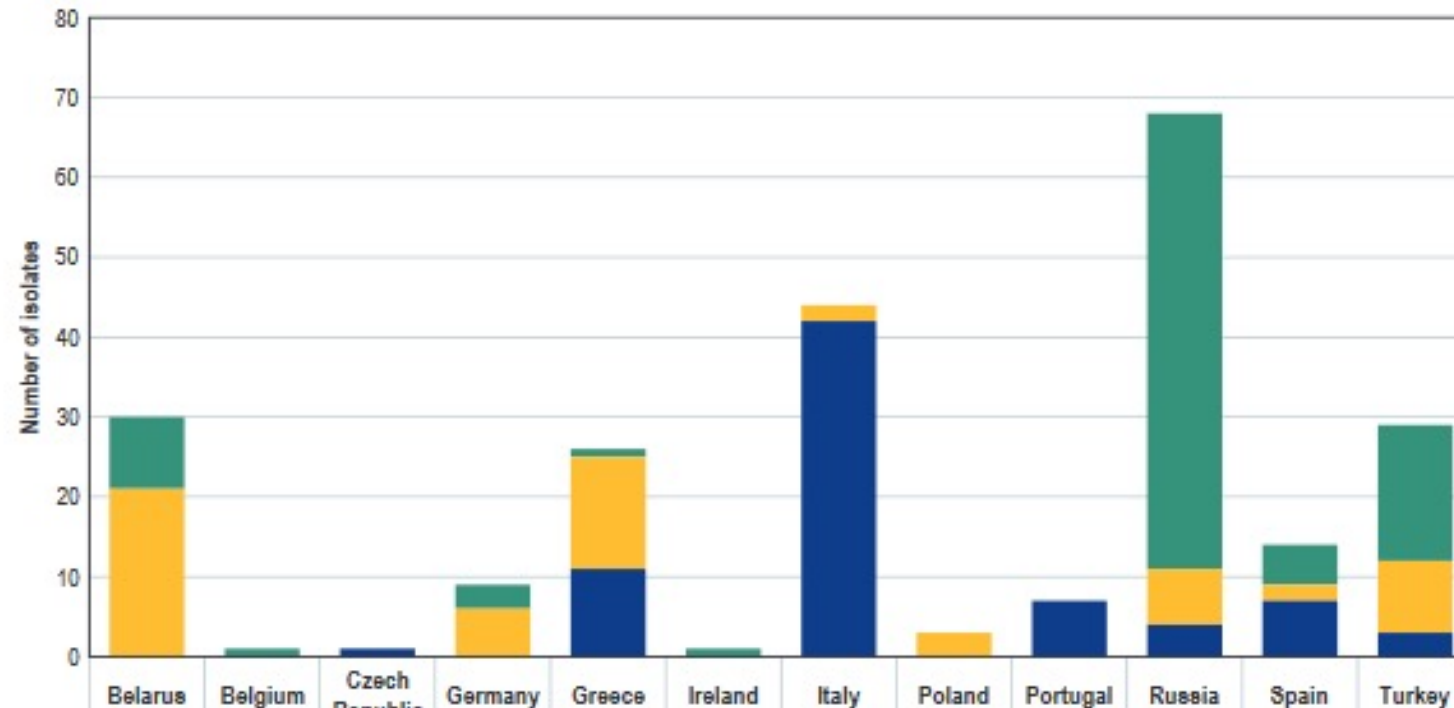


# Enterobacterales from European patients with HAP/VAP (2014–2019)

Rate of carbapenem-resistance in enterobacterales (**CRE**) in European countries 5,3%.

Type of carbapenemase: KPC, metallo- $\beta$ -lactamases (MBL) or OXA-48-like carbapenemases

High variation of types of carbapenemases → Variable activity of new antibiotics depending on type of resistance!



New antibiotics:

- Ceftazidime/avibactam
- Meropenem/vaborbactam (carbapenem/BLI)
- Imipenem/relebactam (carbapenem/BLI)
- Cefiderocol (Cephalosporine conjugate)

Need for rapid diagnostics and surveillance data!

OXA-48-like carbapenemases  
 MBL- NDM (n=50) or VIM (n=14) metallo- $\beta$ -lactamases;  
 KPC- *Klebsiella pneumoniae* carbapenemase, KPC 2, 3 and 12.

D Shortridge et al. DWEEK 2020, Poster #1590

# What should be done to reduce resistance?

- Antimicrobial Stewardship
  - Reduce overall antibiotic consumption
  - Choice of antibiotic, de-escalate empiric broad antibiotic therapy, treatment duration, re-evaluate early and stop therapy if possible, one-dose surgical prophylaxis whenever possible, switch early from iv to oral application to reduce risks, use a variety of antibiotic classes according to individual situations
- Adhere to evidence-based guidelines
  - International, national, regional, local
- Minimize transmission: Hygiene, infection control
- Support the ONE HEALTH approach
  - Use of antibiotics in animals and agriculture
  - Environment

# Take-home messages

- Resistance is still increasing in many countries, especially in many Gram-negative bacteria (E. coli, Klebsiella, Pseudomonas, Acinetobacter)
- New antibiotics will not solve the problem of the most resistant bacteria
- Reducing consumption of antibiotics and selection pressure are important activities to control resistance